

THE AMERICAN MEDICAL ASSOCIATION AND
THE UNITED STATES PHARMACOPŒIA.

A REPRINT OF THE PAMPHLETS

OF

DR. H. C. WOOD, MR. ALFRED B. TAYLOR, THE
PHILADELPHIA COUNTY MEDICAL SO-
CIETY, AND THE NATIONAL COL-
LEGE OF PHARMACY,

WITH

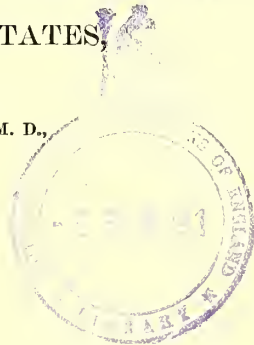
A REJOINDER

ADDRESSED TO THE

PROFESSIONS OF MEDICINE AND PHARMACY
OF THE UNITED STATES,

By EDWARD R. SQUIBB, M. D.,

OF BROOKLYN.



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THE AMERICAN MEDICAL ASSOCIATION

AND

THE PHARMACOPŒIA.

At the annual meeting of The American Medical Association held in Philadelphia, in June, 1876, after some preliminary action and discussion of the subject of the interest of The Association in the United States Pharmacopœia (see Transactions for 1876), the subject was made the special order of business for 10 o'clock on the second day of the annual meeting of 1877, with the understanding that the writer should then present the subject in a more definite and complete way; and no limitation of time was set for the subject. In view of the supposed importance of the subject, and the necessity for a full and fair discussion, and of careful thought and deliberation, the writer prepared a moderately full presentation of the subject, and proposed a plan of action. In order to awaken a general interest in the matter;—to afford abundant time for consideration;—to economize the time of The Association, and to bring out the opposition which was to be expected to any proposition for a change in the present plan of revising the Pharmacopœia,—the proposed presentation and plan were published in pamphlet form some months in advance of the meeting of 1877. At a cost of much time and labor, and of more than a thousand dollars in money, the writer distributed six thousand of these pamphlets to the medical and pharmaceutical professions of the country, with the effect of bringing out a vigorous opposition to any change, in pamphlets published by Dr. H. C. Wood, Mr. Alfred B. Taylor and The Philadelphia County Medical Society, of Philadelphia, and by the National College of Pharmacy, of Washington. The points raised by such writers were of course such as would need a careful reply if the whole subject was to be

fully discussed in the interests of the truth and justice involved. Accordingly, this writer prepared a rejoinder to the authors of these pamphlets, and took this to The American Medical Association to offer instead of the presentation and plan which had already been in the hands of the members for many months. The President of The Association had, also, by resolution, been recommended to consider the matter in his annual address. The President did discuss the subject in his address, read at the first session of the meeting in Chicago, and concluded with the recommendation that it be referred to a special committee. This recommendation, with others in the President's address, was referred to a committee of seven. Dr. H. C. Wood mentioned to The Association that the subject of the Pharmacopœia was to come up on the following day at 10 o'clock, and moved that, in order not to have "to make two bites at a cherry," the committee be directed to report upon this subject at that time, and his motion was carried. This action appeared as though Dr. Wood and The Association desired that the committee should make up its judgment upon the subject before hearing what might be said at the hour appointed for the hearing. Accordingly, at the hour appointed on the following day, the committee report—and not the paper appointed for the hour—was first called for, and the committee reported that it was inexpedient at the present time to take any action in the premises. Some time was occupied in remarks upon the report and in laying it upon the table, and then this writer was called upon to present his subject. He stated that when at the last meeting of The Association he was ordered to present the subject, at this time, no limit was given him as to the time at his disposal, and that only within a few days, on receiving the printed program of this meeting, did he know that he would be limited to an hour. And now some twenty minutes of that hour had been taken for other business. Very much had been published on the subject which seemed to need a rejoinder, and in making this up for The Association the manuscript had so grown that it could not be read in less than two hours. If the forty minutes now available was the measure of The Association's interest in the subject, it might be well to drop it altogether rather than hear a part of what could not be finished. The writer stated that he did not appear there by favor of The Association at all, but simply by its direction to do a specific thing, and was ready to do it or not as The Association might now re-direct, but would rather not undertake to half do it. He was, however, then directed to take the stand, and read from his manuscript for about forty minutes. It was then moved that he should go on and finish his paper, but this he asked permission not

to do, as a gentleman was ready to follow him on another subject, equally by order of The Association, and his hour had then arrived.

The Committee of Arrangement was then directed to appropriate a vacant hour of the following day to the subject of the Pharmacopœia, and it was suggested that, as the vacant hour was that next before adjournment, the time might be extended to an hour and a half if that should be necessary to finish the paper. The Committee of Arrangements soon after announced that on the next day, twenty minutes of the vacant hour would be allowed for finishing the paper, and that the remainder of the time would be given to the opposition. Twenty minutes before the appointed hour on the following day, the writer was called on to read in continuation of his subject, and at the end of twenty minutes he was, by a close vote, allowed twenty minutes more, and had then, by rapid reading, gone over about two-thirds of his paper. At the close of the reading he presented the conclusion of his paper where three courses of action were open to The Association. The first of them was to abandon the subject, and lay the whole matter on the table. He stated, for reasons given, that this course would be, personally, most agreeable to him, but doubted much whether the profession of medicine of this country could afford to take such a course as this upon such a subject. The third course suggested, was to refer the whole subject to a committee, and to the state medical societies for a year, by a definite plan submitted. That this suggestion was not unreasonable is rendered probable by the circumstance that it was in accord with the recommendation of the president in his address, and that without consultation between him and this writer. It was also a cautious and conservative course easy to carry out in a very definite way. The opposition was then called upon, and Dr. H. C. Wood took the stand. His short address was rather pathetic and emotional than argumentative. He announced himself as the bearer of a message from his uncle, Dr. George B. Wood, to The Association, to the following purport: Tell the gentlemen not to do this thing and bring discredit upon the life-work of a man who now, loaded with age and infirmity, is waiting to be relieved from this world's cares. One or two appeals to "the Great God," and one or two emphatic denials of injurious charges which had never been made, concluded this brief pathetic address, when Dr. N. S. Davis, chairman of the Committee of Arrangements, took the floor for a few moments, after a third proposition to refer the subject to a committee had been made.

The main points of Dr. Davis' brief address seemed to be that The Association should take up no subject like this which threatened to disturb the harmony of its action by the introduction of elements

of discord involving money values and entangling alliances. The Association was of a rather social character and met for the discussion of scientific subjects from year to year in a friendly, pleasant way that was incompatible with such subjects as this, except so far as to see that somebody else attended to them properly. He was so thoroughly convinced of the inappropriateness of this subject to this Association that he moved that it be indefinitely postponed, and his motion was carried by a large majority.

It is very unfortunate that the two brief addresses by which such a subject was so signally defeated were not put on record, but so it is, for not one of the reporters took them, and the medical profession of the United States, in the only representative body of that profession, has distinctly refused to consider the interests of the profession in the Pharmacopœia even to the extent of appointing a committee on the subject. The question is, What is the true underlying cause of this action? Is it a want of interest in the materia medica; or carelessness or ignorance of its true condition and of the issues involved? Or is it not rather that the wrong man happened to take up the subject and present it in some wrong or unwise way, and therefore that it is the man and his mistakes that are condemned and rejected and not the subject. But if this be so, he was invited to be heard on the subject and was then suppressed without being fully heard, and his subject was suppressed with him.

Under the circumstances above narrated, it seems but fair to the subject that it should suffer as little as possible from either the unfavorable presentation, or the unfavorable reception which it has met with at the hands of the only representative body of the profession at the last meeting, in contrast with the favorable reception at the meeting of 1876, and, therefore, the writer has thought it best to republish here what has been published in opposition to this movement for reform, and follow these by the rejoinder which the last meeting of The American Medical Association refused to hear or consider. Several societies took action in favor of the movement, and some articles appeared in the medical journals also favoring some change, if not favoring the plan proposed; but it is not necessary to reproduce these, as it is only the action in opposition to the movement to which the rejoinder was made.

This course will place the whole matter before those of the medical and pharmaceutical professions who may choose to read it, without any more cost than that of the time given to it; and will place the matter fairly on record for future reference, since time will doubtless show whether the recent action of The American Medical Association has been wise or not.

The first reprint is that of the writer's pamphlet embracing the proposed new plan. The next is the pamphlet of Dr. H. C. Wood, addressed to the members of The American Medical Association. Next, the pamphlet of Mr. Alfred B. Taylor, addressed to the Philadelphia College of Pharmacy. Next, a pamphlet issued by the Philadelphia County Medical Society. Next, an article from "The Medical News and Library," of Philadelphia, for May, 1877, p. 72; and finally a pamphlet of the "National College of Pharmacy," of Washington, D. C. These constitute the principal criticisms and reviews which have appeared in opposition to the writer's proposition for change and reform; and these will all have been read by those who are sufficiently interested in the subject. These are followed by the rejoinder, which their publication seemed to render necessary—a part of which rejoinder was read before The American Medical Association—and the whole of which is here published for the first time. .

Then at the end of the rejoinder, it has seemed worth while to publish the opinion obtained from competent legal counsel upon the questions of property and copyright in full; because these questions have been made the subject of very harsh and erroneous assertions.

In conclusion, it is necessary to offer a few words of personal explanation.

In the Convention of 1860 the writer was chosen for the Committee of Revision as the representative of The Medical Society of the State of New York, and of the Army and Navy. As a committeeman, and while doing a fair share of the work, he endeavored to introduce some changes and improvements in the Pharmacopœia, which seemed to be needed to keep it up to the progress of the times, but was emphatically defeated. Knowing the effect of criticism in weakening the influence of such a book as the Pharmacopœia, especially if the criticism be just, he took his punishment in silence, and upheld the work as well as he could for the ten years till 1870. In The Convention of that year he joined with others in renewed efforts for progress and reform in the direction which had then been taken by several European Pharmacopœias. A majority of The Convention was decidedly in favor of these measures of general progress; but in 1873 it was found that they were again defeated by the Committee of Revision: so that it is not fair to say that this writer and others did not try to introduce the needed reforms *within*

the scope of the present plan before agitating the matter publicly, and bringing it before the profession at large. These defeats determined the writer to try, in some way, to bring the subject before the general professions of medicine and pharmacy before the time for another convention. This determination culminated in the present movement, which has now been so signally defeated in The American Medical Association. Nevertheless, the writer intends to take his punishment as manfully as possible, in the hope that after all, some good may have been done by thoroughly agitating the subject.

It is believed that this pamphlet will embrace pretty fairly both sides of this controversy upon the Pharmacopœia, and it may be had free of cost by any one who will take the trouble to write for it.

E. R. SQUIBB.

BROOKLYN, July, 1877.

E. R. SQUIBB'S PAMPHLET.

THE AMERICAN MEDICAL ASSOCIATION AND THE PHARMACOPŒIA OF THE UNITED STATES OF AMERICA.

BY EDWARD R. SQUIBB, M. D., OF BROOKLYN.

At the meeting of The American Medical Association, held in Philadelphia, June, 1876, the writer introduced the subject of the present condition and future prospects of the Pharmacopœia, and a preamble and resolutions were adopted by the Association, taking the whole matter into consideration for a year, with a view to some final action at the meeting in Chicago in 1877, and the writer was directed to present the subject at the hour of ten o'clock, on the second day of the meeting.

The preamble and resolutions offered, and the reasons given, on which they were adopted, are reprinted here from the minutes.

At the meeting of The American Pharmaceutical Association, held in Philadelphia, in September, 1876, the writer also introduced the subject, and asked for its consideration by that Association, so that it, too, might be prepared a year later to take whatever action might seem wisest and best after a year's deliberation and discussion by its constituent organizations, in case The American Medical Association should seek its co-operation, either in a new plan of revision or in any modification of the old plan.

The preamble and resolutions offered, and the explanations upon which they were accepted, discussed and laid over until the meeting of 1877, are also reprinted here from the minutes.

At a meeting of the Kings County Medical Society of New York, the subject was also brought up by the writer in October, 1876, and the substance of his remarks are also republished here from the minutes.

At a meeting of the New York College of Pharmacy, held in December, 1876, the subject was also presented by request of the College, and was discussed. This presentation and discussion are also reprinted here from "New Remedies," p. 363.

In these four presentations of the subject some of the reasons and arguments for bringing it up at this time are repeated, yet it is believed that the four are necessary in order to give the best account of it of which the writer is capable.

Being directed to submit his views, and a plan for carrying them into operation at the meeting of 1877, as above mentioned, he has determined, in consideration of the importance of the subject, to mature and print the plan to be submitted many months in advance of the meeting, in order that it may be laid before the constituent societies and colleges of the two National Associations for mature deliberation, so that their delegates may be sent to the annual meetings of the representative bodies with instructions how to act in the matter, if that should be desired by the constituent organizations.

This plan will be found in detail, following the reprint of the presentation of the subject, and the whole matter in pamphlet form will be circulated as freely as possible among physicians and pharmacists. Both physicians and pharmacists are earnestly urged to bring the subject before their local societies and colleges at the earliest possible time; and especially before those societies and colleges which have hitherto participated through delegates in "The National Convention for Revising the Pharmacopœia."

[EXTRACTED FROM THE MINUTES OF THE AMERICAN MEDICAL ASSOCIATION.*]

The subject of the future of the U. S. Pharmacopœia was brought before the Section on Practical Medicine, Materia Medica and Physiology, by Dr. E. R. Squibb, and after discussion in the section, Dr. Squibb was directed to bring the subject before the Association at a general session, and the Secretary of the Section was directed to have an appropriate time appointed for the subject.

A time was appointed by the Association, and Dr. Squibb, when called upon, offered the following preamble and resolutions:

WHEREAS, The usual time for a decennial revision of the United States Pharmacopœia is drawing near; and

WHEREAS, The plan of revision and publication in force since 1820 may not now be the best that could be desired; therefore, be it

Resolved, That the American Medical Association take the whole subject of the National Pharmacopœia into consideration for a review of its management; and for the present time with especial reference to the following questions:

First, Whether the present plan of revision and publication be practically sufficient for the wants of the Materia Medica and Pharmacy of the present time. And if not sufficient, whether any plan could be devised which might offer probable advantages enough to justify an attempt to disturb the present one.

Second, Whether this Association be the proper custodian in this country of the interests involved in the National Pharmacopœia; and if it be the proper source of a national codex, whom can it invite to co-operate with it in the work?

Third, If it be a work for this Association, in what way can its details be wisely undertaken with any prospect of material improvement upon the present plan?

Resolved, That in order to facilitate mature and general deliberation upon so important a subject, the final discussion of it be laid over for at least one year, and that the subject be recommended to the President of the Association for consideration in his annual address for 1877.

After the reading of the resolutions, Dr. Squibb said that if they were accepted by the Association, he would offer some reasons for their adoption.

On motion, the preamble and resolutions were accepted and placed before the Association, and Dr. Squibb was called to the speakers' stand.

He said it could hardly be necessary to say a word upon the great importance of the Pharmacopœia to the medical profession of the country as represented here; or to apologize for bringing the subject up at this time, and he would therefore go at once to the consideration of the preamble and resolutions.

He reminded the Association that the plan upon which the U. S. Pharmacopœia had been revised and published up to this time was adopted in 1820, but had been much modified and improved from time to time. As now in force, it will be found stated on the first page of the Pharmacopœia, and it is briefly

* From "New Remedies" for July 15, 1876, p. 217.

as follows: In the month of May of the last year of each decade the President of the previous convention issues a notice "requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy throughout the United States, to elect a number of Delegates not exceeding three, to attend a General Convention to be held in Washington" in May of the following year, or the first year of the new decade; and the next Convention, as provided for by the last one, occurs on "the first Wednesday in May, 1880." This is now drawing so near that if any action be taken in regard to it, it will be necessary and wise to consider it within the next year, and adopt it within two years. It will be noticed that this decennial convention for this express purpose, long antedates this Association, and it is probable that if this Association had been in existence in 1820, or any similar National Association, it would have had the charge of the Pharmacopœia. As it stands now this Association is very nearly a duplicate of the Pharmacopœia Convention—so nearly so that one or the other seems unnecessary. Both are representative bodies, and both claim to represent the medical profession of the country, and aim to do so, and the two are the only bodies which either aim or claim to represent the whole profession. The only material difference in the organic structure of the two is that within the past thirty years the decennial Convention has wisely availed itself of the profession of Pharmacy as a specialty of medicine, and has invited delegates from the incorporated Colleges of Pharmacy. The Pharmacopœial Convention has, however, always ignored the National Pharmaceutical Association as it has this Association, going for its constituent delegates to the same sources as the National Associations, as it did long before the National Associations existed.

The Pharmacopœial Convention meets every ten years; and, having decided upon all the general principles of the Pharmacopœia, and ordered its general scope, and plan, and methods, it appoints a Committee of Final Revision and Publication to carry out these general principles and plan in the details of the revision, and gives this committee entire charge of the Pharmacopœia until the next decennial period. This committee meets as soon as practicable after the convention and commences the detail work of the revision. Few, except those who have served upon this committee, know the amount and character of the labor it involves, and two to three years has been generally occupied in the Revision, the time and labor increasing with the progress of the medical sciences, so that at the last Revision the Pharmacopœia was not issued until 1873, or until nearly one-third of the next decennial period had passed. This work of Revision has always been done gratuitously; and to such men as Drs. Wood, Bache, Carson and Bridges, and Messrs. Proctor and Taylor, who have worked upon it time after time, and some of them from the very first to the last Revision, the profession of this country owe a debt which can never be discharged and should never be forgotten. Some of these gentlemen are now too infirm to have any more of such labor imposed upon them, and two others of the very hardest workers, Bache and Proctor, are dead. And so, now, where the charge of these important interests is to fall, and how the interests are to be managed, are the questions sought to be presented to you.

Next. Is the present plan, adopted so long ago as 1820, the best that could now be desired? Here it must be remembered that any plan which has worked well for more than fifty years is entitled to so much respect, that it becomes a

matter of grave doubt as to whether it can be wisely disturbed. But it must also be remembered that the working well of this, as of all plans, has depended less on the plan than on the men who originated it and carried it out, and that these men with their energetic labor are no longer available for the work. And above all it must be remembered that an imperfect or even a bad plan, once established and moderately well carried out, is often better than a change, with its necessary uncertainties. Hence it must always be wise to pause and scrutinize closely the reasons for so great and radical a change as that here proposed. A revision of the Pharmacopœia every ten years may have been quite often enough in 1820, '30, and '40, and even in 1850, but outside of its present organization, it has since that time been generally believed that in order to keep pace with the more rapid progress of general medical science the revisions should be more frequent; and there is much good authority for supposing that a fasciculus might with advantage be issued annually or biennially, thus keeping the work up to the level of current literature and knowledge. The long periods of ten years doubtless allow the sensational novelties of the materia medica to have their day, and die out without disturbing the national standard with their unsound claims and unsettled superficial testimony. But intermixed and confused with these sensational novelties comes all the real sound progress that is made, and it might be a most valuable function of the Pharmacopœia, by current fasciculi, to aid the general profession in discriminating between the more or less substantial claims to favor. Besides, in the long periods of ten years many valuable articles are lost with the worthless mass of trash, not so much by the prejudice excited by the company in which they are found, as from a failure to recognize them and classify them by proper names and description, so that they may be identified and individualized for more accurate observation and research.

Again, an interval of ten years embraces so much more of detail work for a committee of revision, than it did twenty or thirty years ago, that the labor seems to be now approaching to an impracticable amount. The committee can only meet weekly, because the detail work has to be done by some individual as a sub-committee between the meetings, and often has to be done over and over again. Thus as the amount of work accumulates by the more rapid progress of medical sciences, the time necessary to do it must still increase, though at the last revision it reached nearly three years. A more frequent review of the ground would so divide this labor and time as to give to the professions of medicine and pharmacy the results more frequently and with much less delay. And then, reaching the professions more frequently and in smaller quantity, such results would be more generally examined and appreciated. Besides, the actual aggregate labor of attaining such results would be diminished, by the investigation and disposal of many subjects before they became befogged and confused by mercantile interests and the doubtful testimony which grows thereon.

Again, it should perhaps in justice be stated that the present plan has not been so successful in the later revisions, and notably defective in the last one, when the Committee of Final Revision and Publication refused to carry out the instructions of the convention, and substituted its own judgment in opposition to that of the authority by which the committee was created.*

* See Report on the Pharmacopœia to the Medical Society of the State of New York, by E. R. Squibb, M. D., published in the Transactions of the Society for 1873-4, p. 82.

Therefore, if the present plan be not well adapted to the wants of the present day; and if the men who originated it, and who so laboriously carried it out, be no longer accessible for so active a work, may it not be a proper time to change the plan when the workers must be changed.

Then, if changed, how and how far shall it be changed? And, is The American Medical Association the proper custodian of the interests involved? A pharmacopœia is an authorized dictionary of the standard materia medica, for the use of the physician in the prevention and cure of diseases, and owes its existence to the advantages and the necessities to his profession of accurate definition, uniformity, and stability in the agents used in the practice of his art. It is the result of accumulated experience and scientific research as directed to remedial agents, and especially aims to establish a standard for quality, strength, and uniformity in the materia medica. In accomplishing this, it also becomes, of necessity, an authorized formulary for compounding the substances of the materia medica, or converting them into such preparations as come into general use under specific names. If there were no science nor art of medicine there would be no pharmacopœias, and therefore a pharmacopœia belongs to the science and art of medicine for the sole advantage of physicians in the treatment of diseases and injuries. And, a "Pharmacopœia of the United States" is one which is peculiarly adapted to the professional status and the professional wants of the physicians of the United States. It thus becomes a national pharmacopœia, and belongs to the physicians of the nation as they may choose to organize themselves to construct and manage it, as well as to use it. Since 1820 a comparatively small proportion of the medical profession of the nation has maintained an organization solely for the management and control of the National Pharmacopœia. The fact that in this organization the medical profession of eight to twelve States only was represented, was not the fault of the organization, for each decennial Convention not only invited delegates from all the States, but urged upon State Societies, Colleges, etc., the importance of being represented in, and aiding in a work of such importance. Neither, perhaps, was it the fault of the general profession that a no larger proportion of it was represented in these Conventions. But rather, perhaps, because the Conventions were too infrequent to keep the object freshly before the aggregate profession—because they had but one specific object and purpose, and that not a very popular one, nor one in which many individuals kept themselves very thoroughly informed—and, perhaps, more than all, because the aggregate profession had full confidence in the few men who managed the interest so well, and trusted them fully, basing this trust justly upon the beneficent results of their labors.

But, whatever may have been the reasons, this organization never was a national one in any true sense of the word in its relation to the aggregate medical profession of the United States, and its Conventions were not only infrequent but small, and simply gave support and authority to a very few men. And this organization has not increased and expanded in proportion with the magnitude and importance of its work.

Meanwhile the growing need of a truly national organization of the medical profession, for the care and management of its general interests, culminated in 1847 in the establishment of this, The American Medical Association, and it started off at once with a representation from about twenty-three States. From 1848 to the present time this Association has consisted of representatives from

so nearly all the States that it must be fairly considered a national organization in harmony with the national form of government. And if it does represent the aggregate medical profession, it is fairly entitled to the management and control of all the general interests of that profession, and the only proper source of authoritative action. Among the most important of these general interests of the profession—if not the most important—is that of the Pharmacopœia; and this interest has, up to this time, been left entirely under the control of the older and smaller national organization.

The question is, Shall it still be left where it is, or would it be better for the Pharmacopœia that this Association, now the only organization which in any proper sense represents the whole profession of the nation, should now assume the management and control of this important interest? This is a very grave question, and one that cannot be settled without mature deliberation. Even if it be admitted that this Association is entitled by its more truly national character to the custody of this among its other interests, it may be still questionable whether, for the greatest good to the Association, the Pharmacopœia had not better be left where it is, because it must be fairly understood that many risks are to be assumed either way. It will, however, hardly be doubted that this Association, as the only national representative of the profession, has the right to decide these questions, and is, therefore, by that right, the proper custodian of the interest involved. It would be quite competent for this Association, at its meeting for 1879, to direct one of its constituent members from each State Medical Society to attend this "Convention for Revising the Pharmacopœia" in 1880, and thus give to the organization that nationality of character which it now needs.

The next question is, if this Association be the proper custodian of the Pharmacopœia, and if it be wise for it to assume its right of management and control, whom can it invite to co-operate with it in the work? This question must be answered, that it cannot wisely nor safely avoid inviting the active co-operation of "The American Pharmaceutical Association," a national organization as general in its representative character, and nearly as old, as "The American Medical Association," and whose objects tend to the same general results and belong to the same general interest. Indeed, pharmacy is the outcome and the expression of a pharmacopœia, and a pharmacopœia without pharmacy would be a theory without practice; and pharmacy without a pharmacopœia would be but a desultory, roving occupation, and not a true art of medicine. Pharmacy was the first specialty that grew out of the general science and art of medicine, or rather, the first differentiation in the art of medicine; for when pharmacy began to grow out of medicine there was but little science behind the healing art. Pharmacy was the first specialty of medicine, surgery the second, and the art of the obstetrician perhaps the third. Then came ophthalmology and the other numerous specialties. All are mechanical arts, and not sciences, and all derive their inspiration, their development, and their rate of progress from the general science or sciences of medicine, and all are on an equal footing, and equally subordinate to the general medical sciences and the general medical interest, and are but elements in the general art of medicine. The general art of medicine could no more do without the special art of pharmacy than it could without the special art of surgery. But, had there been no general art of medicine, the special arts of pharmacy, surgery, etc., would never have existed. Hence the general science and art of medicine, as represented in this and all

other national associations, is superior, and the special arts are subordinate, and as streams, the special arts can never be independent of, nor can they ever rise higher than, their source. Medicine and pharmacy, without their natural connection and dependence upon each other, would soon lose their utility to mankind, and pharmacy, first of the two, would die out, or degenerate into something else. And an imaginary antagonism between them, which has been too much cultivated of late on both parts, is exercising a degenerating effect on both.

Such reflections, carried to their legitimate and logical conclusions, are so confirmed by the best experience of the time as to convince almost any one, sufficiently conversant with the subject, that it would be almost as impracticable to manage the interest involved in the Pharmacopœia without the co-operation of pharmacy as for pharmacy to manage them without medicine, simply because pharmacy has accumulated an amount of knowledge and experience which medicine has long ceased to work for and accumulate, and which medicine cannot afford to do without or to disregard.

Pharmacy is represented in the national Pharmaceutical Association just as medicine is represented in this Association; and pharmacy is essential to the Pharmacopœia; therefore, the co-operation of The American Pharmaceutical Association is the legitimate, the proper, and the best way in which to seek the aid of pharmacy in the management and control of the Pharmacopœia. And it is altogether probable that if this Association should, in a proper way, invite the co-operation of The American Pharmaceutical Association in this work, under the fully recognized leadership of The American Medical Association, the invitation would be accepted.

The final question for consideration is, if this Association should attempt this work, in what way can its details be wisely undertaken with any prospect of material improvement upon the present plan?

This is perhaps the most serious question of all, and one that demands great care when it is remembered how much easier it is to see the defects in an existing plan than to foresee the difficulties in one that is untried. The suggestions in regard to a plan now to be offered are not crude, but have received very careful thought. But they are not entirely satisfactory on many points, and are thrown out merely as suggestions which, when received by other minds, may afford indications of what is needed. A provisional plan should be matured and adopted at the meeting of this Association in 1877, and a committee of men familiar with the subject should be appointed to take the provisional plan into consideration, to consult with a similar committee from The American Pharmaceutical Association, and report a complete plan at the meeting of 1878. The committee from The American Pharmaceutical Association to be applied for in 1877, as that Association meets later in the year than this.

The suggestions for a plan are, first, that the whole management and control of the Pharmacopœia be entrusted to a sub-organization of this Association, of the nature of a board of management, or of an executive committee, to be called The Pharmacopœial Council of The American Medical Association. That this council should consist of either five or eight members; probably five would be the best number, as large bodies do not work so much nor so well as small ones, and spend more time in reaching harmonious action. If the council should consist of five members, this Association to appoint the president of the council, and to invite the Surgeon-General of the Army and

the Surgeon-General of the Navy, each to appoint one member, and the president of The American Pharmaceutical Association to appoint two members. Should eight be considered a better number for this council, or any number greater than five or less than eight, say six for example, then this Association to appoint the other members. It should be aimed to establish a wise and fair balance of interest in such a council, and the Army and Navy appointments to it would not only be for the purpose of completing its nationality, by giving the General Government its appropriate voice in the matter, but would be for the purpose of bringing into it well educated men free from all bias. As the meetings of this council would have to be frequent during the general revisions, and perhaps two or three times a year for the supplementary fasciculi, and as the members would have to educate themselves to the special work, it would perhaps be better that the council should be small and compact, and live in adjacent cities.

This council, charged with the entire work, should be authorized to employ one or two editors, or secretaries; perhaps two during the general revisions, and one permanently. These should be experts competent to do all the detail work under the direction of the council, and should submit the prepared work at the meetings of the council. These officers of the council should be liberally paid for their services, but should have no vote in the council, and perhaps one of them should be permanently employed entirely and solely in the interest of the Pharmacopœia, under the absolute direction and control of the council. There should be no salaries paid to the council at first, but actual traveling expenses should be paid. And all expert labor necessary to the work should be liberally paid, and the best experts only should be employed. The copyright of the Pharmacopœia is a valuable one, and should an annual volume be issued it would be still more valuable, so that it is highly probable that the income from this source would be abundant to pay all expenses. And in order to cheapen the book as far as possible to the medical and pharmaceutical public, the copyright should be placed at a price that would just meet all reasonable expenses. What the copyright has yielded hitherto, or what it was worth, could never be known, because it was always given arbitrarily to one publishing house, which house declined to give any information upon this point. Should the copyright be offered to a properly controlled competition it doubtless could be made to pay liberally all the expenses necessary to having the work well done, and well kept up to the progress of the current materia medica.

Should such a council be able to meet and organize in the latter part of 1878, a revision might be published in 1880, thus shortening this interval by two or three years, and making a gain that seems very desirable.

The final resolution aims at having this subject fully and widely discussed, both by the medical and pharmaceutical public, and it is hoped that the medical and pharmaceutical journals will spread the matter thoroughly and discuss it temperately, and that the medical and pharmaceutical organizations throughout the land will give it their most serious consideration—a consideration commensurate with its grave importance; for there is probably no subject where hasty, immature action is more to be deprecated, or where a wise deliberation is more necessary to the welfare of the single inseparable interest which embraces the arts of medicine and pharmacy.

The President of this Association for 1877 is pretty well known to have

taken much interest in the *Materia Medica* during many years past, and it therefore seems appropriate to ask him to make this movement a subject of thought and investigation, and to give The Association the results of his deliberations in his annual address.

On motion, the Preamble and Resolutions were adopted and made the order of business for 10 o'clock on the second day of the next annual meeting of the Association, and Dr. Squibb was directed to be present and present the subject of discussion at that time.

[EXTRACTED FROM THE MINUTES OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.]

At the second session of the annual meeting of 1876, Dr. E. R. Squibb offered the following resolution with a view to having the preamble and resolutions freely discussed, and then laid over for one year, before attempting any final action upon them :

Resolved, That The American Pharmaceutical Association devote an hour of its third session to a discussion of its interests in the United States Pharmacopœia, with a view to the adoption or rejection of the following preamble and resolutions :

WHEREAS, By the action of The American Medical Association, at its recent meeting in this city, it is proposed to discuss at its next meeting, at Chicago, in June, 1877, a proposition for that Association to assume control of the National Pharmacopœia ; therefore,

Resolved, That this Association offers to The American Medical Association its hearty co-operation in the work, in any way that The American Medical Association may find the services of this Association most useful.

Resolved, That a copy of this preamble and resolutions, with the discussion had thereupon, be forwarded by the President of this Association to the President of The American Medical Association.

DR. SQUIBB.—MR. PRESIDENT AND GENTLEMEN OF THE ASSOCIATION: The object of this resolution is to bring before you the important subject of the United States Pharmacopœia of the future, so far as the interests of this Association are concerned, so that by discussion and by an interchange of views, among those present at this meeting, all may have the subject before them in its most prominent bearings, for mature deliberation during the coming year, and go to the next annual meeting prepared to act upon the preamble and resolutions suggested with an amount of care and caution proportionate to the grave importance of the subject, and the serious results which would follow any unwise or hasty action.

The first question to be considered is, whether pharmacists have any reasonable or just causes of complaint to prefer against the present Pharmacopœia, and if so whether these are due to the present plan of revision and management. Then, should this be probable, can the present plan be so amended as to give promise of material improvement in the future ; or, can a new plan be suggested that will afford probable advantages enough to justify a radical change from the present one, which in the main has done so well for so many years ?

A free discussion of these points may bring out others, in detail, and will set all to thinking upon the matter, so as to go to the next meeting better prepared for wise and deliberate action.

That pharmacy has just and reasonable causes of complaint against the present Pharmacopœia may be supported by the following propositions: First, that it does not represent the progress in pharmacy up to the time of the last revision; and that its more frequent revision, though authorized, has not been attempted by the Committee of Revision. Secondly, that its descriptions and details are insufficient for the attainment of its objects, so far as pharmacy is concerned. Thirdly, that its processes are, many of them, unnecessary and therefore useless; that some of them are defective, while a few are positively bad. Fourthly, that there are more errors in it than the character of the work should admit.

That these objections to it are due to the present plan of revision and management may be shown to be probable by the following circumstances. The labor involved in bringing the Pharmacopœia up to the level of pharmaceutical progress at the times for its revision has always been great; and, increasing rapidly with each revision, has now become very great; far too great to be required or expected from any committee of revision acting voluntarily and gratuitously, while no adequate provision has ever been made for paying for the labor involved. When the work was mainly and so admirably done by Drs. Wood and Bache in the past, it was well and amply paid for by the subordination of the Pharmacopœia to the Dispensatory of these authors, which latter, as a private book of its authors, has been deservedly one of the most popular, most useful, and most lucrative books of the age. It nevertheless embraced and overshadowed the Pharmacopœia which was its basis, and gave to its authors the profits of their labors, both upon the Pharmacopœia and Dispensatory, by placing both in an official relation to the materia medica and pharmacy of the nation. Besides these authors, no one has ever received any material consideration, directly or indirectly, for any labor given to the Pharmacopœia. At the time of the last revision Dr. Bache was dead, and Dr. Wood so infirm in health that his services were not useful, but were rather obstructive in the committee; and have continued to be so unserviceable to the Pharmacopœia interests, that now, while his Dispensatory still overshadows the Pharmacopœia it does not embrace it, and has not been revised to meet the wants of the present plan of revision; whilst by allowing his publishers to change the date on the title-page of the Dispensatory, it appears to post-date the last revision of the Pharmacopœia, which it does not contain or comment upon, while it still, in a large measure, takes its place. Thus the Dispensatory, once far more important and far more valuable than the Pharmacopœia upon which it was based—more valuable even in the truest interest of that Pharmacopœia, has now become obstructive to that interest; and this from no fault of its authors, nor any undue greed of gain, but simply because such labor as they gave never should be expected nor asked for, and never can be justly obtained or used without being well paid for. It, therefore, follows that as the services of Drs. Wood and Bache are no longer available to the Pharmacopœia, their mode of having its labor paid for can no longer be depended upon. And, as this mode is an inseparable part of the present plan of revision, the plan must be objectionable, and cannot reasonably be expected to yield better results in the future than at the last revision, where a committee of five or more gave their time, knowledge, skill and labor, as it could be spared, through a period of more than two years gratuitously. From this it would appear that the present Pharmacopœia is as good as could be justly expected, and that its defects

may be in great measure chargeable to an attempt to get important labor, which but few have the knowledge and skill to render, without paying for it. If this be true, and if it be unjust and absurd to claim or expect expert labor unpaid for, then the present plan of revision and management is so defective that it never can represent the progress of medicine and pharmacy to the time of revision; and as the more infrequent the revisions the greater the labor; and the more rapid the progress in medicine the more frequent the revisions are needed, it again follows that the present plan is insufficient and needs reform.

Next, can the present plan be amended without radical changes? It seems doubtful whether a plan, the basis of which is voluntary labor throughout, and which was only successful so long as this basis was true only in appearance, can ever be successfully amended. Efforts were made in that direction in the conventions for the last two revisions, and in the Committees of Final Revision and Publication, but with little, if any, benefit to either the committees or their work. For example, it was proposed and carried in the convention to expend the income from the copyright of the book upon it, first to pay for the expert labor upon it, and then all the income over that to be expended in cheapening the book to the medical public. But while it was supposed that the income could not be large, so long as the book was embraced in and substituted by the Dispensatory, and was kept in the condition of a mere outline or skeleton, requiring the Dispensatory as a commentary, to render it of much service to either physician or pharmacist, still it was indefinitely known that a large number of copies were sold, and that the copyright had a definite value. Information on these points was sought for from the publishers by official resolution of the committee of 1860, but was declined; and after this rebuff from the publishers, a resolution in the committee to offer the copyright to competition among publishers was rejected by the committee, and the copyright has continued always in the same hands, with but an insignificant yield to the committee for small expenses at the time of revision each ten years. Therefore, as it has up to this time been impossible for either the convention or its committees to know much about the copyright or its value, and therefore to make any amendments in its plan based upon the income from the book, it seems probable that in this direction at least little can be expected short of a radical change in the design and character of the book, and change of hands for its control and management. In the last revision the convention failed to control its committee in the work, or, rather, the committee did not carry out the directions of the convention, and the convention has no redress; for, by its own organic provisions, it can only be called once in ten years, and then by the chairman of its own committee, which declined to carry out its orders. That this plan ever did work well seems to be due to the great ability and labor of Drs. Wood, Bache, Carson and Bridges, and Messrs. Proctor and Taylor; and that the first two were indirectly well paid for their labor by this plan of making a Pharmacopœia which should require a Dispensatory, and then making a Dispensatory as a private and a profitable enterprise, whose success depended upon its being still more profitable to those who bought and used it than to its authors.

It follows, then, that the professions of medicine and pharmacy have had full value, and perhaps many times the value, of all they have ever paid, for both Dispensatory and Pharmacopœia, and owe besides a large debt of gratitude and

credit both to the plan and to its able and indefatigable authors and workers. But, unfortunately for the professions, the authors and workers are no longer available by reason of the unsparing hand of Time, and the thirteenth edition of the Dispensatory remains year after year unrevised, until it has become simply a book of reference for the past, and a blind to those who go to it for the progress of modern knowledge.

As a summary of what has been said, it may be suggested that any amendment of the present plan which does not embrace a dispensatory, or its equivalent in the Pharmacopœia itself, will be no improvement upon the past. And that such a change in the Pharmacopœia itself would involve labor that must be paid for in some way; and that this, if accomplished, would not be an amendment of the present plan, but would be a radical change to a new plan.

Next, can a new plan be suggested that will afford probable advantages enough to justify a radical change from the present one, which in the main has done so well for so many years? This is a most serious and important question, and one which well deserves a year of careful thought and consideration, if it is to be wisely answered. It seems altogether probable that some plan can be found that is better for this time than the one which was applicable thirty or forty years ago, and then yielded its best work. And in view of this probability the following plan was submitted, with some hesitation and doubt, to The American Medical Association, at its meeting in this city, in June last. The plan was favorably received, and was made the special order of business for ten o'clock of the second day of the next annual meeting, and the President of the Association is recommended to consider the subject in his annual address. It will save time and space here if the members of this Association will read the remarks made in presenting the subject at that time, as it is intended that those remarks, and these now made, shall, when taken together, cover the whole ground of this preliminary stage of the discussion. The remarks may be found in the "Transactions of The American Medical Association for 1876," when published; but have been already published in "New Remedies," for July, at page 217.

The plan suggested for thoughtful consideration is as follows:

That The American Medical Association, as the only concrete body or organization which fairly represents the whole medical profession of the United States, and, therefore, as really owning the United States Pharmacopœia as one of its most important general interests, should now take possession of the Pharmacopœia and control it henceforth.

That it should control and manage the Pharmacopœia by means of a council to be styled the Pharmacopœial Council of The American Medical Association. This council to consist of a president and four other members. The president to be nominated by the Nominating Committee, and elected by The Association as often as the office may become vacant by action of The Association, by action of the council, or by death or resignation. That the American Medical Association invite the Surgeon-General of the Army, and the Surgeon-General of the Navy, each to select and appoint a medical officer from their respective corps, and invite The American Pharmaceutical Association to select and appoint two pharmacists, to constitute the pharmacopœial council.

That this council under The American Medical Association shall be charged with the entire control and management of the Pharmacopœia in all its details, and be empowered to employ one or two editors and other experts when

necessary to do the work properly, and to use the income from the copyright of the book to pay its expenses.

This council should be ordered to revise and publish the *Pharmaeopœia* once in five years, and to issue a fasciculus or small inexpensive volume in addition, each year, giving the best attainable information in regard to new remedies and their uses, and the important elements of progress in the materia medica and pharmacy up to the time of the annual publications. At each quinquennial revision the well-established progress of the five years to be embodied in the standard book from the fasciculi. Thus each fasciculus would become a useful ephemeris for its day, and these ephemerides would serve not only to keep the profession of medicine and pharmacy informed in regard to the novelties as they might occur, but assist in discriminating between the good and the bad, saving both professions from some of the influences of fashion, frivolity, and mercantile speculation in medicine. There is probably nothing that the practical physician and pharmacist need more than some authoritative assistance in discriminating between that which is reasonable and sound, and that which is merely plausible and ingenious in the materia medica. And it is probable that there could be no better way of giving this assistance than in close connection with the authorized *Pharmaeopœia*, and yet without embracing the novelties within the *Pharmaeopœia* until they should be well tried in a prescribed and uniform way, under authority, and thus become established upon some degree of accuracy and uniformity of conditions for observation.

Such a council, fitted without special training to take up such a work and do it moderately well at once, certainly could not be found in this country. But by careful selection, the responsibility for which should rest heavily upon the selecting bodies, a council might be made up of industrious, energetic men, accustomed to accurate work, who would be willing to train themselves for it so that in a year or two from their appointment they would be ready to begin their work, and then grow in knowledge and adaptation with the work. Two editors, to be secretaries of the council, but without votes, might be needed at the quinquennial revisions, and one would be needed permanently to continue the work, under the president of the council, without cessation or interval. This permanent editor should be a well-trained expert, and such a one would be very difficult to find, and would probably have to be changed until the requisite ability was found, and then be specially trained to the work. In short, the organization of such a council would be, with all the caution that could be used, a difficult work, and one full of obstacles; but might not be impracticable if the labor could be paid for in reputation and in money as it should and must be to be successful. Such a council would not have to meet frequently, certainly not oftener than four times a year, but would of course have much research and reference work on current medical literature to do at home, as for example, the army and navy members at their unrivaled libraries, laboratories, or depots;—and the copyright might not be at first sufficient to pay well for such work.

But if such a council should be happily found as would by sound and accurate knowledge and persistent labor, produce a work that would meet the wants of the two professions in any reasonable degree, there can be no doubt that the work would within a very few years sell to an extent to recompense the labor given to it, for if anything be certain such recompense is certain in accurate proportion to the true soundness, quality, and amount of

the labor bestowed upon it. The only probable serious difficulty would be that a year or more of the hardest labor would have to be given before the copyright could be offered as a source of income, for such a council should neither hypothecate its labor nor go in debt, even if it could do so. But this difficulty does not seem insurmountable when the character of such men as must be selected for such a council, and the character of the bodies they would represent is duly considered.

It was first thought that such a council might be a little larger, say eight members; but beside the greater harmony and smoothness in working of the smaller number, it is doubtful whether the income could ever be made sufficient to adequately pay for more than one competent editor to do the continuous detail work, and five members or councillors for the intermittent duties, whilst the work, once fairly started, and the workers trained to it, would not be greater, nor take more time than could be well spared by five men who were at the same time actively engaged in the general duties of their respective professions.

The idea of a standard Pharmacopœia and an ephemeral adjunct having a value to the professions proportionate to the ability and labor with which the plan was carried out, seems well worth earnest thought and discussion, and the subject should be discussed freely and temperately, not forgetting for a moment that the elements of success in such an undertaking are very costly and difficult to secure; and that schemes of this kind may be ingenious and plausible, and may be even very sound and good, and yet prove impracticable, so often does ingenuity mask true utility. And yet there is no better way of making sound progress than by means of a well-digested theory earnestly tried.

This plan has been gradually reached through many phases and modifications, as thought over and talked over with interested and intelligent friends for some years past, and now when it is time that it should be publicly suggested for whatever it may be worth, it is still immature and is set forth with diffidence, but as the best that one mind can do on so important a matter with the hope that it may elicit a discussion here now that will bring out new points and new details, to serve as food for reflection during the year which is to elapse before action be taken upon the subject in this Association.

[EXTRACTED FROM THE MINUTES OF THE KINGS COUNTY MEDICAL SOCIETY.]

Dr. Squibb began by giving a brief history of the origin of the United States Pharmacopœia, from which it appeared that it originated in this State, chiefly through the efforts of Dr. Lyman Spalding, of the N. Y. County Medical Society, in 1817, and first came into actual existence in 1820, chiefly through the efforts of Drs. Thomas T. Hewson, Franklin Bache and George B. Wood, of the College of Physicians of Philadelphia. This College had proposed a U. S. Pharmacopœia as early as 1787, but a Committee, to which the subject was referred, do not appear to have accomplished anything of practical value. The Pharmacopœia of 1820 was the authorized work of a Convention which met in Washington, the first of a series of decennial conventions which have met for the purpose of revising the Pharmacopœia ever since that time, namely,

in 1830, 1840, 1850, 1860 and 1870. And a similar convention is provided for, to meet in 1880.

After the revision of 1830 the U. S. Dispensatory was published as a commentary upon, and an explanation of the Pharmacopœia, the whole text of the Pharmacopœia being given in the Dispensatory, and the Dispensatory being a private enterprise of its authors, Drs. Wood and Bache. From that time the Pharmacopœia became a mere skeleton or outline of the materia medica, and was of so little use without the Dispensatory—while this latter embraced its text with very much other valuable matter—that it had no sale or demand, while the Dispensatory based upon it, became one of the most successful medical books ever published. So completely did it overshadow and in effect suppress the Pharmacopœia that, until within the last ten years, very few in either the medical or pharmaceutical professions knew of its existence separate from the Dispensatory, and even to-day, a large majority of both professions, if asked for the Pharmacopœia, will hand out “Wood and Bache.” In this way the authors of the Dispensatory, who for a long time did nearly all the work involved in the Pharmacopœia, were well paid for their labor in the profits of their book, while the true value of the Pharmacopœia, as well as of the Dispensatory, accrued from their ability and their trustworthy labor. At the last revision of the Pharmacopœia, however, Dr. Bache was dead, and Dr. Wood no longer in health and activity, so that the work had to fall into other hands, and was not so well done as formerly. But this was not all. The Pharmacopœia was still kept upon its outline or skeleton plan, while now with no Dispensatory to explain it and make it useful, for the Dispensatory was not, as before, revised with the Pharmacopœia, and so did not then and does not now embrace it; and worse yet, it still does embrace the old effete Pharmacopœia, and gives it, and not the new revision, the currency of its enormous sale and influence. Hence the U. S. Pharmacopœia of 1870, now for the first time stands alone, and with the influence of the Dispensatory not for, but against it, while still maintaining its skeleton condition of subordinate value and utility, to the professions whose standard and guide it should be, and who desire that it should be true to them that they may be true to it.

These circumstances suggest to the medical profession, of the United States the inquiry as to what will become of the Pharmacopœia and the materia medica of the country without the Dispensatory, in the future? Next, is the present plan, which has worked so well since 1820, sufficient for the present wants of the profession, and if so, can it be carried out with the same success in the future as in the past without the men who designed and carried out the plan? for these, namely, Wood, Bache, Carsou and Proctor, are no longer available for the work. Next, can a plan be suggested which will offer a reasonable chance of improvement, both in plan and results?

The plan which has been suggested by Dr. Squibb, and which is now before The American Medical Association for deliberation, and for decisive action at its next meeting, is briefly as follows: This plan should, if possible, be considered well by the whole medical and pharmaceutical professions of the country within this next year, so that the delegates from the whole nation may go to their national Associations in June and September next prepared to act wisely, deliberately and with proper caution on so important a matter.

The proposition is that The American Medical Association, as being the only organization which represents the medical profession of the nation, take charge

and control of the Pharmacopœia as one of its most important interests, and establish a permanent council for its entire management. That this council should consist of five members, and be formed as follows: The American Medical Association, through its nominating committee, should elect the president of the council. The Association should next invite the Surgeon-General of the Army and the Surgeon-General of the Navy each to detail a proper officer from each medical corps to be members of the council; and finally, should invite The American Pharmaceutical Association to appoint two members. This council should make a general revision of the Pharmacopœia at least once in five years, and put it in such form as to be practically useful and sufficient without a commentary or explanatory work, and should issue annually a fasciculus, or small volume, embracing the progress of the materia medica, and any useful information thereupon, of the previous year. In order to do this work well the council should be directed to employ the necessary expert knowledge and skill—say two editors for the general revisions, and one editor to be permanently employed under the direction of the president of the council. This council and the editors should be such men as from knowledge or natural taste might train themselves, in a very few years to this special work—for its ultimate success would depend entirely upon the way in which it was done. Hence, men of soundness, ability, accuracy and energy would be required, and the labor would be great in proportion to the accuracy and precision of the work. The council would have to meet for a few days three or four times a year to compare and harmonize their individual work, and to revise the work of the president and editors. Such an organization would require men, whose time is valuable, and such time and such labor as would be indispensable even to a moderate degree of success and utility to the professions of medicine and pharmacy could not be had without being well paid for. To pay liberally for such services might at first be impossible, but the sale of the copyright of the books would doubtless defray the absolute expenses even from the first publication. But after this, just in proportion as the books should supply the needs of the professions, would the copyright bring funds to the treasury, so that, if well managed, it would, in ten years, or perhaps sooner, pay liberally for all the labor and special training of the highest quality that could be bestowed upon the work. Thus it is proposed to make it self-supporting from the first, while the quality of the work is to be depended upon for the degree of success obtained, in the full confidence that if the work be sound and true to the two professions it will be abundantly sustained.

In reply to questions by members, Dr. Squibb stated that he could not tell whether there would be opposition or resistance to his plan from the present decennial organization from which confusion, or possibly two pharmacopœias, might be made, but that he supposed there would not be. And, in regard to the copyright, stated that it was always held by the Chairman of the Committee of Final Revision, and had always been sold to or given to one publisher, namely, Messrs. J. B. Lippincot & Co., of Philadelphia. And that when he, Dr. Squibb, served upon this Committee in 1860, the Committee had sought for information from the publishers in regard to the copyright, which the Committee, as representing the Convention, owned, and had been refused by the publishers, on the ground that the information asked was their private business. Other equally respectable publishing houses having applied for per-

mission to compete for the copyright, a resolution was offered in the Committee to offer the copyright to competition between three or more publishers, but the resolution was voted down, and the copyright was again given or sold to the firm which had refused to give any information in regard to its cost or value.

Dr. Hopkins asked whether, in case The American Medical Association should assume the control, it would not have to be called the American Pharmacopœia, rather than the U. S. Pharmacopœia, as they were representatives in the Association from outside the United States?

Dr. Squibb answered that that was an open question, to be decided by the Association. It was probable, however, that it had better remain strictly a national standard, and as such could only be called as at present.

NEW YORK COLLEGE OF PHARMACY.

THE REVISION OF THE UNITED STATES PHARMACOPŒIA.*

The President, Mr. PAUL BALLUFF, having called the meeting to order, opened the proceedings with some introductory remarks, in the course of which he referred to the discussion of this subject at the late meeting of The American Pharmaceutical Association, † and stated that in his opinion the proposed conference or council of the two professions should be arranged upon the basis of equality in numbers of representatives from either side.

DR. E. R. SQUIBB then addressed the meeting as follows :

MR. PRESIDENT AND GENTLEMEN—In discussing the subject before us, the first question we have to ask ourselves is, do we wish to change the plan of revising the Pharmacopœia? We have had an excellent Pharmacopœia up to the last revision—perhaps inferior to none in its general character, certainly inferior to none in the labor, whether of skilfulness or amount, that has been bestowed upon it. The reason why we have had so good a Pharmacopœia is because we have had such competent authority to control it. The relations between the U. S. Pharmacopœia and the U. S. Dispensatory have been of such a character as to give to both books a world-wide reputation, and that reputation is a combined one; that is, the reputation of the Pharmacopœia cannot be separated from the reputation of the Dispensatory. This is so because the authors of the Dispensatory were mainly concerned in the production of the Pharmacopœia. It has been supposed that the labor on the U. S. Pharmacopœia was unpaid or voluntary labor. Now that labor was voluntary only in one sense, and that is in the sense that the authors of the U. S. Dispensatory gave their labor to the Pharmacopœia, with the effect at least of giving sale and giving authority to the Dispensatory, which was based upon it, and which has been one of the most successful medical books, in its financial results, ever published; and those results were reached through the Pharmacopœia as the authoritative basis for the work. The Dispensatory embraces a great deal of information besides the two Pharmacopœias it contains, and has been regarded as a commentary in a general medical sense; hence the sale of the Dispensatory has overshadowed that of the Pharmacopœia. Until within the

* From "New Remedies" of Dec. 15, 1876, p. 363.

† See October number, p. 396, and July number, p. 217, sqq.

last twenty years probably, the Pharmacopœia was but little known, while the Dispensatory was a book which was widely known and appreciated. It embraces the text of the Pharmacopœia, as no other book could do, because the copyright was held by the authors of the Dispensatory, who were at the same time mainly the authors of the U. S. Pharmacopœia, and they were paid for their labors upon the latter by the financial success which attended the publication of the Dispensatory. Now, had this relation between these two books gone on undisturbed, as it was twenty years ago, I would be the last to disturb that relation. I do not think that the authors who gave us so good a Dispensatory and Pharmacopœia received more honor and profit than they were entitled to for their labors. Unfortunately, however, for both medicine and pharmacy, Dr. Bache died in 1864, and the Dispensatory lost his services. Very soon after, Dr. Wood became so infirm, from age and disease, that he was unable to keep up the Dispensatory, and in 1865 he announced that he would not be likely to participate in another revision. He served upon the last revision of the Pharmacopœia, but since that time, 1865, the Dispensatory has had no additions made to it, has undergone no revision, and has not been brought up to the present condition of medicine and pharmacy. The true reason why our last revision was so unsuccessful, and probably the only reason why we are now left to desire a change, if we do desire one, is because it is so constructed as to require a Dispensatory, and is now without one. Twenty years ago the Pharmacopœia was almost universally confused with its commentary, the Dispensatory. Now we are left without a Dispensatory, and for the first time the Pharmacopœia has been left to stand alone, or rather is left to support itself with the influence of the Dispensatory against it, because the Dispensatory is now a commentary on the past revision and ignores the present one. The reason why we have not a better Pharmacopœia now is, that the labor involved was so great that no man or set of men should have been asked to perform it unpaid. The Committee did not only all that could be reasonably expected of them, but far more than they could afford to do. Their labors were contributed from time to time, and much more labor was performed than any one had a right to ask of the Committee under the circumstances. Let us not permit ourselves to complain that the work was not better done, but let us be thankful that it was done so well, and simply inquire now whether it can probably be improved. Drs. Wood and Bache were abundantly paid for their labor by the sale of their Dispensatory, and could afford to do it well, but they are not now available. It is hardly possible to go on in the manner originally designed, of making the Dispensatory serve all purposes, and no one to revise it. A dispensatory is not easily made, particularly one which shall be at all equal to the one of the past. To bring the Dispensatory up to the present time it would require to be rewritten rather than revised. There is probably more than one-half of the book which might well be left out; for much of the information given in the Dispensatory can be found in botanical works or works on therapeutics. If you take out the therapeutical and botanical parts of the book, you will have left a dispensatory of not more than one-third the size of the present work. Such a contraction of the matter of the Dispensatory would bring it down to the scope of a pharmacopœia well adapted to the wants of this country; and one could thus be made which would stand alone—that is, need no commentary. But if the Pharmacopœia is to be kept a skeleton as it now is, it must have

a commentary to render it of much service; and then the question of the future is how to get both Pharmacopœia and Dispensatory. Whether men could be found who would give the labor again, of producing a pharmacopœia even as good as the present one, without pay, is doubtful. And then how shall a proper dispensatory be secured? In the past it seems pretty certain that had there been no pharmacopœia there could have been no dispensatory, and had there been no dispensatory, a pharmacopœia upon the present plan would have been a failure; and again, that the income from the Dispensatory has been the real foundation of the success of both Pharmacopœia and Dispensatory, and that without such a foundation of skilful labor well paid for, the success of a pharmacopœia of the future is, to say the least, very uncertain, and the attempt to get one very hazardous.

These are some of the thoughts I wish to throw out at the commencement of the discussion.

I will now allude to my own design or plan for a new Pharmacopœia. I believe the time has come to depart from the old classic idea of a pharmacopœia whereby it is mainly a catalogue and dictionary of the materia medica. We need something more. An illustration, perhaps, will convey my meaning. Take, for example, the article Rheum; the definition now given is that it is the root of *Rheum palmatum* and other species of *rheum*. What kind of a definition is that? If needed by the botanist, it gives no information of value, because it speaks indefinitely of other species than the *Rheum palmatum*. If intended for the druggist it does not give any satisfactory knowledge, and if intended for the physician it is of no avail.

The physician and pharmacist wish for something to tell them how to select good rhubarb, and care less for the botanical species than for sensible properties and tests. Now, to add to the botanical species, something which is even more useful—something whereby the pharmacist may judge of the root as he finds it in the market, and the physician may judge when he handles and uses it—something which will comport more with the usages of the day than a mere botanical definition. I would propose to make a pharmacopœia which should need no dispensatory, one which, for the scientific information required, would refer to the proper works where it may be found, whether it be the botanical description or the therapeutical uses—and there is no lack of books on either subject. Now let us refer to this use of the Pharmacopœia, not simply as a dictionary, but as a book which shall describe familiar drugs or a drug as it is met with in the market, with the processes necessary for its preparations; not written in quite so dignified a style, but in such concise detail that the pharmacist may take the description of a process and use it line after line in the preparation of the article which is being described. You may say that it would make much too large a book. I doubt it. In the first place, I would not have the book printed in so large a type as it is now. I would not aim to make it a mere outline, nor so prolix as to be cumbrous, but rather at the line of utility.

The same reasons which were urged for changing the language of the Pharmacopœia from Latin to English may be made applicable here—not only in the language, but in the detailed description of the processes employed, because the description as well as the language should be as plain as possible and as full. Let us have a standard for the working processes as well as for the ingredients and quantities of all the established preparations. Then, having that,

and making a revision perhaps every five instead of ten years (subsequently perhaps even oftener than that), we should be able to keep within the covers of the *Pharmæopœia* nothing but what has been fully tried, fully known, and fully described in detail.

Such a revision would decimate the present lists, for there are many articles here which might be dropped. Not that they are entirely useless, but that they are not appropriate articles to be retained in a *pharmacopœia* when they take up room which might be given with greater advantage to the details of primary articles. If the *Pharmacopœia* be so restricted, we should need something more; and my design embraces the idea that the authorities of the *Pharmacopœia*, whoever they may be, should issue an annual *fasciculus*, which should never be dignified with the standard force and authority given to the established *Pharmæopœia*, but be more ephemeral. A thing which would expire at the end of each year, and contain the current information of the previous year. I would have this annual, however, published by the same authority which publishes the *Pharmacopœia*. Now, that annual might contain a great deal which would not be looked upon as suitable to be retained or admitted in the *Pharmacopœia* proper. It might contain a description of all the novelties which come along—for instance, such an article as *jaborandi*, of which there was little or nothing known when it came into use—and it would have competent authority, as soon as anything of that kind was published, to send for the article, to put it upon trial, place it in the hands of proper men after it has been properly prepared, put it in the way of being used in hospitals, and so get all the information possible and publish the results of the observations in the next succeeding year. This book would never exceed the *Pharmæopœia* in size, and it might be a mere *fasciculus* for the first year or two. My impression is that such a book as that would be really more useful, both to medicine and pharmacy, than the *Pharmacopœia* as it is. The *Pharmæopœia* would still be essential and indispensable, because it is the standard; but for obtaining current information, a work, such as the book I have described, would be more useful to physicians and to the pharmacist than the *Pharmacopœia* itself. From it could be obtained information quite inappropriate to a standard *pharmacopœia*. Within two years the necessary information could be obtained regarding any article that might be proposed as a therapeutical agent, which would either discard it entirely, or place it upon further trial, or introduce it into the *Pharmæopœia*. At present all the novelties are in risk of being lost, or so perverted and extolled that they are dropped, or get into commercial hands and become used as proprietary medicines in one way or another.

Such a book as I have described should be issued in a cheap form, and the copyright should pay for the labor expended upon it. At first, there would probably be an expense to be met, perhaps some thousand dollars or so, to be obtained from some source for the purposes of its support; but the moment it is placed upon a reliable basis, such as will enable it to communicate valuable information to the physician and pharmacist, it would sell so as to abundantly pay everybody connected with it. The copyright of the *Pharmæopœia*, and the book proposed, would be very valuable if the work was properly done, and would amply reward the labor which might be given.

Now, how is the work to be done, and by what authority? Our friend, the President, has just said that the pharmacists and physicians should unite in

making the Pharmacopœia. Upon that point I agree with him entirely. But he says they should unite in equal proportion. That brings up a point which to my mind is important, and which I wish to strenuously insist upon.

Pharmacy is but a specialty of medicine, and should any one attempt to sever it from medicine, it would be like attempting to sever surgery from medicine. Medicine was once a single concrete art. The same man who attempted to heal the sick prepared all his remedies, performed surgical operations, did teeth-drawing and leeching, and everything else connected with the cure of disease. As the art grew, its scope became too great for any single man, and surgery was probably the first offshoot from the general art of medicine as a specialty. The performance of surgical operations was mechanical entirely, but surgery requires some knowledge of all the branches of medicine. Pharmacy was probably the second offshoot, and the very word *drug* carries us back to the time when it was regarded as necessary to *dry* the medicine for use all the year round instead of giving it prepared in the green state. When medicines were used in the fresh state, and were collected by the physician as used, there was no pharmacy; but when collected, dried, and stored for uninterrupted use, then it was that pharmacy commenced, when the physician could no longer afford the time necessary to attend to both branches of his business. Thus it is that pharmacy is as much a part of medicine as surgery, or ophthalmology, or gynecology, or as any of the specialties in medicine, and it is only a part.

Now, if pharmacy claims that it should revise and control the Pharmacopœia, and should invite medicine to join, it would be an example of a stream rising higher than its head. What is pharmacy without medicine? Where is the origin of pharmacy? It is in medicine. It is but a subordinate part of the medical art.

Now, *if* it be, and I *must* assume that it *is*, simply a specialty of medicine, then medicine has a controlling interest in it. The Pharmacopœia then, is a general interest of medicine. It is not a general interest of pharmacy alone, but it is one of the general interests of medicine. Now, if one of the general interests of medicine, who has a right to its control? The united interests of medicine, and not the interests of any separate part; and the united interests of the united parts is found, in this country, in The American Medical Association, and nowhere else. By right every pharmacist should be a member of the medical profession by education, and should then be a member of The American Medical Association, for there is where he belongs, to practice one of its specialties. Now, if this be so—if pharmacy is but a general interest of medicine, then wherever the organization is found which embraces the general interests of medicine, it is there that the Pharmacopœia should go, for it is there that it belongs.

If The American Medical Association is the custodian of the general interests of medicine, and is therefore entitled to the control of the Pharmacopœia, then no other association is entitled to it.

The National Convention which has heretofore met for the revision of the Pharmacopœia, has been a delegated body, and the delegates have come from the same sources as those of The American Medical Association and The American Pharmaceutical Association. For many years this convention was composed of medical men alone, and the pharmacists came in as soon as needed and when desired. In Great Britain, the body which controls the Pharmaco-

pœia consists of medical men only. In Germany this matter is under the direct control of the government. But we can have no such Pharmacopœia in this country as in Germany, for we have here a free country and the people have a right, with regard to certain matters, to do and think as they please. Every man has a right to have his disease treated as he pleases, and as long as the will of the subject is the law of the land, that will must be recognized, and it is the basis of all the laws we have. There are many laws upon the statute books which aim at something else besides freedom of the subject in such matters, the law in regard to the sale of poisons, for example; but they are not enforced, or, if enforced, it is either through malevolence or some personal consideration. Hence we cannot hope to have a governmental pharmacopœia in any true sense of the term. This National Convention which has met from time to time in the city of Washington, has had no relations whatever with the government, or been guided by any authority except that which it maintained by its own deserving labor and results as a self-constituted body, and depends for its own continuation upon a presidential call for the Convention every ten years. This organization is, as far as its numbers go, a duplicate to The American Medical Association and The American Pharmaceutical Association, because its delegates are found in these bodies, the same men serving as delegates; hence the Convention is nothing more than a delegated body from the same sources as The American Medical and American Pharmaceutical Associations.

Now, my plan for the Pharmacopœia of the future, under the circumstances above alluded to, involves a radical change. Whether it will be desirable to make this or any change depends upon the discussions and interchange of thought during the next one or two years.

Let us concede for a moment that the Pharmacopœia is a general interest of the medical profession, and that The American Medical Association is the only organization truly representing that profession in this country, and that it assumes the Pharmacopœia as among its general interests. If it does that, it has to do something whereby the present officers of the National Convention may be relieved from calling a convention in 1880. That can be easily done, for The American Medical Association can say, next year if it chooses, to those bodies which are at present represented in The Association, and were represented in the last decennial convention, that The Association has decided to take possession of the Pharmacopœia, and asks such bodies, if it be in their judgment a proper move to make, to send delegates with authority to transfer allegiance from the National Convention to that Association. Then, if complied with, the matter is plain, for The American Medical Association can pass a resolution asking that the President of the National Convention shall not call the convention in 1880, and that resolution being supported by the action of the bodies represented in the National Convention, will probably be regarded as sufficient to relieve the President of the Convention from the duty of issuing the call in 1880, and if no call be issued there will be no Convention. The American Medical Association will then own the U. S. Pharmacopœia, and that with a proper regard for the duties and responsibilities of the officers of the National Convention.

Now The American Medical Association, as a large, unwieldy, migratory body, must manage such an interest as this by some fixed and permanent body organized for the purpose, within The Association—some committee, board,

section, or council—and for this purpose must endeavor to combine all the specialties which make up the general art of medicine, but more particularly aim at two of these specialties. First, Therapeutics, to select and apply remedies, and by their effects to judge of their place and their utility to medicine, and to determine the quantities and proportions in combining them. Therapeutics must first need a remedy, and know how to study it and apply it to the need, before the sources of supply can be developed. Second, the specialty of *Materia Medica*, Chemistry, and Pharmacy. *Materia Medica* is inseparable from Therapeutics on the one hand and Pharmacy on the other, and is the connecting link between them, but the line of separation is far more difficult to draw here than between most other specialties. Therapeutics, in the general practice of medicine, selects remedies through Physiology and by experimental research, from the domain of Natural History and of Chemistry; *Materia Medica* sets these apart, studies them in their special adaptation to medicine, and defines and describes them; Chemistry is next needed by *Materia Medica* to study the composition and constitution of remedies, and separate or combine their different elements by the laws of their physiological and therapeutic action first, and next by the laws of chemistry. Finally, Pharmacy is needed to prepare, to store, to compound and to dispense the *Materia Medica* for use, in its ever-varying quantities and combinations.

Hence, while Therapeutics, as the foundation and the cause, must embrace *Materia Medica* and Chemistry, it now equally needs Pharmacy to complete it as a specialty of medicine. And Pharmacy as a profession and as a specialty of medicine embraces *Materia Medica* and Chemistry, and adds to them the mechanics of a special art; just as Surgery studies Anatomy, Physiology and Pathology, and adds to *them* the mechanics of a special art, to form the specialty of Surgery. From these considerations it must be admitted that The American Medical Association needs for this work very carefully-selected men, some of whom can be best found in the ranks of Pharmacy. But pharmacists, unlike surgeons and other specialists, have separated themselves from the general organization of medicine, and have formed a profession and organization of their own, and have a national organization to which delegates are sent up just as in the case of The American Medical Association.

Now, in the management of the Pharmacopœia The American Medical Association has the choice of doing without Pharmacy, except what it can find within its own organization, or of inviting the co-operation of Pharmacy through its separate organization. This latter seems the only wise course, whether it be adopted or not, and upon such a course I propose to base my plan. The American Pharmaceutical Association, at its last meeting, signified by resolution its readiness to co-operate with The American Medical Association in this work, but upon what terms was not decided; and if it should take the matter up at its next meeting on the terms advocated by some members, of taking the Pharmacopœia into its own keeping, and then inviting the co-operation of The American Medical Association, then, of course my plan will entirely fail.

This plan, which is to be submitted to The American Medical Association at its meeting in June next, is that it shall organize a Pharmacopœial Council, to be incorporated if necessary, consisting of five members, which council shall be charged with the entire management of the Pharmacopœia and all that pertains to it, and be responsible only to The American Medical Association.

This council I would propose to form as follows: the nominating committee of The Association to nominate, and The Association to elect the president of the council; then The Association to invite the Surgeon-Generals of the Army and Navy each to appoint one member, and invite The American Pharmaceutical Association to appoint two members. This number is chosen rather than a larger one, because it is generally conceded that small bodies work better than large ones, with less friction and more harmony of action, and that the smaller the body the closer the responsibility and the better the results. With due care in the selection and appointment, such a council would fairly represent the general interests of medicine throughout the nation, the general government of the nation, and the pharmaceutical interests of the nation, and would thus be about as general and as national in its construction as the circumstances will admit, and would be so balanced as to prevent bias in the direction of any special or peculiar interests, while its elements should bring to it men of such education and attainments as to qualify them for learning pretty rapidly the duties which would devolve upon them. This council should have an actuary to serve as secretary and editor, who should be permanently employed in the work, under the immediate supervision and direction of the president. This officer should be selected by the council with great care, and as an expert chemist and pharmacologist would be needed, such would be difficult to find, and many changes would be necessary before the right officer could be had. This office should be as liberally paid as the income would allow. With the president and this actuary for continuous work, the council would need to meet, during the general revisions, say once in three months, and at other times twice or three times a year, each member bringing to the meetings such work as may have been allotted to him. Each member should be paid from the first, his actual expenses of attending such meetings, and as the income should increase be paid for his services over and above his expenses, at, say, so much for each meeting attended. The income from the work of such a council would in two or three years adjust itself. The work must be done before it could be copyrighted and offered to the publishers, and then would bring just what it might appear to be worth to publishers—and this might be little at first—for with a council new to their work they might not make very valuable books at first. But ultimately the value of the work to the council, in paying for the labor upon it, would be exactly in proportion to the true merits of the work, and its utility to the profession, so that the better the quality of the labor, and the more of this labor bestowed upon the work, the better would the council be paid, and the better the expert labor they could afford to employ upon it. From these considerations it would be very important to this council to have all its members workers, and it should have a means provided for getting rid of members who cannot or will not do their full share of work.

Such is a brief outline of the plan which it is now our purpose to discuss. Points omitted, or not made clear, will be brought out in the discussion, and the faults, which are doubtless numerous, will, I hope, be found out. In a matter of so much importance I try to hold my own judgment open, for, of course, I cannot be sure that I am right in this movement. And I feel a grave responsibility in disturbing an established result which has been, in the main, so good. Hence it is that I need all the criticism and all the discussion I can get for the subject and the plan.

DR. F. HOFFMAN:—I regard it as important at first, to decide whether the Pharmacopœia should be made a book which should give precise and definite description of the official drugs, and chemical and pharmaceutical preparations, sufficient to insure their identification and quality, so as to afford, even in legal cases, a standard of authority for reference. If the status of the average medical and pharmaceutical education in our country, admits, our Pharmacopœia should retain, as Dr. Squibb calls it, the "skeleton" form, and then be made to approach in scope, and equal in briefness and precision, the best Pharmacopœias of the day, as, for instance, those of Germany, Switzerland, Austria and Sweden. Or else, if we are not yet prepared for such a standard, and a compendion rather than a pharmacopœia proper is wanted, there seems a tendency to prevail to attain to a compromise between the two, so as to make a codex which combines at once the substance of a pharmacopœia, and in a condensed form, the supplementary material hitherto offered for needed information and reference, by the Dispensatory and other commentaries.

This question in regard to the compass and character of our next Pharmacopœia, therefore, appears to me to require due consideration prior to that, by whom and how the work shall be done.

THE PRESIDENT:—I would say that I am entirely in favor of an independent book, which does not lean upon the Dispensatory as it has done in former times; one which is in accord with the most advanced state of the entire profession. I would have a book containing definite and concise descriptions of the qualities of the drugs and chemicals, tests for their purity, etc., with only such details in description as are necessary for the daily use of the physician and pharmacist. I stand by the program drafted by the Committee on the Pharmacopœia appointed by The American Pharmaceutical Association. One of the amendments to the present Pharmacopœia advocated by that program is, that the book should give a description of the appearance and qualities of the crude drug, its chemical properties, etc., and all that pertains to it which is of value to the physician and pharmacist. The practical effect in carrying out that plan would be to throw out the secondary list of articles altogether. I would also advocate that measures should be abolished and weights adopted, and if possible that the metric system should be introduced. Besides, to complete the book, a larger number of tables should be appended, containing, for instance, maximum doses, the comparative value of Troy and metric weights, etc., etc. A book of that kind would be, in my opinion, in harmony with the modern use of pharmacopœias. Of course we have to provide the means of getting a book of this kind, but if the plan suggested by Dr. Squibb be carried into effect, the Pharmacopœia would also pay for the labor expended upon it, after a short time at least.

DR. H. J. MENNINGER:—The first question to be decided is, what incorporated body should produce the book; whether it should be done by the pharmacists alone, or by a combination of pharmacists and physicians? Would the pharmacists be strong enough to control the publication of the Pharmacopœia? Some seem to think that they are able to do it, but I question very much whether they would be able to do it without the co-operation of the medical profession.

THE PRESIDENT:—For my own part, I do not believe it, nor do I think they would wish to.

DR. MENNINGER:—The American Pharmaceutical Association seems to

think that the pharmacists do not have sufficient to say in the matter, and that it is left altogether too much to the medical profession. This is a very important question and should be decided first; and it is also difficult how to decide it. I am strongly in favor of Dr. Squibb's plan for a new departure.

DR. SQUIBB:—There is danger before us in this matter. There is no law in this country to control and support a pharmacopœia, and therefore it can have no legal status. Dr. Hoffman looks to a pharmacopœia such as those of Europe where they are made by law, and have the force of law. But such we cannot have. The Pharmacopœia may be recognized as scientific authority, but is not recognized in law in this country. The danger is, that unless medicine and pharmacy harmonize, we may have two or more pharmacopœias. Any man or set of men has a right to publish a pharmacopœia. It is true, they would not have the right to call it the U. S. Pharmacopœia, for in name as in text the copyright protects it. If The American Medical Association took the title from the Convention and produced its book first, then the pharmacists would be obliged to call their book by some other name. It would be well, if possible, to prevent such confusion and clashing, by securing harmonious action beforehand.

THE PRESIDENT:—I do not think that there would be any difficulty in meeting that question. Justice requires that both professions should be equally represented. In no case should pharmacy alone have control of the Pharmacopœia; no more should medicine, but they should go together. But I say that the principal part of the book is the pharmaceutical portion. After physicians have decided what preparations should be made officinal, then the pharmacists will have to select the drugs, select the chemicals, devise modes of preparation, state the appropriate tests, and so on; and all of this makes it the most important part of the work. Therefore, I say, that both professions should be equally represented. If the medical profession have the advantage over us, we should let them make the initial move, and then follow. The question as to whether this profession or the other shall have control of the Pharmacopœia, I think is settled.

MR. SCOFIELD:—In view of the fact, that the great medical family was broken up into specialties, and that the medical practitioner who was most noted and best educated could get out the best work upon the practice of medicine, and the most eminent surgeon could get out the best surgical work, why should it not be the case that the learned pharmacist should get out the best pharmacopœia for the profession? Besides, I am in favor of accompanying the work of the Pharmacopœia with the Dispensary, but I cannot understand how it is that the medical profession should ask the privilege of getting out a pharmaceutical work. It seems to me that the pharmacists could get out a far more valuable book than any part of the medical profession can get out for us.

DR. SQUIBB:—The answer to Mr. Scofield's query is not difficult. The Pharmacopœia is not a work upon pharmacy. To regard it as such is a mistake which the construction of the word pharmacopœia suggests. The Pharmacopœia is a work upon the materia medica and is the source of, or gives origin to, pharmacy. There could be no pharmacy without a pharmacopœia, no more than there could be a practice of law without statutes or enactments. Pharmacy must be based upon something, and its precept is the Pharmacopœia. The pharmacist has the Pharmacopœia as his guide upon which

pharmacy is practiced. Pharmacy does not select the substances for a pharmacopœia, nor decide upon their combinations or proportions, but simply prepares them by expert skill for use in the best way, by rules laid down for it in the Pharmacopœia as a standard or law of the materia medica. After the physician gives the combination to be made, then the pharmacist makes it with knowledge and skill. That is his part of the art. Pharmacy presupposes a Pharmacopœia; but it does not make it.

DR. MENNINGER:—Pharmacy, after all, is but one of the minor branches of medicine. The Pharmacopœia should be regarded as the standard for that which may be required by the physician and be furnished by the pharmacist. I do not wish to undervalue, by any means, the labors to be performed by the pharmacist, but I think the relative strength is a matter of minor importance, and one over which there is not likely to be any quarrel, if the men selected by their appointing bodies are competent. For, if they are competent, it would be ludicrous to quarrel with regard to numerical strength. But suppose there is a conflict between the two professions and each gets out a pharmacopœia; to what would it lead? The physician certainly would have the power to indicate which formula he wished his medicines combined after, and we must remember that we are the merchants who supply the orders written by the physicians. The pharmacist may establish a standard, but who will call for it? The demand is created by the physician.

I am in hearty keeping with the plan of the president, that the physician and pharmacist should be equally represented; that neither should assume to be dictatorial in this matter, but, on the other hand, as conciliatory as possible, and the pharmacists will lose nothing of dignity by allowing that we are only a branch of medicine.

MR. RAMSPERGER:—I do not believe that any sensible pharmacist will take away from the physician the right of saying what his prescription shall be composed of, or how large his doses shall be. The pharmacist simply should want the right to say how it shall be prepared, after the physician has said what articles shall enter into the combination and has given the doses. A union of the two professions in this work will bring out a pharmacopœia which will be for the best interests of both.

DR. MENNINGER:—Inasmuch as our Pharmacopœia has no legal authority, I should incline to think that it would be better that it should be a little more voluminous than the last edition. There are many things which might with propriety be added, and still not make it an exhaustive treatise. The present edition is in many respects very brief. We have in only a few instances a supply of tests and reagents given. In some instances the origin of supply could be with great propriety mentioned. I think we should not go over to the metric system in the revision. I prefer the system adopted in the new German Pharmacopœia, where the quantity is designated by parts. I think that is specially desirable, as sooner or later we shall have to go to the use of the metric system at our prescription counters. Accustoming the apothecary to the use of parts instead of ounces, drachms, and grains, would lead him to form estimates with regard to quantities, irrespective of names, and would be a favorable aid in the adoption, finally, of the new system altogether. I think that the present Pharmacopœia, in the retention of measures, has committed a grave error.

DR. HOFFMANN regarded the competency of the men who do the work as

In considering this preamble it will hardly be doubted that this Association is the only organized body which represents the medical profession of this country, and therefore that it is the only representative under this form of government, of those bodies, which in other civilized nations are statutory, and form parts of the general governments. This country can never have a pharmacopœia as England, France, Germany, Austria, Switzerland and other nations have, because its form of government refuses to interfere legally, or at least effectively, with the freedom of the people to do as they please with their own health and diseases. That is, the rights of self-government seem to imply the rights of self-destruction, provided this latter be done in a slow universal and popular way by self-medication.

From about 1808 to about 1818, the question gradually forced itself upon the self-constituted medical profession of this country, whether it should continue, as the art of medicine progressed, to drift along without a standard for the *materia medica*, depending upon the standards brought with the literature and the people of the older nations, or attempt to form a national standard of its own. The confusion introduced from abroad by the differences in the imported standards;—the differences in climate, habits and education, which, by causing the health and diseases to differ, rendered the European standards less appropriate to this country;—and finally the growth of a medical profession, and a *materia medica*, moulded upon the conditions of health and disease in a new climate and country, seem, by 1820, to have decided the question, and the present Pharmacopœia then originated in a voluntary organization of a small part of the profession, called together for that sole purpose. This body called itself “The National Convention for Revising the Pharmacopœia.” It had no legal status then, and has none now, and controls and revises the Pharmacopœia by common consent and acceptance of the general profession, and by the powerful influence of work well done. It, however, now owns the current revision by a copyright taken out in the name of its Chairman of “The Committee of Final Revision and Publication.”

This National Convention, meeting once in ten years, has always consisted of a few delegates from a few of the medical societies and colleges of the country, and up to 1840 it consisted of medical men only. In 1840 it invited the co-operation, by delegates of incorporated colleges of pharmacy, and since that time this important element has grown, with the progress of pharmaceutical knowledge, until in the last convention the pharmaceutical delegates were numerous and active, numbering 21 to 39 medical delegates. Under these circumstances, if it be admitted that the Pharmacopœia is one of the important general interests of the profession, and that The American Medical Association is the organization which best,—if it be not the only one which fairly—represents the general profession of the country, then it follows that The American Medical Association, and not the National Convention, has the right to control and manage the Pharmacopœia. And it also follows that it is among the most important of the duties and obligations of The Association, and among the gravest of its responsibilities, both to the profession and the public.

That the plan of revising the Pharmacopœia by this convention has been eminently successful and sufficient up to 1850 or 1860, will not be doubted by any reasonable person, for the testimony of the great mass of the profession will be heartily, promptly and thankfully accorded to this proposition. But that this plan is insufficient now, and likely to be still more insufficient in the future, is, to

say the least, highly probable. One of the strongest arguments in favor of this probability is to be found in the circumstance that the success, if not the very existence, of the Pharmacopœia in the past has depended upon the individual ability, energy and enterprise of Drs. Wood and Bache as the authors of the U. S. Dispensatory, and that their services are no longer available. The Dispensatory, the most successful medical book of the age, was a private enterprise of the authors, and has never had any official connection with the National Convention or the Pharmacopœia. But it embraced the text of the Pharmacopœia, as no other book could legally do, and was so necessary to the design or plan of the Pharmacopœia for definition of its meaning and intent, and so essential as a commentary upon it; and was so useful as containing also the British Pharmacopœia and a large amount of collateral therapeutic information, that it overshadowed, as well as embraced, the Pharmacopœia, so that comparatively few persons knew of the existence of the latter as a separate and as the authoritative book. Hence the success of the Pharmacopœia depended on its trustworthiness and utility to the profession, and these qualities were only realized through the Dispensatory and its authors; and they by the pecuniary success of their book were well paid for their labors on both books.

Now, had this condition of things continued it would have been unwise to have disturbed it, and The American Medical Association could not only well afford to waive its right to the Pharmacopœia, but should have lent its full support to the National Convention. Unfortunately for the medical profession, however, Dr. Bache died in 1864, and Dr. Wood became too infirm to continue his labors, and since the revision of 1860 the Pharmacopœia has for the first time been left to stand alone, while the original design of being comparatively useless without the Dispensatory, has been adhered to.

The question then came to be, May not the design be changed so as to make a pharmacopœia that would not need a dispensatory, without changing the organization of the National Convention? And this question is still open.

If such a pharmacopœia could be made, it must, however, involve the ability and the labor of both pharmacopœia and the dispensatory to a certain extent. The last "Committee of Final Revision and Publication" were acting under these precise conditions, and had the necessary ability, but they did not give the necessary labor to the work—or at least the work as done leads directly to this conclusion. Why they did not give the labor cannot be known. But one thing is very certain, and that is, that no set of men, such as are proper and able to perform the duties of this Committee, can afford to give the time and do the work for nothing, and this was precisely what was demanded of the last Committee. It did far more than it could afford to do, and far more than the profession had a right to ask or to accept from it unpaid, but yet failed to sustain the high character of the Pharmacopœia, or to put it upon any self-sustaining basis. Can any future Committee be reasonably expected to do more, or to do as much, without an entire change of organization to some plan that will adequately pay for the ability and labor involved? Or can a transfer to The American Medical Association obtain a new plan which is likely to do better? These are the questions now under consideration. This writer, for himself, answers the first of these questions in the negative, very decidedly; and for the second, sees no way of deciding it without an earnest trial, and believes that a trial of it is not only justifiable, but wise, and proper to be undertaken at this time.

The American Medical Association may, however, well hesitate to adopt this

conclusion; and if it be thought unwise to disturb the present plan, it is only necessary so to decide by a negative vote on this preamble, when the whole matter will be allowed to drop without farther loss of time to The Association.

Should it be thought best to modify the present plan without abandoning it, the modifications desired must be developed in the discussion of the subject.

But, should it be decided to accept the propositions of this preamble, then the resolutions will be necessary to carry them into effect.

FIRST RESOLUTION.

The first paragraph of this resolution is a mere plain declaration of ownership based upon an assumed right of ownership which has been already argued.

The second clause, however, is not so easily disposed of. In adopting this portion of the resolution The Association may, though probably it will not—meet with opposition from the officers of the National Convention. This Association, as the superior body, and even embracing the very elements of the National Convention, may relieve it and assume its functions and work, and may even carry these out in its own way, yet the officers of the Convention may decline to be relieved, and may call a convention in 1880, as provided for by the Convention of 1870. There might then be two pharmacopœias, and the practical result of this to the profession would be a conflict of authority and no pharmacopœia at all. Indeed, there is nothing in this country to prevent there being as many pharmacopœias as there are treatises on surgery or obstetrics, except an harmonious agreement in the profession to recognize but one as standard authority. The one which has been so recognized and upheld is now secured by copyright to the superior officer of the National Convention, and neither its name or text could be justly taken without his consent or acquiescence. When the copyright of the present or current revision expires is not known, but it probably does not extend beyond the time of the next convention in 1880. The writer, as a delegate to the last two conventions, has not been able to find out anything about this copyright, and the Committee of Revision in which he served in 1860-61, when seeking information in regard to it from the publishers by resolution of the Committee, was refused, so that all that may be said on this point is inferential. It is certain, however, that the officers of the Convention of 1870, who are charged with the responsibility of calling a new convention in 1880 (see "Proceedings of the National Convention" as published in the present revision of the Pharmacopœia), may, without violation of justice and reason, and in pursuance of an important trust and responsibility, decline to be relieved of this duty without some action that may be acceptable to them as adequate and sufficient.

In a conference upon this point, had with the President of the Convention of 1870, who is also Chairman of the Committee of Revision, and who holds the present copyright, he was understood to say that he could not decline to issue the call for a convention in 1880 when the prescribed time should arrive, namely, May 1, 1879, unless relieved from that duty by authority of the bodies represented in the Convention of 1870, whose delegates had in the Convention, imposed that duty upon him or his successors in office. But that upon being satisfied that he was so relieved by the bodies under whose direction he was acting, he might decide not to issue the call in 1879, whereupon, the convention would of course fail. Then, should this call be not issued on the first day of May, 1879, the revisions of the Pharmacopœia by the National Convention

would cease, and this Association might take up the revisions in any way it might adopt, without conflict, or disturbance in the continuity of the work.

SECOND RESOLUTION.

The societies and colleges referred to and appealed to in this resolution, and which were represented in both bodies in 1870, and which have been generally present in this Association every year since that time, constituted the entire medical representation in the Convention of 1870. That is, with two exceptions, they constituted the entire medical portion of the Convention. These societies and colleges are as follows:

STATE MEDICAL SOCIETIES: 3.

Maine Medical Association.
 Medical Society of the District of Columbia.
 Medical Society of the State of New York.

LOCAL MEDICAL SOCIETIES: 4.

Medico-Chirurgical Society of Louisville, Ky.
 Baltimore Medical Association.
 Massachusetts Medical Society.
 Medical and Chirurgical Society of Maryland.

GENERAL GOVERNMENT: 2.

Medical Department of the U. S. Army.
 Medical Department of the U. S. Navy.

MEDICAL COLLEGES: 14.

St. Louis Medical College.
 Missouri Medical College.
 Jefferson Medical College.
 Medical College of Virginia.
 College of Physicians of Philadelphia.
 National Medical College of Washington.
 University of Pennsylvania.
 Washington University of Baltimore.
 University of Buffalo.
 University of Nashville.
 University of Maryland.
 University of Virginia.
 Medical Department of Georgetown College.
 Women's Medical College of Philadelphia.

These made up the total medical representation constituting the National Convention of 1870. Two of these bodies, namely, The Medico-Chirurgical Society of Louisville, and The University of Virginia, were not represented that year in this Association, but have been since. And one, namely, The Women's Medical College of Philadelphia, has never been represented in this Association, and but once in the National Convention.

In addition to these twenty-three medical organizations, the following eight incorporated colleges of pharmacy were represented by delegates, most of whom were present:

Maryland College of Pharmacy.
 St. Louis College of Pharmacy.
 Chicago College of Pharmacy.
 Massachusetts College of Pharmacy.
 Philadelphia College of Pharmacy.
 New York College of Pharmacy.
 College of Pharmacy of Baldwin University.
 Pharmaceutical College of Howard University.

These twenty-three medical and eight pharmaceutical organizations made up the entire Convention, and represented twelve States.

In 1850, five medical societies, eleven medical colleges, and two colleges of pharmacy—eighteen organizations in all, representing eight States—made up the Convention; and in 1860, six medical societies, six medical colleges, the Army and Navy, fourteen medical organizations and four colleges of pharmacy—eighteen in all, representing eight States and the general government—constituted the Convention of that decennial period.

Now the object of this second resolution is to relieve the officers of the Convention of 1870, from the duty imposed upon them of calling a new convention in 1880, and there seems to be no way of doing this so completely and so well as to provide for its being done by the very organizations, or a majority of them, which imposed the duty. In order to do this fairly and fully, a copy of this proposed plan will be carefully sent by mail to every delegate of the Convention of 1870, so that the bodies they represented may be fairly notified beforehand, and in time to organize an opposition to this resolution, or to the entire plan, should they so desire, when it is presented to this Association at Chicago, in June next. But should a majority of these organizations fail to offer opposition to this resolution when presented, such failure, after this notification beforehand of its significance and force, may be fairly and justly construed to mean acquiescence.

Should there be no opposition, or only an opposition of a minority of the Convention of 1870, it seems highly probable that the officers would accept the proposition, and would agree not to issue the call.

THIRD RESOLUTION.

This resolution explains itself and merely carries out the object of the second resolution. Should the President of the National Convention, or his successor, decline to be relieved from the duty of issuing the call, he must do so by a reply to that effect. Then the President of this Association would report this answer at the meeting of 1878, when The Association would decide whether to carry out its plan independently of the action of the officers of the Convention of 1870 or not. If it should then decide to carry out its plan, and this decision should be concurred in by the delegates from the bodies hitherto represented in the National Convention, or by a majority of them, who will now come up to this Association in 1877 prepared for this issue; then a call for a new convention in 1880 must fail if made, because the bodies called upon are all parts of this Association, and if in favor of its plan, would not send delegates to the old organization; and because there are no organizations in this nation, outside of this Association, which could fairly represent the general medical profession, to respond to such a call.

It is hardly to be supposed that the officer in charge of the interests of the National Convention would fail to respond promptly and decisively to any communication from the President of this Association, one way or the other. Yet to avoid the possibility of a failure which would embarrass this Association, and might delay its final action beyond the annual meeting of 1878, it is thought better to make any such failure to be construed into acquiescence by fair and due notification to that effect within the resolution.

FOURTH RESOLUTION.

The question of competency being assumed as settled, this resolution declares that the Pharmacopœia shall hereafter be issued only by the authority of this Association; and that when thus issued it shall be the only standard for the materia medica that will be recognized by the medical profession of the United States.

This resolution, if adopted, gives all the authority this body has the power to give. This authority is greater than that of the National Convention, because this Association is greater in its representative capacity. Beyond this, however, no authority would be needed, or would be of much avail to save the standard from failure, if it did not deserve the authority claimed for it. No work of this kind can, in this country, long maintain an authority which it does not merit; and every work of this kind will be, sooner or later, accepted and sustained as authoritative, without strain upon its enabling source, just in proportion to the amount, accuracy and utility of the knowledge it supplies. This has been well illustrated in the Pharmacopœia itself. Up to 1860 inclusive it was accepted as the best attainable authority, and was received and respected as such. But the revision of 1870, though its authority is the same and its organization unchanged, has already, within three years of the time of its publication, lost so much ground as to make some movement of reform imperative.

Hence, if this Association should assume the ownership and control of the Pharmacopœia, and should fail to produce a good one; and after producing a good one should fail to maintain its relations to the progress of the materia medica, by constant care and labor, no authority inside or outside of The Association would avail to save it from failure. There is in this country, through defective teaching of the materia medica in medical schools, a growing tendency to anarchy and confusion, and that worst kind of empiricism, which is based on the incomplete observations of imperfectly trained faculties in medical men. It is the object of the Pharmacopœia to prevent such anarchy and confusion in the materia medica; and it is probable that nothing does more to prevent it than a strong and good pharmacopœia, kept well up to the true progress of the time, while nothing tends more toward therapeutic confusion and empiricism than a weak pharmacopœia, revised at intervals so long as to perpetuate errors of observation and research against the influence of modern progress.

This preamble and resolutions, if adopted now, and carried into effect by the time of the annual meeting of 1878, will establish the ownership and control of the Pharmacopœia in this Association, and then the preamble and resolutions should appear among the "Ordinances" of the Association.

Then, having assumed the ownership and control, it will be necessary to provide for its proper management in the "Plan of Organization" of The Association.

The Association is not only a migratory body, but its elements change materially from year to year, while this pharmacopœia interest should be as fixed and as permanent as possible, because those who have it in charge must train themselves to the special work, and then keep themselves up to the progress of the time by continuous labor in that special direction. And the longer such persons serve at the work the easier it will be for them to do it well, and the more valuable will their services become to The Association, to the public, and to the work itself.

Under these circumstances, it is here proposed to delegate the entire control and management of the Pharmacopœia to a council to be formed for the special purpose, to be called The Pharmacopœial Council of The American Medical Association, and to provide for this council by a new article of the by-laws to follow the article on the Judicial Council.

To provide properly for this the following resolutions would be necessary :

Resolved, That article XII. of the by-laws on "New Business" be placed next after article X. "Of the Previous Question," and be numbered XI., and that the present article XI., "Judicial Council," be numbered XII., instead of XI.

Resolved, That the by-laws of The Association be amended by the introduction of a new article, to be as follows :

XIII. PHARMACOPŒIAL COUNCIL.

There shall be a council established, to be called "The Pharmacopœial Council of The American Medical Association," for the sole purpose of taking the entire charge, control and management of "The Pharmacopœia of the United States of America," under the ownership and supervision of this Association, and for the benefit and interest of the general medical profession, as represented in this Association.

This council may obtain for itself an act of incorporation from the Congress of the United States, if such incorporation should be found by the council to be necessary or useful in the prosecution of its work.

This council shall consist of five members, who shall be obtained as follows :

First—A President, who shall be nominated and elected as prescribed for Permanent Secretary, and who shall hold office on the same tenure and conditions ; except, that it shall be competent for the Nominating Committee to present a name for a new President at any annual meeting of The Association, either of its own motion, or at the written request of any three members of the Pharmacopœial Council, addressed to the President of The Association.

Second—The Surgeon-General of the U. S. Army, and the Surgeon-General of the U. S. Navy, shall each be invited in the name of this Association, by its President, to select and appoint a suitable officer from each medical corps, to serve as a member of this council, and to accredit such officer to this Association as one of the four delegates from each medical corps.

In case either or both the Surgeon-Generals should decline this invitation, or in case either or both should, at any time after appointing, withdraw their representatives from this council without appointing successors, it shall be competent for the President of this Association to fill such vacancies from the members of The Association until the next succeeding annual meeting. Then such vacancies shall be filled by the Nominating Committee and the vote of The Association, as provided in the case of President of the Council.

It shall be competent for any three members of this Pharmacopœial Council at any time to make a written request to the President of this Association to have either of the members, herein provided for, removed from the Council and replaced by another selection and appointment; and upon receiving such a request, the President shall communicate it to the Surgeon-General concerned in it, and support it, if, in his judgment, it be for the best interests of The Association and the medical profession.

Third—The President of this Association shall, by a communication to the President of The American Pharmaceutical Association, invite that Association to be represented in this Council by two members selected from that body in the same way that the President of the Council is selected by this body, and to accredit such members, so elected, to the President of this Association to serve as councillors.

In case The American Pharmaceutical Association should decline this invitation, or, in case after electing it should withdraw either or both its representatives without electing successors, it shall be competent for the President of this Association to fill such vacancies from the members of this Association until the next succeeding annual meeting. Then such vacancies shall be filled by the nominating committee and the vote of The Association, as provided in the case of President of the Council.

It shall be competent for any three members of this Pharmacopœial Council, at any time, to make a written request to the President of this Association to have either of the members herein provided for, removed from the council, and replaced by another election; and upon receiving such a request the President shall communicate it to the President of The American Pharmaceutical Association, and support it, if, in his judgment, it be for the best interests of The Association and the medical profession.

It shall be the duty of this Council, as soon as the means at its command will admit, to select and appoint a qualified expert as Actuary of the Council. This officer shall perform the duties of Secretary and Editor, and shall devote his entire time and services to the Council under the direction of its President, but shall have no vote.

The Pharmacopœial Council thus constituted, shall organize at the call of its President, and make its own regulations and by-laws, and three members shall constitute a quorum. When duly organized, it shall hold the copyright of the Pharmacopœia in trust for this Association, and shall expend the income from the copyright in payment of the services and expenses of the council and the experts it may have occasion to employ; but shall incur no expense which cannot be met from the proceeds of its own work. It shall make a brief summary report of its proceedings annually to The Association in the manner prescribed for standing committees.

PRECEPT OF THE COUNCIL.

It shall be the sole duty of the Council to make, revise, publish and control the Pharmacopœia in trust for this Association, substantially in accordance with the following instructions.

The title shall be

THE PHARMACOPŒIA
OF THE
UNITED STATES OF AMERICA.
—Revision.

ISSUED BY AUTHORITY OF
THE AMERICAN MEDICAL ASSOCIATION.

Revised—18—.
Published—18—.

PLACE OF PUBLICATION.
PUBLISHER'S IMPRINT.

And no other matter shall appear on the title page.

On the second page, or reverse of the title page, the notification of copyright shall be placed.

The third page shall be occupied by the title of the Council, the name and address of each member of the Council and of the Actuary, and any brief notice the Council may have to publish in regard to its official duties.

On the fifth page the preface shall be commenced, this to be followed by a table of contents.

That pharmacopœia is the best which is of most use to the average physician and pharmacist on the day in which it is used; not of most use in that high degree of conservatism which rejects all that has not drifted into universal application, nor of most use in catering to the common appetite for novelty and polypharmacy; but in equally guarding against both extremes.

A pharmacopœia for the present and future should not only embrace the established materia medica, but practically the whole materia medica. It should not only be a standard of quality, composition and strength of the old, but also a standard of knowledge for that which is new in advancing the art of medicine. Its object should not be original research, but to examine and epitomize and record the results of current research in a form adapted to current use, and to separate the good from the bad. Such a plan embraces fully the Pharmacopœia of the past, but adds to it an element which the progress and fertility of the age has now come to demand.

The Pharmacopœia should no longer be of the character of a catalogue, dictionary, and formulary. It should aim at a clear and complete separation and identification of that grade or quality of each substance which, only, is to be used in medicine; and as the sole authorized standard of a large profession, involving an important public interest, the greatest accuracy of observation and expression should be attained. No testimony should be accepted without close scrutiny, nor any trustworthy information be disregarded.

In striving for its general object of greatest practical utility to the greatest number of persons, it must necessarily deal with a great variety of substances, simple and compound, old and new, well-known and little known, permanent and ephemeral. Such differences naturally tend to divide these substances into two classes, requiring very different treatment.

First, Those which have attained to an established character and common use through prolonged experience, and which, from the universality of their application, are of primary importance; and,

Second, Those of more recent origin, and not established character, of which

much less is known, and of which it is very desirable to know more, lest they be lost through imperfect or unreasonable representation and misapplication whilst in the condition of fashionable novelties.

The first class constitutes the standard Pharmacopœia proper; but the second is scarcely less important in modern times, because it is the basis of supply and progress to the Pharmacopœia proper, and as such, should no longer be left unorganized and uncared for by the Pharmacopœia interest.

Substances belonging to the first class should remain practically unchanged, or be changed only with great caution and for undoubted reasons. The only thing to be undertaken with this class is to improve the accuracy of composition and description; to throw around its substances greater safeguards as advancing knowledge enables this to be done; and, from time to time, discard from and add to the number, as advancing knowledge may disqualify or qualify substances for this class. As the more permanent part of the Pharmacopœia, this class should be revised once in five years.

Substances belonging to the second class require equally to be treated of, but in a very different way. The pharmacopœial interest in them requires that they be taken from the current literature as early as practicable, their nature and character ascertained, the testimony concerning them collected, discriminated and epitomized, and whatever is most trustworthy and most probable concerning them be presented in a compact form for easy habitual reference, in order to give direction and definition to their application while on trial for admission to the more permanent part of the materia medica. The professional testimony in regard to these novelties often accumulates rapidly, is generally confused, and often conflicting, irrational and sensational, and to examine this critically and present the results as they may be reached, will require continuous labor and frequent publication. Hence, this second class of substances cannot properly be associated with the first, but must be the subject of another volume, to be issued and revised annually.

The title of this volume shall be

THE EPHEMERIS OF
THE PHARMACOPŒIA
 OF THE
 UNITED STATES OF AMERICA.
 For the Year—
 ———
 ISSUED BY AUTHORITY OF
THE AMERICAN MEDICAL ASSOCIATION.
 ———
 Revised—— 18—,
 Published—— 18—,
 ———
 PLACE OF PUBLICATION.
 PUBLISHER'S IMPRINT.

The second and third pages should be uniform with the Pharmacopœia, and a preface should follow on the fourth page. The size of page and style should be the same as the Pharmacopœia, but the paper and binding should be inexpensive in proportion to the ephemeral character and frequent revisions of the book. This Ephemeris should be published annually, and should be ready for issue during the last week of each year.

that is, are apt to partake of the character of single individuals, and to lose the advantages of counsel. Large bodies are apt to be inharmonious and to spend much time in unprofitable discussion; and are more liable to an illiberal minority in proportion to their size.

It is not pretended that five is the exact number which avoids the two extremes, but it is a number which seems to divide and balance well, and to be sufficiently near the proper number to justify a trial. If it should be objected to, the objection will probably be that it is too small to embrace the requisite ability and experience; and too small to represent the professions which are so large. Such objections may be met in the fact that no manageable working body of reasonable size could possibly embrace the ability required. Scientific experts must be freely applied to for special knowledge, under all circumstances, and five, perhaps, as well as any other number, is sufficient to select and employ the proper experts, and to apply their work to this peculiar interest. And, in regard to representation, any attempt at either sectional or numerical representation of two professions like medicine and pharmacy in this country, would make an unwieldy body, whose members would be scattered at such distances that they could rarely, if ever, be got together, and could never be satisfied. Such an attempt was made in the construction of the last Committee of Final Revision and Publication by having fifteen members, but the result was that a large majority of the members were never present at any of the meetings, while about five of the members did the whole work.

Next, as to the construction of a Council of five. The professions of medicine and pharmacy are inseparable in a pharmacopœia, and it seems irrational to try to draw a dividing line. Pharmacy is but one of the specialties of medicine, and bears a closer relation to general medicine than any other specialty. No specialty of the whole aggregate art of medicine can be practiced without pharmacy, and yet pharmacy is embraced in the art of medicine as essentially as is gynæcology or surgery, and it can not only be practiced by, but can no more be avoided by, the general medical man than can gynæcology or surgery. But it happens that from being the first and oldest specialty which grew out of medicine, that it has erected itself into a special art or profession, and shows a tendency to claim independence of the medical profession, and a co-equality.

To appreciate how unreasonable such a claim would be, if ever seriously made by pharmacy, it is only necessary to remember that medicine, in order to do without pharmacy as a profession, has only to compound and dispense its own remedies to its own patients—a thing entirely practicable and quite within the scope of medical education, whenever such education approaches to completeness. But how would pharmacy do without medicine as a profession? For whom would it compound and dispense? Its wares would then be simply merchandise, and the pharmacist would be simply a merchant, and would need no other training. If, therefore, there could be no pharmacy without an art of medicine striving to maintain health and mitigate or cure disease, and if the pharmacy necessary to this end be practically attainable inside the medical profession, how shall the art of pharmacy ever become either co-equal with, or independent of, the art of medicine? If not co-equal with, it must be either superior or subordinate to the medical art; and subordinate it certainly is, and this with a dangerous tendency to the mercantile bias.

But, on the other hand, taking the condition of the medical art as it is, rather than as it might be, with medical education in therapeutics loose, and inclined

to polypharmacy, and a low grade of empiricism, the chemistry and physics of the *materia medica* neglected, and the *materia medica* almost bodily handed over to pharmacy as a part thereof, and without due check upon the mercantile bias, how now can medicine do without pharmacy? The answer here seems equally plain that it could not do without it at all, and that it would be very unwise to attempt it, unless pharmacy, acting as a separate profession, should force the irrational and unnatural discord.

The natural order then must be that the art of medicine, to be of any use to mankind, needs a *materia medica*; that the *materia medica* needs a pharmacopœia; and that a pharmacopœia necessitates pharmacy; and finally, that pharmacy has so aided the art of medicine by skill and knowledge as to have become an indispensable part of the art. When action and reaction are so close, the greatest attainable harmony should prevail, and subordination should not be construed into injurious inferiority.

From these considerations this council of five is proposed to be made up of three physicians and two pharmacists; and when, after a few changes perhaps, the proper men may be found, and get into the special training, there need be little doubt of harmonious action, or of an equitable distribution of the honor that must accrue from so important a work if well done.

The primary object of the invitation to the Surgeon-Generals of the Army and Navy to make two-fifths of this council, is, of course, to give the National Government that place in an important national interest to which it is justly entitled, and to ask from it its fair share of the responsibility, labor and support. In all other civilized nations this interest is wholly under governmental control, and done by national authority. Hence it seems eminently proper, if not necessary, that the General Government should be respectfully and earnestly invited to the work, whether it be likely to accept the invitation or not. It must not be forgotten that the Army and Navy Corps are not now the only medical corps of the General Government, but that there is an active Marine Hospital Corps organized under the Treasury Department, which, on the principles above alluded to, is equally entitled to a representation in this council, and the reason why it is not embraced in the invitation is, that it would make a larger council necessary in order to keep the balance of representation and interest adjusted to suit the order and arrangements of this plan. For example, to preserve this balance now attained by five councillors, if three came from the General Government, two at least should come from this Association, and three from The American Pharmaceutical Association. This would make a council of eight, the number first thought of; but the reasons and arguments against so large a council—some of which have been stated—became so important as the plan was developed, that it seemed almost imperative to have the smaller number, and thus leave out this important branch of the General Government medical service, because it was the smaller of the three corps. Beside, it must be remembered that this invitation is not an honor or a preference proposed by this Association as a mere compliment or courtesy to the heads of the two medical corps, but a very serious proposition, which involves so much responsibility and labor that it will require about one-fourth of the time of two of the best medical officers that can be selected, and that such officers shall train themselves specially to the work. It need not be feared that the Surgeon-Generals are not awake to the importance and responsibility of this work, or that they will not at once realize the importance of the share of it proposed to them, for there is no parallel in this country

of a body of medical men so sound in their therapeutics, so careful of their *materia medica*, so loyal to the *Pharmacopœia*, or so systematic or successful in practice. The chief benefit that will accrue to the General Government in accepting a share of this work is, that in a *pharmacopœia* the health interests of the officers and men upon whom the nation relies in time of danger are seriously involved, and therefore the nation must see to it that a good *pharmacopœia* is provided, if it carries out the principals applied to food, clothing, arms, ammunition, etc., and may well spare the time of two officers to support, protect and watch over the national part of this important interest. Besides, the General Government must support the general good of the profession at large, from which its supplies of both medical officers and material for their art are continuously drawn. Such reasons, and many others, are familiar to the heads of these medical corps, because their chief duties are based upon such considerations, and it is therefore confidently expected that, should this Association extend this invitation to them, it will be favorably received, and in the full light of all the implied responsibility. And that if officers should be detailed to this work, they will be most carefully selected.

The advantage to this Association of having such members in its council would be very great. First, the officers of these corps are selected from the best educated men of the profession by a competitive examination, which is thorough and comprehensive, and which makes a special point of *materia medica* and pharmacy. The officers thus selected when in the service are kept, by their duties, far better posted on *materia medica* and pharmacy than other medical men, because they have continual personal contact with, and control over, their own supplies and the dispensing of them. That is, they are, to a far greater extent than any other body of medical men, their own pharmacists, and oftener compound and dispense their prescriptions with their own hands, by proper means liberally supplied. They are furnished with standard medical supplies, and know them by handling them, and by being held responsible for their character. They are generally sound men with clear heads, and moderately free from bias—always free from mercantile bias, and generally free from both medical and pharmaceutical politics. To get a careful selection from such a class of men would be an important advantage to this proposed council, and would afford a conservative balancing element which could be depended upon at all times.

Besides this, each of these medical corps has a laboratory; the one a chemical laboratory, an important part of the work of which has always been the examination of medical supplies. The other has a pharmaceutical laboratory, in which a large proportion of the medical supplies are made, and the remainder supervised and examined. Both these laboratories are in charge of medical officers, carefully selected for the work.

Again, both corps have valuable medical libraries, and are well supplied with current periodical literature; and it is not unlikely that both the laboratories and the libraries could be used to a moderate extent by the officers of the corps in doing their share of the council work, thus making their work easier to them and more valuable to the council.

The invitation to The American Pharmaceutical Association to take two-fifths of this council is very important. The advantage to such a council, of two well selected pharmacists, can hardly be overrated, especially in regard to their judgment upon pharmaceutical processes, and in proving the work of the coun-

cil by actual trial in their practice. It seems a little doubtful, however, whether The Association will accept such an invitation if tendered—not for want of a hearty willingness and earnestness to co-operate in the work, for that profession fully recognizes the importance of a good pharmacopœia, and has never been backward in working for it with all its strength in the past. In a preliminary discussion of the subject at the last annual meeting of that Association, when an outline of this plan was presented, a resolution was passed with great unanimity and spontaneity, signifying its readiness and heartiness in co-operating with The American Medical Association in the work. But several prominent members spoke in a tone of dissatisfaction in regard to that Association having only a two-fifths representation in the council. One-half was as little as the speakers thought equitable, and as there could not be a half of five, this would involve enlarging the number of the council. It did not seem sufficient to state that such a council could not be formed on the basis of any numerical representation, and that it was not intended to be a numerically representative body at all, but simply a body constructed so as to do the work in the best way with the fewest possible members and the least possible machinery. The impression seemed to be that the pharmacists were most important to the council and would have most of the work to do, and, therefore, ought to be in at least equal numbers to do it. The fact that an expert was provided for in the actuary, to do most of the manual and laboratory work, under direction of the council, did not seem to be taken fully into consideration. At any rate, the tone of the discussion did not seem to indicate an altogether satisfactory reception of the proposition for a two-fifths representation in the council, though in other respects the plan was not unfavorably received. That the same representation and strength in the council that was proposed for the general government, should seem rather unsatisfactory, when The American Medical Association proper only proposed to itself half that, or only one-fifth, took the writer by surprise, and seems a little unreasonable. The subject was presented to be laid over for one year, as in this Association, and will come up again at the next annual meeting, which meeting occurs in September, or three months after the meeting of this Association when this plan is to be acted upon. It is hoped that when the members of The American Pharmaceutical Association shall have had time to examine this plan more thoroughly as presented here—for this pamphlet will be sent to as many members of that Association as can be readily reached—this feature of it will be more favorably received. And yet this Association should hold itself prepared to have its invitation declined by that Association.

This American Medical Association cannot safely or wisely touch this pharmacopœial work at all, unless it be with a well considered and firm purpose to carry it through and to do it well; and as these invitations to the General Government and The American Pharmaceutical Association are liable to be declined; and if accepted are liable to be interrupted, because beyond the direct authority and control of The Association, it seems, therefore, necessary to provide, in the organization of the council, against any miscarriage of the work by the failure of the contingent portion of the plan. The plan must be adopted before the invitations can be given, and the invitations must be given before they can be either accepted or declined. And the plan, once adopted, must not be left to a chance of failure through the unexpected loss of co-operation from the outside sources appealed to for aid. Hence it seemed necessary to provide in the organi-

zation for The Association undertaking the whole of the work itself if unable to get the assistance it seeks for, by enabling the President of The Association to fill these places if vacant from any cause.

Next, it is very important that this council should be harmonious, and be composed of the right material, and no judgment or decision on this point can be equal in value to that of the council itself. It is therefore provided that any three members—that is, any quorum of the council—may in a prescribed way apply for and obtain a change in any of its members. It might be presumed that any member of such a body, on finding the work distasteful to him, or on finding himself out of harmony with his fellow members, or disinclined to do his share of the work, would voluntarily resign his place, or at least would be induced to resign by action taken inside the council itself; and such would commonly be the course of events. But in exceptional cases a member might fail to be convinced that he was out of harmony, or that his work was neglected or badly done, and might fail to resign from action taken within the council, and therefore a way is provided to have such members changed and their places supplied by a new selection.

It is hardly probable that with all the care that could be taken in selecting, such a council could be properly made up on the first trial. For two or three years resignations and changes might be confidently looked for. But in time the proper material for harmonious and equal work would get together and become permanently adjusted. Should The Association adopt this plan, or any modification of it, at the meeting of June, 1877, the President of The Association would at once notify the Nominating Committee of the action, and direct the Committee to bring in a name for president of the council, which name would be either accepted or rejected by The Association by vote. When the proper officer shall have been selected and elected, he should be charged with the duties of the office, and be directed to carry the by-law into effect by resolution, as follows:

Resolved, That the President of the Pharmacopœial Council be, and he is hereby directed, to carry into effect the provisions of the by-law establishing a Pharmacopœial Council, so far as he may be able, and report the result at the next annual meeting of The Association in 1878.

This would start the by-law at once into operation by giving to it an executive officer, and then by the meeting of 1878 the organization of the council might be effected, or the obstructions to its organization might be known and be presented to The Association.

As soon as practicable after the adjournment of the meeting of 1877 the newly elected President of The Association would address the President of the National Convention, as provided for by resolution, and would issue the invitations to the Surgeon-Generals, and the President of The American Pharmaceutical Association. By the end of September, 1877, he would doubtless have replies to all these communications, and would notify the president of the council of the result. If this result should be favorable to the plan the council could then organize and begin its preparations for work; or perhaps could fairly begin work before the next annual meeting if all went on smoothly.

But if the result should be unfavorable to the plan, the by-law could not be carried out, and the whole subject would have to await the action of The Association in forming a council in 1878, through its Nominating Committee.

Such delay would not materially damage the interest involved, because it

might reasonably be expected that even a new and untried council could accomplish the work contemplated within two years, although the Committees at the last two revisions took a longer time than this. Two years would bring the time at which the work might be ready up to 1880. The conditions of sale of the copyright of the present revision are not known, but it is probable that the book is secured to the publishers until 1880, and it is possible that it may have been sold for ten years from the date of publication in 1873, when it would be secured up to 1883. In this latter case the delay would be a serious matter, but it would enable the work to be well done. It would, however, only delay the publication of the revision of the Pharmacopœia proper. The Ephemeris if ready by 1880, or at any time, could be copyrighted and published, and be revised each year thereafter, and thus serve its purpose independently of the Pharmacopœia proper, until the latter should be accessible to the council.

The paragraph in the proposed by-law which directs the council to appoint an actuary as soon as its means will admit, points to the fact that the council will have no means to pay such an officer, or indeed, to pay any expenses until it has its work, or some part of it, ready for sale to the publishers; and is intended to indicate that such a council should never, under any circumstances, go in debt. The true purport of it is, therefore, that it should do the work itself until the income from its work should enable it to employ this expert skill. The duties then would naturally fall heavily upon each member at first, and especially upon the president, who would be editor, secretary and general operator for the council. This, however, would be excellent training for such a body, and would accumulate for them a knowledge of their work very rapidly, since effective knowledge is always proportionate to the amount of well-directed labor. It will be easily seen that there are no sinecure places provided for in this council; and those who fully comprehend the labor and responsibilities involved will not be likely to seek for service upon it. In this case, at least for the first few years, the offices will have to seek the men, for there will be no rush of office seekers. At least, no one fitted for the duties will want the places, and the Nominating Committees will doubtless have difficulty in inducing the proper men to serve. But if the work be well and thoroughly done it will be proportionately successful, and then both honor and profit will accrue from it. That is, if honor and profit be well earned they will be sure ultimately to be well paid by the sale of the books, but they must be earned first.

The paragraph directing the organization and support of the proposed council needs no comment except, perhaps, to direct attention to the fact that the finances of The Association are duly protected against any demands from this sub-organization. Whatever it may turn out to be in the way of success or failure, the intention is that it shall cost The Association no money.

Next, the precept of the council comes up for review and explanation. This is intended as a standing order of The Association to its council, for the purpose of preserving a clear and definite outline of the work. If the writer has been moderately successful in drafting it, it should be so plain as to need but little comment. The fault is, that as a precept it is too voluminous for a by-law, yet the necessity is, that it should be exceptionally comprehensive in order to secure a fair understanding of the new scope and the new features, now, for the first time, sought to be introduced into a national pharmacopœia. It should be clearly recognized that these features are innovations,—are new departures from the beaten track, and hence, the question at once arises, Are they necessary? Are

they justifiable or wise? Are they practicable, and if so, are they likely to be useful? That the writer, with a fair knowledge of *materia medica* and pharmacy—with some experience in the wants of the medical profession, and a very moderate knowledge of the Pharmacopœias of the prominent European nations—should, for himself, answer all these questions emphatically in the affirmative, does not by any means warrant this Association in taking that ground without careful deliberation and great caution. Such bodies can far better afford the risks of ultra conservatism than ultra reform. They must beware of that sensational enthusiasm, which is so much more apt to propose than to carry out; and the ingenuity of whose plans so often passes for utility until tried, and then ends in disappointment.

The first paragraph of this precept is intended to limit the duties of the council.

The second paragraph fixes the title of the Pharmacopœia, without alteration from the past, except in minor details, and the authority; and then a definite direction is given for the first five pages.

Next follows the design, or outline plan to be adopted for the future, and be systematically adhered to in principle, and filled out in detail by the council. The principles of the standard, or primary part of the Pharmacopœia of the past are adhered to, but are improved upon and extended, and all useful, positive, and compact information is to be admitted at the discretion of the council, and the formulas and processes are to be filled out so as to be more easily followed in practice, and to need no dispensatory or other commentary. The lists are to be kept better up to the time, and the standard revised every five years, instead of every ten years as heretofore. Thus the changes contemplated here are more in detail and scope than in plan, though the secondary list should be abandoned, and the separation into *materia medica* and preparations should give way to a single alphabetical order, embracing the whole contents.

It is, however, to the extension of the pharmacopœia idea, so as to embrace the *materia medica* of the ephemeral present, as well as that of the established past, that most attention is due, since this is the greatest innovation—the greatest departure from established usage. In the current medical literature new articles of *materia medica* are constantly being brought forward upon various representations and with various pretensions, and go drifting along at the mercy of chance, preyed upon by cupidity, and too often swallowed up by gross empiricism and quackery. Were there some organized means of picking up from this large class of substances the waifs of promise, and of properly characterizing those which give no promise, how different might have been the career of such articles as Cundurango, Nitrite of Amyl, Missisquoi water and mud, Pepsin, Witch-hazel, the Oleates, Damiana, Salicylic acid, and a hundred other articles of the past ten years. Some of these have drifted to perdition, and others into confused hap-hazard use and abuse. Some have proved valuable and had their value impaired by cupidity, while others have proved worthless; but neither the good nor the bad results were ever reached with proper promptitude or definiteness; and not one of even the most valuable of the articles mentioned is to be found in the Pharmacopœia, or would be found there for seven years to come, under the present plan of revision. To pick up such articles annually and publish all that is known about them, with a proper expert discrimination between that which is trustworthy and that which is not, and then to go on collecting and sifting evidence day by day, to be summed up and published every year, until each article shall be quickly

killed off, or as quickly fostered, guarded and guided to a rational trial and use, must certainly be an important work which the medical profession cannot much longer do without. This is the work which it is sought here to organize and try to carry out under competent authority, in a separate book, which, though small at first, would be ready to grow with the need for it, and as the council got into its training. It would seem that such an annual fasciculus or volume might be made, without any special difficulty, of equal importance to the medical and pharmaceutical professions, with the standard part of the Pharmacopœia, though it would be valuable in a very different way, but still in the capacity of a standard for what might be known or believed at the time of issue.

In seeking for a title for such a book that would be convenient for popular use, and would express the new idea involved in its design, no satisfactory name could be found. It is not proposed as a supplement to the Pharmacopœia, nor an addenda, nor an appendix, nor an adjunct, for it would contain nothing that the Pharmacopœia could properly claim at the time. In its nature and character it would rather be an antecedent and pilot to the Pharmacopœia, developing from day to day its course in its less frequent revisions; proving and maturing its small amount of solid material from the mass, and recording the current vagaries and mutations of novelty and fashion that these influences might be mitigated or avoided. The prominent character of the standard portion of the Pharmacopœia is stability. The prominent characteristic of this book would be instability or change, yet both tend equally to the same object, of a fertile and stable materia medica.

In this difficulty no better word could be found than the one adopted. The word "Ephemeris" means literally "for a day," as a journal, a diary, and this is what the book would really be for the materia medica, though published not daily, but annually. It seems objectionable, without any grave objections that can be stated. It is undesirably odd, perhaps a little pedantic, and, finally, has been already appropriated by a nautical almanac; but such a book is too rare and too little known to interfere much with this use of the word. It is, therefore, offered as not being free from objection, but as the best that can be suggested.

It is the object of the writer of this pamphlet to awaken a general interest in this subject of the National Pharmacopœia throughout the medical and pharmaceutical professions, for their own benefit, and wherever a thoughtful reader can be found, this writer will thank him for his careful attention to the subject, as being peculiarly his own business, which stands in need of his own individual influence and action, either to favor, modify, or oppose this plan, to sustain the old plan, or to propose a better than either.

But the pamphlet is especially addressed to those bodies which were represented by delegates in the National Convention for Revising the Pharmacopœia, which met in Washington in 1870, and a copy will be carefully sent to every delegate of that Convention, with the hope that he will bring it at once before the society or college which he represented, and obtain a definite action on the subject. Then this action, whatever it may be, should be sent up to The American Medical Association through the delegates to the next meeting at Chicago, in June, 1877.

A large edition of these pamphlets will be printed, and will be distributed gratuitously to all the members of the bodies interested, who can be reached by means of directories and published lists; and, besides this, any reasonable number will be supplied on application to the writer.

BROOKLYN, December 28th, 1876.

DR. H. C. WOOD'S PAMPHLET.

TO THE MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION:

Previous to 1820 there was no attempt at uniformity of medicinal preparations in the United States, but in that year a national standard was offered to the profession. It failed, however, to command respect, and in 1830 two Pharmacopœias were brought into existence. After a brief struggle, whose details it is not necessary here to discuss, the Pharmacopœia originating in New York City proved a failure, and the whole country was brought under the sway of one standard. In bringing about this most fortunate result the United States Dispensatory, since so famous, played a very important part. Whatever pecuniary success may have been achieved, this work was not written for the purpose of gain, but with the endeavor to harmonize and to concentrate medico-pharmaceutical thought and practice. To its authors the professions of medicine and of pharmacy owe a debt of gratitude not to be readily cancelled. Provision having been made for the decennial revision of the Pharmacopœia, in 1840 a new standard appeared, and from that time until now the machinery set in motion by our forefathers has continued to run without jar, and the results have been accepted without challenge. A movement for change is now presented to The Association, and although it appears to be urged by but one person, Dr. Squibb, his well-known energy, talents, and familiarity with the subject are such that whatever he may propose merits, and will no doubt receive, respectful attention. Nevertheless, as Dr. Squibb himself suggests, great caution should be exercised by The American Medical Association in following out his suggestions and in endeavoring to overthrow a system which has stood the test of fifty years' trial. The old system containing in itself the germs of perpetual life, there is great danger that the attempt to supplant it will lead to the curse of two Pharmacopœias, both claiming to be national; and, if this happen not, there is equal hazard that the new plan will fail to produce a result which shall command respect.

It is, therefore, for no insufficient reason that members of The American Medical Association are earnestly requested to examine this matter thoroughly for themselves, and not to be carried away by their confidence in and admiration for its proposer, although we all delight to do him honor.

In the following pages I propose to discuss as briefly as possible—

The competency of the present system, and the objections which have been urged to it.

The nature of the proposed substitute, its advantages and objections.

The proposed method of change, and the probability of their being two Pharmacopœias if such method be carried out.

In studying the *competency* of the *present system*, attention naturally directs itself to two questions: Is the method of revision now employed local or sectional in its character, or is the whole country, as far as possible, represented? What has been the result of the plan now in vogue? for there is no wiser saga than the inspired saying, "By their fruits ye shall know them."

The revision of the Pharmacopœia is at present under the control of a so-called National Convention, which meets every ten years at Washington, solely for the purpose. The first rule or law governing the existence and character of this Convention is as follows:

"The President of this Convention shall, on the first day of May, 1879, issue a notice, requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy throughout the United States, to elect a number of delegates not exceeding three, to attend a General Convention, to be held in Washington on the first Wednesday in May, 1880."

In the face of this rule it cannot be asserted that the Convention is local or sectional in its character. Theoretically, it is, indeed, more thoroughly representative of the whole profession than is The American Medical Association itself; for the latter body only receives delegates from State and County Medical Societies. In practice, the Convention must be always comparatively limited in its numbers. Most institutions feel it useless to send delegates who have no especial knowledge of the subject at issue, and there are comparatively few men in the United States fitted by especial culture and experience to discuss the questions connected with the Pharmacopœia. The Convention is a convention of experts, and if there be few experts the numbers of the Convention must be small. In 1870 the South had scarcely recovered from the effects of the war, and, with the exception of the States of Virginia and Tennessee, it was not represented in the Convention; but the northern portion of the country, east of the western boundaries of Missouri, was very fairly represented by delegates from thirty-one incorporated bodies.

It may be objected, the decennial Convention does not itself revise the Pharmacopœia, but delegates its power to a committee, which is local in its constitution. In this regard misunderstanding seems to have arisen from a want of knowledge. In the first place, the Committee of Revision is not local in its character. It is composed of fifteen members, and is liable to be changed in its *personnel* and in its scope by the Convention: indeed, it may be blotted out by the Convention and some entirely different method of revision adopted.

In the Committee as at present constituted, New York, Boston, Chicago, Louisville, Buffalo, Richmond, Washington, San Francisco, Philadelphia, and the Army and Navy are represented. Further, it must be borne in mind that the work of revision is only in part performed by this Committee, their function being chiefly that of final judgment. All the bodies represented in the Convention are entitled and expected to send by their delegates reports of the changes in the Pharmacopœia desired by the professions of Pharmacy and Medicine in their respective neighborhoods. In 1870, six elaborate reports were received from New York, Philadelphia, Baltimore, Chicago, and St. Louis.

When we come to examine the *results* of the present system of revision, the fact that they have commanded for fifty years the voluntary homage of the profession would seem to be a sufficient measure of the excellencies of the results themselves and of the system which has produced them. The permanent possession of power in such a case is the highest proof of excellency,—it is

a modern recognition of the old test for the Jewish prophet, that the people should bow before him.

When we compare the British and the United States Pharmacopœia, we must conclude that if either be superior it is our own. When we look at American Pharmacy, which has grown up under the shadow of this system, we find it peerless among the nations; and when we ask in which one of the seven great branches of medicine America leads the world, or comes nearest to leading the world, the answer must be, *Materia Medica* and *Therapeutics*. No nation in the world can make such a display as is furnished by the United States Dispensatory, the large treatise of Dr. George B. Wood, the encyclopædic book of Dr. Stillé, the American Journal of Pharmacy, Parrish's Pharmacy, the various Formulaires, and the recent text-books of Drs. Riley, Bartholow, and H. C. Wood. These are the results of that system of which The American Medical Association is now asked to attempt the overthrow. "By their fruits ye shall know them."

On looking at the *objections* urged by Dr. Squibb against the present system, I find it very difficult to discover anything that is sufficiently tangible to be summarized in a few words. In some places it appears to be the deficiency of the Pharmacopœia. The book is not perfect; no human work ever was, or ever will be; but it is certainly very good, and even Dr. Squibb is forced to yield homage to its character. He acknowledges in one place its "world-wide reputation." On page thirty-three he says:

"That the plan of revising the Pharmacopœia by this Convention has been eminently successful and sufficient up to 1850 or 1860 will not be doubted by any reasonable person, for the testimony of the great mass of the profession will be heartily, promptly, and thankfully accorded to this proposition."

But perhaps Dr. Squibb thinks that the method which in 1830 brought order out of chaos, and which has held such sway for forty years, failed in 1870. The truth is that the Pharmacopœia of 1870 was as good as, if not better than, any of its predecessors. Indeed, Dr. Squibb himself does not judge it harshly, for he says, page 19:

"The true reason why our last revision was so unsuccessful, and probably the only reason why we are now left to desire a change, if we do desire one, is because it is so constructed as to require a Dispensatory, and is now without one."

As just stated, it is difficult, if not impossible, to formulate the objections of Dr. Squibb to the present system of revision: but the chief among them seems to amount to this: The Pharmacopœia has been so constructed as to require an exposition, and that exposition has been made by Drs. Wood and Bache, who, by keeping directly or indirectly the control of the copyright of the Pharmacopœia, have prevented any one else from writing a Dispensatory, and have therefore maintained a valuable monopoly. Stated in this way, the objection seems more offensive than when couched in the less direct language of Dr. Squibb; but if this be not the gist of his statements, it is impossible to understand his meaning. He says plainly in one place, "it [the U. S. Dispensatory] embraced the text of the Pharmacopœia as no other book could legally do." This objection to the present system of revision, it will be observed, is entirely extrinsic to that system. If it were true that there had grown up a monopoly injurious to the profession, or even favoring certain individuals, although directly injuring no one, a remedy ought to be applied; but the remedy already exists. Any

changes in the nature of the Pharmacopœia, the mode of its preparation, and its relations may be made by the convention, of which it is a scandal to state that its members are in the interests of any one or can be improperly controlled by any person or persons. The fact is that the assertion and the objection of Dr. Squibb rest upon a misunderstanding so groundless as to be remarkable, and so full of reflections upon those to whom the profession has yielded deference for forty years that it is monstrous.

The copyright of the Pharmacopœia is held by the chairman of the Committee of Revision, and is not owned by either the authors or the publishers of the United States Dispensatory. The Pharmacopœia is printed and distributed by agreement through J. B. Lippincott & Co., and probably any separate issue of it, without authority, would be resisted by the Committee of Revision. It partakes, however, of the nature of a public document; it is written for comment, and it is not probable that any court would justify the copyright as preventing such quotation as may be necessary for that comment. Such enforcement of the copyright would be an injustice, and would inevitably lead, as it ought, to a revolt against the authority of the Pharmacopœia. The authors of the United States Dispensatory have never controlled or attempted to control for their own advantage the copyright of the Pharmacopœia. Assuming the right of quotation, they have quoted whatever they deemed necessary for their purpose. In this they have done no more than what has been the practice of almost every American or English writer upon *Materia Medica* or *Therapeutics*. If Dr. Squibb, or any other man or association of men, aspire to replace the old United States Dispensatory, the field is an open one. The supremacy of the book can only be maintained in the future as it has been in the past, by its supreme adaptation to the wants of the professions of Pharmacy and Medicine.

A second objection of Dr. Squibb is that no money is provided to pay for labor upon the Pharmacopœia, and that unpaid labor cannot cope with the difficulties of the task. Dr. Squibb appears to think that there has been no money for the purpose (p. 9 Squibb's pamphlet) "because it [the Pharmacopœia] was always given arbitrarily to one publishing house." All this, again, is extrinsic to the matter in hand. Such difficulties can as well be met through the National Convention as through The American Medical Association. More than this, the objection rests upon a misunderstanding. The assertion (p. 12 Squibb's pamphlet) "that the basis of the plan is voluntary labor throughout" is a mistake. The statement that the copyright was given arbitrarily to one publisher is either puerile or a personal reflection upon the Committee of 1860, to which the allusion especially refers, and to a less extent upon other Committees. The Committee of 1860 was composed of Drs. Geo. B. Wood, Franklin Bache, Edward R. Squibb, Henry T. Cummings, Joseph Carson, and Messrs. Chas. T. Carney, Wm. Proctor, Jr., Wm. S. Thompson, and Alfred B. Taylor. The statement alluded to can mean only one of two things, either that the majority of these men, who decided against Dr. Squibb, did not agree with him as to who were the best publishers for the interests of the profession, or else that for personal advantage or other equally improper motive they betrayed their trust and used their position to place the book where they knew it would not do the most good for the cause. The facts are that the Pharmacopœia of 1860 was issued at the time of the greatest inflation during the war, when the cost of material and labor was at its highest, and the Committee thought it more for the good of the country to bind the publishers to sell the book at the retail rate of one dollar

(wholesale sixty cents) than to accept a royalty for their services. In 1870 J. B. Lippincott & Co. stated to the Committee that any sum of money, or any royalty, which the Committee would fix they would willingly pay. The Committee, feeling that no better offer could be obtained, and knowing the importance of having the printing done under their immediate supervision in Philadelphia, made a proposition which was at once accepted. The publishers paid a considerable sum of money, which was used for the employment of expert labor by the Committee. The idea which Dr. Squibb brings forward so strongly, that the present system does not and cannot provide funds for the payment of expenses, is really a figment of imagination. Any reasonable sum of money required by the Committee to pay for expert work can be obtained, and, so far as the present writer's information extends, always has been obtained. In Dr. Squibb's own plan the council is to serve without pay, but is to employ experts, who are to be paid out of the copyright of the book. Substitute the word "committee" for "council," and the two methods are in this respect identical.

A third objection of Dr. Squibb is that the Pharmacopœia ought to be revised more frequently than once in ten years. In this Dr. Squibb's position seems the correct one. The Pharmacopœia ought to be revised more frequently, not, however, by the complete republication, but, as is adopted in Great Britain, by the issue of a supplement. The last Convention ordered the Committee to do this. That it has not been done is due chiefly to the ravages of disease and death. The generation of intellectual giants who originated and maintained the Pharmacopœia is passing away. The President and the two Vice-Presidents of the Convention are dead, the chairman of the Committee of Revision is no more, the second most active member is disabled by infirmities, and no one remains who has had sufficient of self-confidence and activity to inaugurate the preparation of the supplement. All this is, however, not an argument for, but against change of system. No method of revision can create men. If there be none of the present generation capable of filling the places of the old, we cannot make them. It is, however, absurd to talk of such degeneracy or falling away of intellectual power in America; it is a mere question of finding the successors. To change the system would not render the finding more easy, but would only complicate matters. Men and measures would both be on trial.

The *nature and details* of the scheme proposed by Dr. Squibb to supersede the old one it seems hardly worth while to discuss at this time. Attention should, however, be directed to the fact that it involves not so much the alteration of the plan of revision as the abolition of the United States Pharmacopœia and the creation of a national Dispensatory. He says distinctly that the Pharmacopœia should no longer be of the character of a catalogue, dictionary, and formulary:

"It should embrace not only the established *Materia Medica*, but practically the whole *Materia Medica*. It should not only be a standard of quality, composition, and strength of the old, but also a standard of knowledge for that which is new in advancing the art of medicine. Its object should not be original research, but to examine and epitomize, and record the results of eurrent research in a form adapted to current use, and to separate the good from the bad.

It seems worth while at this place to pause a moment to get clear ideas as to the nature of a Pharmacopœia and of a Dispensatory. The idea that a Pharmacopœia cannot maintain its existence without a Dispensatory is plainly incorrect. There is no British Dispensatory, yet the British Pharmacopœia ex-

ists and controls action just as much as does the United States Pharmacopœia. It is of the same general character or type as our national standard. A Pharmacopœia is a mere list of substances and methods of preparing them. Its function is to command assent, and for this purpose it must be a simple enumeration, which shall in its dogmatic simplicity be possible of universal acceptance. A Dispensatory is a commentary, in which instruments and processes are to be discussed, side facts stated, the natural and commercial history of the substances gathered from all sources of knowledge, and all possible direct and indirect light thrown upon the matter. It is a work largely expressive of argument and opinion, and can never, therefore, have the universal acceptance of a Pharmacopœia.

To unite these two entirely separate works is to attempt to unify diverse, and even antagonistic, functions. To ask an assemblage to replace the Pharmacopœia by a Dispensatory is to ask it to replace a code of laws by an exposition of law; to accede would be as wild an experiment as for a legislature to abolish the legal code and to substitute for it some treatise of the nature of Blackstone's Commentaries.

The *method of taking possession* of the Pharmacopœia proposed by Dr. Squibb is, for The American Medical Association to adopt at its meeting next June the following

“PREAMBLE AND RESOLUTIONS.

“WHEREAS, The American Medical Association, as being the only organized body which represents the medical profession of the United States of America, may fairly claim the right to control all the general rights and interests of the profession not controlled by statute law; and,

“WHEREAS, ‘The Pharmacopœia of the United States of America’ is among the most important of such general rights and interests, and has not heretofore been under the direct control of this Association, but has been managed by a representative body similar to this, and for the most part embraced in this body, though representing only a small part of the medical profession; and,

“WHEREAS, This smaller body, known as the ‘National Convention for Revising the Pharmacopœia,’ has given evidence that its plan of organization, though well adapted to the wants of the profession in the past, is insufficient for the growing necessities of the present and the future materia medica; therefore, be it

“Resolved, First, That The American Medical Association does, now and hereby, assume the ownership of ‘The Pharmacopœia of the United States of America,’ and, as the superior representative body of the organized medical profession, does, now and hereby, relieve ‘The National Convention for Revising the Pharmacopœia’ from any farther acts of ownership, control, or management of the Pharmacopœia.

“Resolved, Second, That the Medical Societies and Colleges, which, in 1870, sent delegates to both this Association and the National Convention, do, through their delegates now present, relieve the officers of the National Convention from the duty of issuing a call for a convention in 1880, as provided for by the last convention; and that any society or college which does not desire to relieve the officers of the convention of 1870 from this duty, and does not desire that these conventions should now cease, be now heard through its delegates in this body; and, that a failure to oppose this resolution at this time shall be construed to signify acquiescence in its object.

“Resolved, Third, That the President of this Association notify the President of the National Convention, or his successor, of this action taken by this Association, and request him not to issue a call for a ‘General Convention, to be held in Washington, on the first Wednesday in May, 1880,’ as provided for by the General Convention of 1870, and ask him to make his decision in the matter

known to the President of this Association. But, if the President of the National Convention, or his successor in office, should fail to reply, such failure shall be construed to mean acquiescence in this action.

“*Resolved*, Fourth, That ‘The Pharmacopœia of the United States of America’ be hereafter issued only by the authority of this Association; and that it be the only standard for the materia medicæ recognized by the medical profession of the United States of America.”

In this country any assemblage has the right to pass a resolution like the first of these, assuming possession of anything; but such resolutions on paper lead to derision, and when put into practice to civil or criminal litigation. The National Convention is much the older body of the two; the copyright of the Pharmacopœia is held in trust for it by the Committee of Revision, is therefore not merely property, but a trust property, and yet by resolution it is to be assumed by the younger association, and the National Convention is to be “relieved from any farther acts of ownership, control, or management of the Pharmacopœia.”

The second resolution involves a curious misunderstanding. Out of the thirty-one organized bodies represented in the National Pharmacopœial Convention of 1870, but six or seven are entitled to send delegates to The American Medical Association, and *no college* is permitted representation in The Association; yet this Association is asked to resolve, “That the Medical Societies and *Colleges* through their delegates now present,” etc.; in other words, to stultify itself.

The third resolution would seem to have no less originated in a misunderstanding. To the President of the National Pharmacopœial Convention, or his successor, was assigned the duty of calling the Convention together at the prescribed time. He has had confided in him by a Convention of nearly a half-century’s standing a trust most vital to its very existence. By the acceptance of the office he accepted the trust, and is in honor bound as much to its fulfilment as though he had ratified it with an oath. No power on earth can free him from his plain duty. Yet The American Medical Association is to solemnly ask him to break faith in the high office committed to his care, and thereby to blot off its own name from the list of honorable bodies.

The American Medical Association cannot morally or legally assume property in the Pharmacopœia. The courts would not allow it even to use the name “United States Pharmacopœia.” If it really desire to assume control of our national standard, let it not attempt it by dishonorable means, but let it formally ask the Convention of 1880 to delegate its powers, and there allow the matter to rest for the present. If the Convention accede, The Association can take up the task; if it do not, The Association can consider the propriety of preparing a rival Pharmacopœia and entering upon the struggle for authority.

It is scarcely possible that the President of the National Convention, or his successor, can be indeed to prove recreant to the trust confided to him. It is possible that the Convention might resign its power to The American Medical Association, but it is very improbable. The National Convention has the prestige of success, and neither individuals nor associations are prone to yield power. In the present crisis this natural inclination would be strengthened by what would in the minds of many seem an imperative duty, not to allow of the risk of anarchy being produced by a doubtful experiment. The attempt to substitute the Pharmacopœia by a Dispensatory produced under the auspices of a popular assembly must be a doubtful experiment, and the inevitable result of the failure of this experiment must be anarchy, infinitely worse and infinitely more difficult to reduce to order than that which existed previous to 1830. It

is far from certain, therefore, that the National Convention would resign its trust in favor of a scheme whose vitality is doubtful and whose wisdom is questionable.

It has, I think, been shown that the present machinery of revision has sufficed for nearly fifty years; that its results have on the whole been excellent; that no defects exist in the present Pharmacopœia not to be remedied by the presents methods of revision; that no monopoly of comment exists; that the proposed change involves not merely the form of preparation but the essential character of our national standard; that it cannot honorably be carried out in the method prescribed; that the profession has very little if anything to gain and everything to lose. The question for every member of The American Medical Association is, Will it pay?

It is practically proposed that a council shall be created, which shall prepare, not a new Pharmacopœia, but a Dispensatory, and which shall also publish a special journal of *Materia Medica* and *Therapeutics*,—commercial enterprises involving the expenditure of thousands of dollars. Owing to the slow gathering of his infirmities, to the natural reluctance felt by a man of indomitable will and energy to let drop his last life work, and perhaps to the equally natural hesitation in the choice of a successor, Dr. George B. Wood yielded only after a protracted struggle, the task of completing the revision of the Dispensatory. But the work is now finally done, and the new edition is in the hands of the binder. It is not true that “the Pharmacopœia has for the first time been left to stand alone.” Any attempt at the establishment of a new Dispensatory will, of course, give rise to a commercial contest, whose severity will be proportionate to the value of the interests involved. The individual who would prepare a Dispensatory having any chance to displace the old must be endowed with very rare and diversified talents. The difficulty of selecting wisely by a popular assemblage is always great; and when it is remembered that the council is to be appointed by two associations, and by the medical bureaus of the Army and Navy; that any one of the appointing bodies may baffle the scheme by selecting unwisely; that the enterprise is to be loaded down with that sinking fund, a special journal; that capital is wanting to start with; that the new book must make headway against the accumulated experience, capital, reputation, and material of nearly half a century’s uninterrupted and unequalled success—it is plain that the experiment is scarcely a doubtful one; failure almost seems assured beforehand. Yet for this wild experiment The American Medical Association is asked to break through the customs of half a century, to do away with the time-honored national standard, to fly in the face of the law which makes private enterprise more successful than governmental, to imperil its own existence by departing from its proper character and taking on that of a commercial association, with the necessary danger, on the one hand, of bankruptcy in purse and reputation, and on the other, of the internal bickerings and strife between sections, and schemings among individuals, which grow out of large pecuniary transactions. The project being fairly entered upon, failure means ruin to The Association; success and failure alike mean uprooting and tumult, disturbance of accepted values and customs, years of anarchy and doubt throughout the breadth and length of the land, and at the end probably two standards and the multitudinous curses of such a condition.

It is always difficult for an advocate to put himself in the place of the judge, but it does seem to me that a careful perusal of both the pamphlet of Dr. Squibb and the present one must lead any mind at least to the conclusion that the necessity of such a radical change both in the character and in the method of preparation of our national standard as is proposed has not been proven, and also that the measures asked for are, under existing circumstances, of doubtful expediency. If this be allowed, it seems to me that The American Medical Association ought to refuse to voluntarily enter upon the task. The various questions involved are of the most especial character, and are, therefore, properly to be considered by men of especial training and knowledge; consequently, a correct result would more probably be reached by a body of experts, such as the National Convention, composed of men selected from the whole profession on account of their especial training and fitness, than by a body chosen from the profession at large and partaking more of the character of a popular medical assemblage than of a committee of experts.

It is to the congress of specialists,—the National Convention,—and not to The American Medical Association, that Dr. Squibb should have appealed for the desired changes. It is impossible even for a full discussion to be had in the limited time at the disposal of The Association. Probably Dr. Squibb intends, however, that all Pharmacopœial questions shall be simply referred by The Association to its Pharmacopœial Council. Upon this Council The Association has but a single representative, the President. As originator of the scheme, and as the enjoyer of his especial reputation, Dr. Squibb would undoubtedly be elected to this position. He would be the sole representative of the civil medical profession of the whole United States. Yet it is claimed that the system is more fairly representative than that which now is in vogue, and which has for its fundamental idea *the unification, by a central Committee, of local reports received from all parts of the country.* As it is impossible for one man to understand the local needs and customs of a whole continent, Dr. Squibb's suggestions do not appear to be born of wisdom. Whether this be or be not so, it seems certain that if *sanction of a plan cannot be obtained in a congress of experts, it is not wise for a popular assemblage to adopt it.* Let, then, The American Medical Association refer the alterations proposed by Dr. Squibb to the National Convention for consideration, and it will do that which seems dictated by common sense, as well as by the commandment, "Thou shalt not covet thy neighbor's goods."

H. C. WOOD.

UNIVERSITY OF PENNSYLVANIA, February 20, 1877.

MR. A. B. TAYLOR'S PAMPHLET.

THE PHARMACOPOEIA OF THE UNITED STATES AND THE AMERICAN
MEDICAL ASSOCIATION.

By ALFRED B. TAYLOR.

(Read at a special meeting of the Philadelphia College of Pharmacy, held April 9, 1877.)

The approach of the usual time for the decennial revision of the "United States Pharmacopœia," calls for an early consideration from all practically interested in this important work, of any suggestions which may be presented, having in view improvements in its matter or its method.

A project contemplating very radical changes in the conduct of this revision has recently been promulgated and advocated with great ability and earnestness by Dr. E. R. Squibb, of Brooklyn, and has already been presented with characteristic energy to The American Medical Association in June last, to The American Pharmaceutical Association in September last, to the King's County Medical Society of New York in October last, and to the New York College of Pharmacy in December last. Collected and published in a pamphlet form, the position and arguments advanced by Dr. Squibb have been widely disseminated through the medical and pharmaceutical professions, and will doubtless receive the attention due to the importance of the subject discussed.

The project referred to comprises two entirely distinct and independent topics, although they have constantly been treated by their author as the mere details of a single system. The first topic is a proposal to abolish the function and jurisdiction of the well-known and long established "National Convention for Revising the U. S. Pharmacopœia," by a formal resolution of The American Medical Association that it "does now and hereby assume the ownership of the 'Pharmacopœia of the United States of America,' and as the superior representative body of the organized medical profession does now and hereby relieve the 'National Convention for Revising the Pharmacopœia' from any farther acts of ownership, control or management of the Pharmacopœia." (p. 31 of pamphlet.) The second topic broached is the advocacy of certain changes in the plan of the work and in the frequency of its publication; (pp. 43, 44.) changes which, if shown to be really desirable improvements, have evidently no relation whatever to their parentage, and may as readily and effectually be accomplished by the present organization as by its hypothetical successor.

The first project certainly presents a somewhat startling character, and it is difficult to seize fully the argument by which it is attempted to be justified. The general proposition appears to be that the National Convention, though sufficiently well adapted for the purpose of its creation some sixty years ago, by reason of the special ability of the few men who continuously executed the prescribed task of revision, yet as these few eminent men have passed from their field of action, the National Convention has practically outlived its usefulness, and may now as well be decently buried. If it be true that the vitality of an organization is thus to be assimilated to the longevity of an individual, what better guarantee has The American Medical Association to offer that its usefulness could outlive the allotted term of three-score years. For 'if by reason of strength they be *four-score* years, yet is their strength labor and sorrow; for it is soon cut off, and we fly away.'

"It will be noticed," says the author, "that this decennial Convention *for this express purpose* long antedates this Association, and it is probable that if this Association had been in existence in 1820, or any similar National Association, it would have had charge of the Pharmacopœia." (p. 4.) Possibly so. What then? If this Association had preceded the decennial Convention, "it is probable" it would have rendered it superfluous; *therefore*, not having preceded, it should now supersede the Convention! "As it stands now, this Association is very nearly a duplicate of the Pharmacopœia Convention; so nearly so that one or the other seems unnecessary." If this striking similarity really exists, it does not appear doubtful which of the two should, and which of the two must, "its quietus make," and gracefully or otherwise retire from the field. If "this Association is so nearly a duplicate of the Pharmacopœia Convention," which was

long before organized "for this express purpose," so much the worse for the "duplicate;" for upon it lies exclusively the onerous task of establishing its *raison d'être*. Never has it been heard of that the occupant by primogeniture need be called on to produce his title-deeds, or to abdicate at the invitation of the younger "duplicate;" and it is not probable that the considerate mass of either the medical or the pharmaceutical professions will "willingly let die" the older occupant of the field, placed there "for this express purpose" of revision, and successful (Dr. Squibb himself being the judge) in having "worked well for more than fifty years;" (p. 4.) having exercised "the powerful influence of work well done." (p. 32.)

Perhaps a plea might be put in for the continued existence of The American Medical Association, that in conception and creation, in objects and in career, it was by no means so "nearly a duplicate" of the National Convention as had been represented; that its membership was determined by a certain respectability of standing among therapeutists, without any reference to fitness, real or supposed, for critically determining the best forms of the *Materia Medica* and its pharmaceutical preparations. And our author has told us that even a selected council of physicians, "fitted without special training to take up such a work and do it moderately well at once, certainly could not be found!" (p. 14.) On the other hand, the decennial National Convention, selected from representatives of the medical and pharmaceutical professions throughout the country, supposed to be best qualified for this especial work, convened "for this express purpose," and distracted by no other objects or discussions, would seem at first sight to occupy a domain very far removed from any chance of rivalry, or any suspicion of encroachment on even the youngest of annual fellowships and professional associations.

It will be observed that the resolution above cited "assumes ownership of the Pharmacopœia" for The American Medical Association by a *coup d'état*, "as the superior representative body of the organized medical profession." This is certainly a curious ground on which to base such an "assumption," admitting the modest claim to be well founded. But "superior representative body" in what respect? "For this express purpose!" Never can such a proposition be for a moment admitted!

"That the plan of revising the Pharmacopœia by this Convention has been eminently successful and sufficient up to 1850 or 1860 will not be doubted by any reasonable person, for the testimony of the great mass of the profession will be heartily, promptly and thankfully accorded to this proposition." (p. 33.) But the objection is raised that the existing Convention "has not been so successful in the latter revisions, and notably defective in the last one, when the committee of final revision and publication refused to carry out the instructions of the Convention, and substituted its own judgment in opposition to that of the authority by which the committee was created." (p. 5.) It is presumed that this somewhat severe condemnation (which, after all, certainly cannot fall upon the *Convention*) refers to the failure of the executive committee to substitute measures of *weight* in all formulas of liquid preparations, for measures of *capacity*, as directed by the sixth resolution of general instructions. Now it must be said in extenuation of this dereliction, that the proposed change was admittedly a very radical one; that probably very few of the members of the Convention who voted for the change fully realized the amount of labor and responsi-

bility involved in the reconstruction of formulas on the basis of weight alone, in deciding on just ratios, in many cases by new and original determinations of specific gravity, and in probably modifying more or less every tincture, solution and mixture of the Pharmacopœia, and that this additional labor would probably have entailed another year of delay in the completion of the work. This fault of omission on the part of the committee, at the worst but a conservative retardation of the ear of progress, leaving the Pharmacopœia no less useful than in its previous revisions, certainly forms no very cogent reason for impugning or invading the legitimate jurisdiction of the Convention.

But it is further objected (and this is an argument before the last meeting of The American Pharmaceutical Association) that the last revision of the Pharmacopœia "does not represent the progress in pharmacy up to the time;" "that its descriptions and details are insufficient;" "that its processes are many of them unnecessary"—some "defective, while a few are positively bad;" and "that there are more errors in it" than there should be. (pp. 10, 11.) Vague as are these allegations, they may be met with a simple and direct traverse. It may be confidently affirmed that in relative excellence, in fullness and in general accuracy, the last edition of the Pharmacopœia compares favorably with its predecessors, upon which Dr. Squibb has expended his contrasted praise that "the work was so admirably done." And the decision of the issue may be left to the intelligent pharmacist. Perhaps very few of the criticisms since offered to the last revision were not freely and fully canvassed in the committee.

In the address before the New York College of Pharmacy we find the somewhat milder statement, "The true reason why our last revision was so unsuccessful, and probably the only reason why we are now left to desire a change, if we do desire one, is because it is so constructed as to require a Dispensatory, and is now without one." (p. 19.) This appears to be a totally new objection. Certainly a "Dispensatory" is no part of a "Pharmacopœia," and as certainly it was no part of the duty of the Convention, or of its executive Committee, to prepare a "Dispensatory." The cause of the unfortunate delay in issuing the expected revision of the latter work, it is well known, is the infirm condition of its venerable surviving editor and proprietor.

Our critic proceeds: "The reason why we have not a better Pharmacopœia now, is that the labor involved was so great that no man or set of men should have been asked to perform it unpaid. The Committee did not only all that could be reasonably expected of them, but far more than they could afford to do. . . . Let us not permit ourselves to complain that the work was not better done, but let us be thankful that it was done so well." (p. 19.)

An objection more directly addressed to the decennial Convention is the somewhat curious one that this body is not properly a "national" one. "Whatever may have been the reasons, this organization *never was a national one*, in any true sense of the word, in its relation to the aggregate medical profession of the United States, and its Conventions were not only infrequent, but small, and simply gave support and authority to a very few men." (p. 6.) Now, what are the simple facts as to the constituency of this organization? The fundamental rule of its existence is—

"The President of this Convention shall, on the first day of May, 1879, issue a notice requesting the several incorporated State *Medical Societies*, the incorporated *Medical Colleges*, the incorporated *Colleges of Physicians and Surgeons*, and the incorporated *Colleges of Pharmacy*, throughout the United States, to elect

a number of delegates not exceeding three, to attend a General Convention to be held in Washington on the first Wednesday in May, 1880."

Here are four most important classes of Associations "throughout the United States" specifically invited to send delegates to this general Convention, and yet it is not *national!* What, then, is to make it "national?" A peual enactment in Congress that every specified association in every State *shall* send delegates? Let us hear Dr. Squibb's own statement. "The fact that in this organization the *medical* profession of eight to twelve States only was represented, was not the fault of the organization, for each decennial Convention not only invited delegates from all the States, but urged upon the State Societies, Colleges, etc., the importance of being represented in and aiding in a work of such importance." (p. 6.) So, according to our author, something more than the right to send delegates, or the formal request, or the urgent solicitation to send delegates, is requisite to confer a general or national character upon the Convention. By this postulate, the attempted secession of the Southern States, some sixteen years ago, left us without a "National" Congress! even though it might be charitably conceded that the default of the absenting representatives "was not the fault" of the faithful Congress. If the Medical section of the constituency of the Convention neglected in many of the States to present an appearance in response to the urgent invitation of the Convention, this apparent apathy "was not the fault of the organization;" and if it *may* have been, as suggested by Dr. Squibb, "perhaps more than all, because the aggregate profession had full confidence in the few men who managed the interest so well, and trusted them fully, basing this trust justly upon the beneficent results of their labors;" (p. 6.) possibly it was quite as much because the aggregate profession felt but little special interest in the object of the Convention, and but little disposition to engage in a laborious and somewhat thankless undertaking.

As a contrasted picture to this local and sectional Convention, let us contemplate what is characterized as a "truly national organization" in The American Medical Association. "From 1848 to the present time this Association has consisted of representatives from so *nearly* all the States that it must be fairly considered a national organization." (p. 6.) Could not some of this "*truly* national" flavor be generously imparted to the now limited and provincial Convention? "It would be quite competent for this Association, at its meeting for 1879, to *direct* one of its constituent members from each State Medical Society to attend this 'Convention for Revising the Pharmacopœia' in 1880, and thus give to the organization that nationality of character which it now needs." (p. 7.) There we have the true secret of a "national character!" Instead of invitation and earnest appeal for three delegates from every incorporated institution of medicine and pharmacy "throughout the United States," let the Convention in the future "direct" one member from each State to attend, and it will then have attained (what it now needs) "a truly national character!" It is true that The Medical Association represents but *one* of the four classes represented in the Convention, but "this is of no consequence!" Surely, never was there a stranger fabrication of a premiss to serve a theory than in this "distinction."

Now let us learn its purpose. "If it does represent the aggregate medical profession, it is fairly entitled to the management and control of all the general interests of that profession. . . . Among the most important of these . . . is that of the Pharmacopœia; and this interest has, up to this time,

been left entirely under the control of the older and smaller national organization." (p. 6.) Surely, never was there a stranger *non-sequitur* fabricated from such a premiss.

It has not been pretended that The American Medical Association was called into existence with any reference whatever to "this express purpose," or that its members have been delegated, in any sense, as special experts in chemistry or in pharmacy, or in technical knowledge of the *materia medica*. Indeed, it may be said that the contrary is tacitly admitted throughout the argument. "Now, The American Medical Association, as a large, unwieldy, migratory body, must manage such an interest as this by some fixed and permanent body organized for the purpose within The Association." (p. 24.) Hence, "the plan which is to be submitted to The American Medical Association, at its meeting in June next, is that it shall organize a Pharmacopœial Council, to be incorporated if necessary, consisting of five members, which council shall be charged with *the entire management* of the Pharmacopœia and all that pertains to it, and be responsible only to The American Medical Association. This council I would propose to form as follows: The nominating committee of The Association to nominate and The Association to elect the president of the council; then The Association to *invite* (not "direct") the Surgeon-Generals of the Army and Navy each to appoint one member, and *invite* The American Pharmaceutical Association to appoint two members." (p. 25.) Now for the *modus operandi*. "As the meetings of this council would have to be frequent during the general revisions, and perhaps two or three times a year for the supplementary fasciculi, and as the members would have to educate themselves to the special work, it would, perhaps, be better that the council should be small and compact, and live in adjacent cities." (p. 9.) As three of the council are to constitute a *quorum*, (p. 54.) who may "obtain a change in any of its members," we should probably have, as the final outcome of the so much vaunted "nationality" of the enterprise, a Pharmacopœia under the entire control of *three representatives of the United States*, (small and compact) "living in immediately adjacent cities!" And this is gravely proposed as an eminently "national" improvement on the existing *local* plan of an executive Committee of *fifteen*, representing *nine* leading cities, from Boston to Richmond, and from New York to San Francisco, together with a representative of the Army and of the Navy of the United States.

There is in the proposal, on behalf of the youthful association, to quietly "assume the ownership" of the special and peculiar property of an old-established and entirely independent organization, an element of the ludicrous, which we think that Dr. Squibb himself could not fail to appreciate, were he to change his subjective for an objective stand point. Perhaps the nearest typical analogue of the proposition is to be found in Mr. Dickens' veracious history of a somewhat similar *appropriation* by Mr. John Dawkins (otherwise known as the "Artful Dodger") of a silver snuff-box; he having first unanimously adopted the mental "resolution," that he "does now and hereby relieve the late proprietor from any farther acts of ownership, control or management of the aforesaid silver snuff-box."

Let us suppose, then, The American Pharmaceutical Association, at its forthcoming meeting, should adopt the following preamble and resolutions:

WHEREAS, The American Pharmaceutical Association, as being the only organized body which represents the profession of Pharmacy in the United States

of America, may fairly claim the right to control all the general rights and interests of the profession; and

WHEREAS, "The Pharmacopœia of the United States of America," is among the most important of such general rights and interests; and

WHEREAS, A national Pharmacopœia is in no proper sense a Manual of Therapeutics, but is, and should ever continue to be, "an authorized dictionary of the standard materia medica;" and

WHEREAS, A national Pharmacopœia "is the result of accumulated experience and scientific research as directed to remedial agents, and especially aims to establish a standard for quality, strength and uniformity in the materia medica; and in accomplishing this it also becomes of necessity an authorized formula for compounding the substances of the materia medica, or converting them into such preparations as come into general use under specific names," etc.; therefore be it

Resolved, That The American Pharmaceutical Association does now and hereby assume the ownership of the "Pharmacopœia of the United States of America." And as the superior representative body of the organized profession of Pharmacy, does now and hereby relieve the "National Convention for Revising the Pharmacopœia" from any further acts of ownership, control or management of the Pharmacopœia.

If this resolution should strike the author of its original, as being somewhat presumptuous, to the present writer it really appears much less so than the one it parodies.

The fundamental fallacy of the repeated declaration "that The American Medical Association as the only concrete body or organization which fairly represents the *whole medical* profession of the United States, and therefore as really owning the United States Pharmacopœia as one of its most important general interests, should now take possession of the Pharmacopœia and control it henceforth," (p. 13.) lies in the equivocal use of the word "medical." The postulate is approximately true, only on the narrow and technical implication that the "medical profession" is equivalent to the art of *applied* medicine, in other words, to "therapeutics;" and in this sense the sequence becomes (be it said with all respect) ridiculously inadequate. On any broad and philosophical significance of the phrase as embracing the abstract science of medicine or "pharmacology," the declaration is self-evidently erroneous. For any purpose of giving plausibility to the *quod erat desideratum*, for any purpose of giving equitable color of jurisdiction to a *pharmacopœia*, it is very far from correct to affirm or to assume that The American *Medical* Association "fairly represents the *whole* medical profession!" So far the contrary, that most important part of it, specially devoted to the study and preparation of "medicines," is in that body entirely unrepresented. And yet our author has himself admitted "that pharmacy is *as much a part of medicine* as surgery," (p. 22)—very much more; for surgery is not in strictness an application of "medicine."

"The Pharmacopœia, then, is a general interest of medicine. . . .

Now, if one of the general interests of medicine, who has a right to its control? The *united* interests of medicine, and not the interests of any separate part." (p. 22.) The writer says very correctly, that "Pharmacy is but a speciality of medicine." (p. 22.) In stating and insisting on this fact, however, he seems not to have recognized "its other side," that medical practice has also, by the very same operation, become *specialized*. The physician is no longer a druggist as he once was; and this differentiation but illustrates the universal law of growth and development. When, therefore, Dr. Squibb reiterates "the *united* interests of the united parts is found in this country in The American Medical

Association, and nowhere else," (p. 22.) he mistakes utterly. The interests of medicine are found in this country just as much in The American Pharmaceutical Association. The "united interests" are obviously found in neither representative body separately. When he adds, "By right, every pharmacist should be a member of the medical profession by education, and should then be a member of The American Medical Association, for there is where he belongs, to practice one of its specialties," (p. 22.) he evidently fails to realize that general law of organic evolution, that specializations, when once established, may either survive and grow, or may decline by atrophy; but that they never *merge*. He argues as though the therapist, after successive "specializations," still retained the original "comprehensive type." When he says that "wherever the organization is found which embraces the *general* interests of medicine, it is there that the Pharmacopœia should go, for it is there that belongs," (p. 22.) he has established very clearly that at least it cannot properly go to The American Medical Association, even if that body possessed the moral and legal authority to "appropriate" it.

Referring to the profession of pharmacy, he says, "It happens that, from being the first and oldest specialty which grew out of medicine, it has erected itself into a special art or profession, and shows a tendency to claim independence of the medical profession, and a co-equality. To appreciate how unreasonable such a claim would be, if ever seriously made by pharmacy, it is only necessary to remember that medicine, in order to do without pharmacy as a profession, has only to compound and dispense its own remedies to its own patients." (p. 49.) Here again we have the latent impression that the physician still retains his ancient "comprehensive type;" that he has only temporarily (as it were) laid aside the gathering of simples, and may at any time resume it. The writer still fails to realize that the "medicine" is necessarily as old as the "medicine man;" and when in the progress of civilization (which is evolution), the two became detached—lo, there were *two* medicine-men: the one resigning his visitations of the sick, that he might give a more efficient and undivided attention to the preparation and dispensation of remedies; and the other resigning his labors over drugs that he might give the fuller and more observant attention to the sick. And here, as everywhere, "specialization of function" has resulted in a wonderful advancement and perfection of the function on either side. Now it is just as nonsensical to talk of the pharmacist resuming his ancient care of the sick as to talk of the really skilful and intelligent physician returning to "compound and dispense his own remedies to his own patient!" But it is not a whit *more* nonsensical so to talk.

"How shall the art of pharmacy ever become either co-equal with, or independent of, the art of medicine? If not co-equal with, it must be either superior or subordinate to the medical art; and subordinate it certainly is, and this with a dangerous tendency to the *mercantile* bias." (p. 49.) Such is our author's way of "not trying to draw a dividing line" between "medicine and pharmacy," which he has just before declared to be "irrational!" (p. 48.) Such is the "*imaginary* antagonism which has been too much cultivated!" (p. 7.) What ground has Dr. Squibb for imagining that, by the existing method of selecting expert pharmacists as delegates to the Convention, there is the *probability* of infusing a "mercantile bias?" What suspicion has ever been breathed that the labors of the pharmacist in the past, whether in Convention or in Committee, have ever tinged or tainted the Pharmacopœia with a "mercan-

tile bias?" What purpose of division and antagonism is to be served by the suggestion of "a *dangerous* tendency to the mercantile bias" in the future? The imputation is as wholly unjust and unwarranted, as it is ungenerous and insulting.

The existing decennial Convention is neither a Medical nor a Pharmaceutical Society. It is a very special body of men, selected deliberately from chartered Colleges of either profession, convened on a platform of individual equality, for the exclusive work of revising the Pharmacopœia. For fifty years has this Convention performed its allotted duty, and performed it well. How well is evinced by the reluctant admissions of the talented Adversary of the Convention. During this time no occasion or suspicion of any rivalry between the two leading professions represented has occurred to mar its equanimity or to distract its efforts. Nor has the pharmacist, although most directly interested in the result of its action, and most completely involved in the details of its execution, ever felt aggrieved that he has been outnumbered in the Convention by double the medical representation; or ever desired a change in the constitution or the method of the organization.

It is now proposed to abolish this Convention, and to transfer its great work entirely to the keeping of a Medical Association. The projector has not, however, been guilty of the stupendous absurdity of devising a production of the Pharmacopœia with Pharmacy entirely "left out;" for, he says, "it would be almost as impracticable to manage the interests involved in the Pharmacopœia without the co-operation of pharmacy, as for pharmacy to manage them without medicine; simply because pharmacy has accumulated an amount of knowledge and experience, which medicine has long ceased to work for and accumulate, and which medicine cannot afford to do without or to disregard." (p. 8.) A very sufficient statement that "medicine" (in Dr. Squibb's use of the word) does not comprehend "pharmacy," and, therefore, does *not* comprise "the united interests of the united parts, found in this country in The American Medical Association," as he has so fondly persuaded himself, and has so ingeniously labored to make us believe.

How, then, is this grand embodiment of "the *united* interests of 'medicine,' and not the interests of any separate part; the united interests of the *united* parts in this country," (p. 22.) to execute its magnificent program? "Pharmacy is represented in The National Pharmaceutical Association . . . and pharmacy is essential to the Pharmacopœia!" (p. 8.) Therefore, it is proposed that The American Medical Association "should, in a proper way, *invite* the co-operation of The American Pharmaceutical Association in this work, *under the fully recognized leadership* of The American Medical Association!" We are not sure that there is not a typographical error in this quotation, and that the word "invite" should not be "direct," especially as we find this latter word employed on the preceding page in a somewhat similar connection.

A very slight modification of the above process might (with all diffidence) be suggested, which would seem to give a congruity of purpose, a unity of plan, and a solidarity of result, eminently fitting and equitable. Remembering that "pharmacy is but a specialty of medicine," "but a subordinate *part* of the medical art;" and remembering further that "by right every pharmacist *should be* a member of the medical profession of education, and *should* then be a member of The American Medical Association," (p. 22.) and, whereas, there should be no invidious distinction made between the several parts of the "united in-

terests of medicuē" in this country, or between the decennial Pharmacopœia Convention on the one hand, and the annual Association of Pharmacists on the other, in our treatment of the same, therefore, let it be "resolved," that The American Medical Association, as the superior representative body of the organized medical profession, does now and hereby relieve The American Pharmaceutical Association from any further acts of control or management of affairs connected with the improvement of the art and science of pharmacy, and does now and hereby "assume" the entire ownership and control of all the properties, rights, duties and proceedings whatsoever of the said Association. For "it will hardly be doubted that this Association, as the only national representative of the profession," "is fairly entitled to the management and control of all the general interests of that profession, and the only proper source of authoritative action." As pharmacy is evidently one of the most important interests of the medical profession, "it would be quite competent for this Association," at its next meeting, to accomplish this desirable end and thus give to pharmacy a "truly national" character! The absorption of virtue, by this proceeding, would, doubtless, fully equal the "assumption" of responsibility thus "resolutely" effected. For there is much virtue in good "resolutions."

The writer appears to realize that this Association is not entirely adapted to the peculiar business in which he would have it engage; (p. 24.) and that even a select council, to whom it should wholly commit the subject, could not be expected to "do it moderately well without special training." (p. 14.) Nevertheless, having wrenched the spoil from a convention of "specialized function," for the honor and aggrandizement of the "superior" Association, he would have the latter "control and manage the Pharmacopœia by means of a council to be styled the Pharmacopœial Council of The American Medical Association. This council of five to "be charged with the entire control and management of the Pharmacopœia in all its details." (p. 13.) The American Pharmaceutical Association being "invited" to select and appoint two pharmacists to serve on the council, the ingenious author of the scheme acknowledges that "it seems a little doubtful, however, whether The Association will accept such an invitation if tendered;" (p. 52.) and he expresses an artless "surprise" that several prominent members should have been so "unreasonable" as to object to so advantageous an arrangement. (p. 53.)

It is seriously supposed that a *co-ordinate* national Association could, with self-respect, *accept* an "invitation" to assist, "under the fully recognized *leadership* of The American Medical Association," in eking out the lack of special skill and training of a body which had unwarrantably "assumed" a task for which that body was utterly unqualified? "The professions of medicine and pharmacy are inseparable in a pharmacopœia; and it seems irrational to try to draw a dividing line." (p. 48.) And who has been prominently engaged in this "irrational" attempt, if not the man who has undertaken to *wrest* a great work from an "inseparable" organization of the pharmacist and physician, to place it under the entire control and "fully recognized leadership" of the medical profession?

Our revolutionist very properly deprecates all attempts at encouraging a jealous feeling between the physician and pharmacist. "Medicine and pharmacy," he says, "without their natural connection and dependence upon each other, would soon lose their utility to mankind. . . . And an imaginary antagonism between them, which has been too much cultivated of late on both

parts, is exercising a degenerating effect on both." (p. 7.) And yet the whole fabric of reconstruction, so laboriously devised, is based on an unconscious sentiment of rivalry between the two professions.

It needs no argument to show that for an efficient revision of the Pharmacopœia there is required the co-operation of at least four classes of specially trained experts; first, one or more *medical* experts, to bring a large experience and knowledge to bear on the therapeutic value of proposed additions to, or withdrawals from, the *Materia Medica*; second and third, one or more *botanical* experts, and one or more *chemical* experts, to bring an enlightened judgment to bear as to the characteristics and tests of standard excellence in the organic, and in the inorganic departments of the *Materia Medica*; and fourth, one or more *pharmaceutical* experts to consider well the preparations and processes to be adopted in the Pharmacopœia. No subsidiary employment of special technical experts ("under direction of the council," p. 53) can possibly supplement a lack of these powers and capacities in the executive Commission itself, however desirable such employment of additional skill may be in assisting such powers and capacities. No single man or *class* of men can possibly embody, in sufficient degree, this necessary range of culture and attainment.

And yet our enterprising innovator is so bent on having the coveted work *medically* done (well, if possible, but if ill, still medically done,) that anticipating a failure to secure the co-operation—we mean sub-operation—of "pharmacy," he has made full provision for "running the machine"—"in case The American Pharmaceutical Association should decline this invitation;" (p. 41.) as it is "necessary to provide in the organization of the council, against *any* miscarriage of the work." (p. 53.)

Were, then, the previous declarations that "a pharmacopœia without pharmacy would be a theory without practice;" (p. 7.) "that it would be *almost* as impracticable to manage the interests involved in the Pharmacopœia without the co-operation of pharmacy, as for pharmacy to manage them without medicine;" (p. 8.) and "that the pharmacists and physicians should *unite* in making the Pharmacopœia;" (p. 22.) were these declarations intended to be taken in a "Pickwickian" sense? And is the plan matured that in case The American Pharmaceutical Association should be innocent enough to accept an invitation "under the fully recognized leadership" of the superior representative body, the pharmacists shall ultimately be "invited *out* by the competent and plenary authority which invited them in, when the proper time shall have arrived, and the new departure may be considered to have been fully established?"

"Medicine and pharmacy, without their natural connection and dependence upon *each other*, would soon lose their utility to mankind!" (p. 7.) "Pharmacy is one of the specialties of medicine, and bears a *closer* relation to general medicine than any other specialty;" (p. 49.) not even excepting the specialty of practical therapeutics, or the healing art itself.

"How, now, can medicine do without pharmacy? The answer here seems equally plain, that it could not do without it at all, and that it would be very unwise to attempt it, unless pharmacy, acting as a separate profession, should force the irrational and unnatural discord." (p. 49.) But Pharmacy unquestionably *is* "a separate profession," in the same sense, and to the full extent that Therapeutics or "Medicine" is a separate profession. The answer *here* "seems equally plain:" pharmacy could not well do without "medicine," and it would be very unwise to attempt it, *unless* medicine, "acting as a separate profession, should force the irrational and unnatural discord!"

Our author has deliberately published his "proposed plan for the future management of the U. S. Pharmacopœia, to be submitted to The American Medical Association at its Annual Meeting in Chicago in June, 1877." (p. 30.) If the military aptness displayed by the contemplated procedure of confiscation is striking, still more remarkable if possible is the stratagetic combination suggested to get rid of the superfluous incumbent, the surviving organization thus sought to be despoiled. "That can be easily done, for The American Medical Association can say next year, if it chooses, to those bodies which are at present represented in The Association, and were represented in the last decennial Convention, that The Association has decided to take possession of the Pharmacopœia, and asks such bodies *if* it be in their judgment a proper move to make, to send delegates with authority to transfer allegiance from the National Convention to that Association. Then, if complied with, the matter is plain, for The American Medical Association can pass a *resolution*, asking that the President of the National Convention shall not call the Convention in 1880!" (p. 23.)

The general method, if ingenious, is not entirely unprecedented; for (if Dr. Squibb will pardon the metaphor) this is not the first time that an assassination has been contrived to wear the guise of a suicide. Two subjects of surprise, however, are occasioned by this passage: the first is the "assumption" of authority over the constituent bodies represented in The Association; (though we do miss the word "direct,") and the second is the further "assumption" that these constituent bodies can control the Convention. In Dr. H. C. Wood's excellent pamphlet, in reply to Dr. Squibb, it is stated that "out of the thirty-one organized bodies represented in the National Pharmacopœial Convention of 1870, but six or seven are entitled to send delegates to The American Medical Association, and *no college* is permitted representation in The Association." (p. 8.) That is to say, under a Napoleonic generalship, three State Medical Societies and three local Medical Societies (supposing them to be obedient to the behests of The American Medical Association) are "assumed" to overwhelm and rout twenty-two other incorporated bodies represented in the National Convention, and not represented in The Medical Association! ¹

As certainly as any human events can be foreseen, the National Convention for revising the United States Pharmacopœia will hold its usual decennial meeting "in Washington, on the first Wednesday in May, 1880." And as certainly it will proceed as usual to the deliberate discharge of its appropriate duties; adopting its well-considered policy, and giving to the medicinal professions of the country in due time its expected edition of the United States Pharmacopœia.

Reiterating the cherished fallacy that The American Medical Association, "as the *superior body*, and even embracing the *very elements* of the National Convention [!] may relieve it and assume its functions and work," the writer, under review, proceeds to the logical result, that this Association "may even carry these out in its own way, yet the officers of the Convention may decline to be relieved, and may call a Convention in 1880, as provided for by the Convention of 1870. There might then be two Pharmacopœias." (p. 35.)

Should the ill-advised counsels of Dr. Squibb find any sufficient following to re-enact the farce of 1830, when New York ventured the experiment of a rival

1. This does not include, on either side, the representation of the following three bodies: the Medical Departments of the "U. S. Army," and of the "U. S. Navy," and the "Medico-Chirurgical Society of Louisville," which three bodies, although represented in the last National Convention, were not represented in The American Medical Association at that time.

Pharmacopœia, the event will be deplored by the judicious, but it will not affect the credit or the success of the only duly authorized occupant of the field.

As if in anticipation of such a program, the author ventures to announce the following opinion: "If The American Medical Association took the title from the Convention, and produced its book first, then the pharmacists would be obliged to call their book by some other name!" (p. 27.) In this very remarkable announcement, the aspiring opponent of the Convention has evidently not taken the precaution to secure the advice of Legal Counsel.

While we believe that the existing method of constituting the Convention could not well be improved, we are inclined to the opinion that an authority given by the National Government to a standard of so much importance as the U. S. Pharmacopœia, would be very desirable. Fully recognizing both the difficulty and the impolicy of any penal enforcement of such a standard in a country where, as Dr. Squibb has stated it, "every man has a right to have his disease treated as he pleases," we do not think it necessarily follows that, "hence we cannot hope to have a governmental pharmacopœia in any true sense of the term." (p. 23.) Were the call of the Convention to emanate, by law, from a Secretary of one of the Departments—the Interior, the War, or the Navy,—with such extension of the constituency as might be thought proper, there can be no doubt that such official invitations to co-operation would be much more generally responded to, and that the resulting work of the Convention would have the prestige of a governmental sanction and authority; at least to the extent of preventing the professional scandal of a rival Pharmacopœia, such as we are just now so causelessly threatened with.

The discussion of the primary portion of my subject has extended so far beyond my expectations and desire, that I am compelled reluctantly to defer the second branch, namely: proposed changes in the Pharmacopœia and its Plan, to another occasion.

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PROPOSED CHANGES IN THE U. S. PHARMACOPEIA.

BY ALFRED B. TAYLOR.

In considering the expediency of making some alterations in the plan of the Pharmacopœia, the criticisms and suggestions offered by Dr. Squibb in his published pamphlet demand the first attention.

1. Commencing with the *process* of its revision, it is admitted that the organic body charged with its control can best discharge its function through the agency of a subordinate executive commission; and the proposed "council of five" (pp. 13, 25 and 40 of pamphlet) does not differ essentially from the existing "committee of revision," excepting in size. That so important a standard should, in its perfected form, represent the combined knowledge and wisdom of a larger number than five will, it is thought, be generally admitted, and in this respect the suggested change cannot be regarded as an improvement. It is acknowledged by Dr. Squibb that "no council of five men could embrace all the knowledge necessary to the formation of the Pharmacopœia;" (p. 29.) but it is urged that "it might embrace all the knowledge necessary to obtain the services of men who could do the work, and to direct, check and guard the

results." How much better it must be, however, for the commission itself to be able to do this work. "How many are necessary to give that diversity of character, of knowledge and of experience and taste, whose average makes up sound judgment. No such result can be expected from a very small body, because it cannot contain the elements necessary; while in large bodies the difficulties of harmonious agreement and action, increased by the difficulties of securing prompt attendance at meetings, overbalance the advantages of greater aggregate ability." (p. 47.) If practically there has been difficulty in securing the attendance and co-operation of a large number of active workers in the committee, this should be remedied by a careful selection by the Convention of those both qualified and willing to serve faithfully on this responsible work.

Such a commission, "charged with the entire work, should be authorized to employ one or two editors or secretaries; perhaps two during the general revisions and one permanently. These should be experts, competent to do all the detail work under the direction of the council, and should submit the prepared work at the meetings of the council. These officers of the council should be liberally paid for their services, but should have no vote in the council, and perhaps one of them should be permanently employed, entirely and solely in the interest of the Pharmacopœia, under the absolute direction and control of the council. There should be no salaries paid to the council; but actual traveling expenses should be paid. And all expert labor necessary to the work should be liberally paid, and the best experts only should be employed." (p. 9.)

To these propositions no reasonable objections could be made. The sacrifice of time required by the members of the commission, in their frequent and prolonged labors, is a sufficiently onerous tax, without entailing upon those living at a distance from the place of session the pecuniary outlay which few could well afford. Most heartily, therefore, do we approve the plan that "actual traveling expenses should be paid" to all members of the revising committee, in order to secure as wide a *geographical* representation as possible.

In the further elaboration of his scheme, however, Dr. Squibb arrived at the judgment that "the labor involved in bringing the Pharmacopœia up to the level of pharmaceutical progress at the times for its revision has always been great, and increasing rapidly with each revision, has now become very great, far too great to be required or expected from any committee of revision acting voluntarily and gratuitously, while no adequate provision has ever been made for paying for the labor involved." (p. 11.) If to this be opposed the testimony "that the plan of revising the Pharmacopœia by this Convention has been eminently successful and sufficient up to 1850 or 1860 will not be doubted by any reasonable person, for the testimony of the great mass of the profession will be heartily, promptly and thankfully accorded to this proposition;" (p. 33.) the writer labors as unaptly, as ungraciously to maintain the curious thesis that the able and distinguished men who so conscientiously and industriously served on the earlier Committees of Revision did not contribute their voluntary and unpaid toil, as has generally been supposed, but that they did their work well only because indirectly they were well paid!

"When the work was mainly and so admirably done by Drs. Wood and Bache in the past, it was well and amply paid for by the *subordination* [!] of the Pharmacopœia to the Dispensatory of these authors, which latter as a private book of its authors has been deservedly one of the most popular, most useful and most lucrative books of the age." (p. 11.) And this Dispensatory

“overshadowed as well as embraced the Pharmacopœia, so that comparatively few persons knew of the existence of the latter as a separate and as the authoritative book. Hence the success of the Pharmacopœia depended on its trustworthiness and utility to the profession, and these qualities were only realized through the Dispensatory and its authors; and they, by the pecuniary success of their book were well paid for their labors on both books!” (p. 33.)

This is surely an extraordinary allegation to sustain a theory. The Pharmacopœia was “eminently successful and sufficient up to 1850 or 1860,” *because* two of its laborious revisers “subordinated” it to a Dispensatory! “Its trustworthiness and utility to the profession” were secured by its being comparatively unknown and “overshadowed” by the “private book of its authors!” Well may it be said that the incoherence of logic in these remarkable utterances is equaled only by the inaccuracy of their assumptions. What possible meaning can be attached to the phrase “the subordination of the Pharmacopœia to the Dispensatory?” And in what possible way could the “admirable” work on the former be “amply paid for” by such subordination? Has some ingenious prestigation been successful—at the same time—in “admirably doing” the Pharmacopœia and leaving it helpless and undone? Such would seem to be the inevitable implication. Referring to the first appearance of the Dispensatory as a commentary on the Pharmacopœia of 1830, our author says: “From that time the Pharmacopœia became a mere skeleton or outline of the materia medica, and was of so little use without the Dispensatory—while this latter embraced its text with very much other valuable matter—that it had no sale or demand, while the Dispensatory, based upon it, became one of the most successful medical books ever published. So completely did it overshadow and in effect suppress the Pharmacopœia that, until within the last ten years, very few in either the medical or pharmaceutical professions knew of its existence separate from the Dispensatory.” (p. 16.) The language at the commencement of this passage is noteworthy: “From that time—*became* a mere skeleton!”

Such is Dr. Squibb’s estimate of a “plan which has *worked well* for more than fifty years!” (p. 4.) “Up to 1860 inclusive, it was accepted as the best attainable authority!” (p. 39.) The Pharmacopœia revision has been “so *admirably* done by Drs. Wood and Bache in the past,” (p. 11.) that under the fostering care of these two eminent physicians it “became a mere skeleton!” and was “in effect suppressed!” In what more favored regions of the earth, beneath what fairer and more genial skies, under what more faithful tendance and careful nurture by the learned medical profession will Dr. Squibb seek to find a Pharmacopœia endowed with a healthier life or developed with a fleshier fulness?

It needs not the sentiment of personal respect and admiration for these two honored names (so strangely misconceived) to call forth a vindication of their labors and their influence. Can any unbiased mind suppose that the far-famed Drs. Wood and Bache “were indirectly well paid for their labor by this plan of making a Pharmacopœia which should require a Dispensatory, and then making a Dispensatory as a private and profitable enterprise, whose success depended on its being still more profitable to those who bought and used it than to its authors?” (p. 12.) With what shadow of propriety—with what pretence of plausibility—can it be affirmed or intimated that the Dispensatory would have been *less* valuable, *less* popular, *less* profitable—if the Pharmacopœia had been badly revised, or if the edition of 1830 had never been revised at all? How

can that which earned success by "being still more profitable to those who bought and used it," by any possibility have rewarded its authors for labor *otherwise* bestowed?

As an humble member of the Revision Committee of 1860, it was the writer's fortune to be an intimate witness of the laborious care and the critical acumen with which these earnest Nestors of their profession applied themselves to their prolonged and wearisome duties, intent only to secure for their cherished work the excellences of foreign Pharmacopœias and to exclude their defects. How far their scrupulous labors were successful, it is refreshing to learn from the unquestionable evidence of one whom no schemes of reformation had bewildered. In his elaborate report on this work, presented to The American Pharmaceutical Association in 1869, Dr. Squibb has offered his unsuspected testimony "that as it stands to-day it is equal with any Pharmacopœia of the world. . . . Its merits have spoken for themselves, and it neither needs nor admits of laudation, if we have a proper respect for its dignity and authority."¹

To the illustrious authors of the *Dispensatory*, however, the professions of medicine and of pharmacy owe an additional debt, but poorly paid by any emoluments derived from their justly celebrated work. Especially to its influence is largely due the elevation of Pharmacy in this country to the scientific standing of a profession.

It is unquestionably true, therefore, that "this work of revision has always been done gratuitously." (p. 4.) And a "plan which has worked well for more than fifty years is entitled to so much respect that it becomes a matter of grave doubt as to whether it can be wisely disturbed." (p. 4.)

It is maintained, however, that the success of the Pharmacopœia "has depended less on the plan than on the men who originated it and carried it out." We believe, on the contrary, that its success has depended mainly on the excellence of its plan; and we further venture the opinion that a commission of ordinarily good ability, and of ordinarily good training, if large enough "to give that diversity of character, of knowledge, and of experience whose average makes up sound judgment," will, in the execution of a judicious plan, produce a much more valuable standard for professional guidance than a council of exceptional talent and knowledge can do on any imperfect or inadequate system.

Notwithstanding that the last revision (of 1870) has, in Dr. Squibb's fancy, "lost so much ground as to make some movement of reform imperative," (p. 39.) he charitably concludes that "the present Pharmacopœia is as good as could be justly expected, and that its defects may be in a great measure chargeable to an attempt to get important labor, which but few have the knowledge and skill to render, without paying for it." (p. 11.) "The last committee of final revision . . . had the necessary ability, but they did not give the necessary labor to the work, or at least the work as done leads directly to this conclusion." (p. 34.)² Therefore, difficult as it would be, "with all the caution that could be used" to organize the council of five, the hope is expressed that it "might not be impracticable if the labor could be paid for in reputation *and in money*, as it should and must be to be successful." (p. 14.) And one reason given for limiting the council to five is that "it is doubtful whether the income could

1. Proceedings American Pharmaceutical Association, 1869, vol. xvii., p. 348.

2. It is only necessary to say in answer to this, that the labors of this committee occupied very many sessions, often lasting late at night, with a large amount of intermediate preparatory work by the members separately, and extended over a period of twenty-four months.

ever be made sufficient to adequately pay for more than one competent editor to do the continuous detail work, and five members or councillors for the intermittent duties." (p. 15.) "Each member should be paid, from the first, his actual expenses of attending such meetings, and as the income should increase, be paid for his services, over and above his expenses, at say so much for each meeting attended. The income from the work of such a council would in two or three years adjust itself." (p. 25.)

From all these conclusions we must entirely dissent. We believe that the experiment of complicating existing jealousies with the personal struggles stimulated by greed of gain, would be fraught with evil only, and would not be likely to improve the national standard of the materia medica. To permit the copyright of such a publication to be in the absolute ownership of the compilers—as a commercial speculation—for their own emolument and recompense, with the tempting field of profitable advertising spaces so accessible, would, in our judgment, be productive of results vastly more deplorable than any "mercantile bias" of some enterprising pharmacist of the future, eager to impose his preparations on the Pharmacopœia. Hitherto the Committee of Revision can proudly say that they have had no pecuniary interest whatever in the publication. The copyright has been held as a sacred trust for the Convention, and its possible profits have been entirely devoted to cheapening the book for the public.

In this admission of the lack of speculative shrewdness thereby betrayed, we are not disposed quite so readily to accept the impeachment that from this weakness in the committee, its last revision has "lost so much ground" as to justify the so-called "reform." Let us look the matter fairly in the face. We are informed that the first four revisions of the Pharmacopœia "had no sale or demand," and that "until within the last ten years very few in either the medical or pharmaceutical professions knew of its existence." (p. 16.) Evidently something or somebody is at fault here! Either the critic is wrong in saying that "up to 1860, *inclusive*, it was accepted as the best attainable authority, and was received and respected as such," (p. 39.) or, we fear that the revision committee of 1870 cannot escape the charge of having maliciously caused the fifth and last edition of the work to attain "within the last ten years" a prominence so unusual, when, according to all the requirements of the situation, it should have been "losing ground!"

Another important suggestion bearing on the process or method of the work has reference to the *frequency* of the revision. "A revision of the Pharmacopœia every ten years may have been quite often enough in 1820, '30 and '40, and even in 1850, but outside of its present organization, it has since that time been generally believed that in order to keep pace with the more rapid progress of general medical science, the revisions should be more frequent." (pp. 4, 5.) "The council should make a general revision of the Pharmacopœia at least once in five years." (p. 17.) By "making a revision every five instead of ten years (subsequently perhaps even oftener than that) we should be able to keep within the covers of the Pharmacopœia nothing but what has been fully tried, fully known and fully described in detail." (p. 21.)

The project of a quinquennial Convention for Revision is believed to be a judicious one, and called for by the scientific activity of the age. A revision more frequent than twice in a decade, we do not think likely to be of advantage to either profession. We do not agree, therefore, with the suggestion that there

is good reason "for supposing that a fasciculus might with advantage be issued annually or biennially, thus keeping the work up to the level of current literature and knowledge." (p. 5.) Nor are we inclined to believe that even "in the long periods of ten years many valuable articles are lost with the worthless mass of trash, not so much by the prejudice excited by the company, in which they are found, as from a failure to recognize them and classify them by proper names and description, so that they may be identified and individualized for more accurate observation and research." (p. 5.)

A Pharmacopœia, in order to maintain its dignity as a standard, should always have a character of stability. It should be as conservative as is consistent with its authority and its usefulness; adopting nothing which has not earned the well-settled approval of deliberate experience. "The long periods of ten years doubtless allow the sensational novelties of the *Materia Medica* to have their day, and die out without disturbing the national standard with their unsound claims and unsettled superficial testimony." (p. 5.) On the other hand, it is true that the longer the intervals of undisturbed repose, the greater the amount of detail work involved with each re-adjustment. "A more frequent review of the ground would so divide this labor and time as to give to the professions of medicine and pharmacy the results more frequently and with much less delay. And then reaching the professions more frequently and in smaller quantity, such results would be more generally examined and appreciated." (p. 5.) The meetings of the Convention should accordingly take place every five years.

The great labor hitherto thrown upon the executive committee of final revision might be very considerably lightened if the medical and pharmaceutical organizations throughout the country would give the Pharmacopœia a more general study, and subject it to a more intelligent criticism. It is certain that in this respect the pharmacists have shown a much more active interest than the physicians. On turning to page viii. of the last edition of the Pharmacopœia, ("proceedings of the convention" of 1870), it is seen that when the delegates "were called on for such contributions as had been prepared in furtherance of the revision,"—*six* such reports or contributions were presented; two from medical bodies, to wit: the Philadelphia College of Physicians and the Missouri Medical College; and four from Colleges of Pharmacy, to wit: those of Philadelphia, Chicago, New York and Maryland. That is to say, while the medical representation in the convention was double that of the pharmacists, the latter did *at least* double the work attempted by the medicalists!

Of the bodies represented in The American Medical Association, it appears that *not one* felt sufficient interest in the result to offer a suggestion or report! Comparing the rival Associations and their respective "proceedings," the contrast is equally striking. The American Pharmaceutical Association not only has a standing Committee¹ which presents an annual Report of a very elaborate character on the "Progress of Pharmacy,"—not only has another standing Committee, annually presenting for volunteer essays, a large series of scientific "queries"—a considerable proportion of which have direct reference to details of the Pharmacopœia, but it has especially a permanent "Committee on the Pharmacopœia" which, appointed in 1863, "on motion of Dr. Squibb,"² and

1. Since 1873, this Committee has had the form of a Special Reporter, and his valuable Report on the "Progress of Pharmacy" occupied in 1874, 279 pages; in 1875, 461 pages, and in 1876, 363 pages of the published annual of "Proceedings."

2. Proceedings Am. Pharm. Assoc.: 1863. Vol. xi., p. 42.

then consisting of three, was in 1874 increased to fifteen. As an offset to this, what work of a similar kind has The American Medical Association to show in its "proceedings" by which to illustrate its intelligent interest in the improvement of the Pharmacopœia, its zealous preparation for its revision, and its pre-eminent fitness to take the exclusive charge of that important work?

If the constituent bodies represented in the Convention would undertake not only to offer vague and general suggestions, but to carefully work out and present the finished details of proposed changes, they would furnish valuable contributions to the improvement and advancement of the professional Standard; would give to widely separated districts of our country their just influence and impress on the range of the work, and would materially facilitate the laborious and somewhat thankless task entrusted to the committee of final revision.

It is earnestly to be hoped that at the approaching Convention of 1880, the medical societies especially will be aroused from their previous apathy, by Dr. Squibb's energetic agitation, and redeem themselves from his reproach, "that in this organization the medical profession of eight to twelve States only was represented." (p. 6.)

II. With regard to the *plan* of the Pharmacopœia, the leading objection urged by Dr. Squibb appears to be that the existing work is a "mere skeleton"—a simple dictionary of the materia medica. "As a summary of what has been said, it may be suggested that any amendment of the present plan which does not embrace a dispensatory or its equivalent in the Pharmacopœia itself, will be no improvement upon the past." (p. 13.) "I would propose to make a Pharmacopœia which should need no dispensatory; one which, for the scientific information required, would refer to the proper works where it may be found, whether it be the botanical description or the therapeutical uses, and there is no lack of books on either subject. Now let us refer to this use of the Pharmacopœia, not simply as a dictionary, but as a book which shall describe familiar drugs, or a drug as it is met with in the market, with the processes necessary for its preparation." (p. 20.) "The description, as well as the language, should be as plain as possible, and as full. Let us have a standard for the working processes as well as for the ingredients and quantities of all the established preparations." (pp. 20, 21.) Probably many would quite as strenuously insist on a full botanical description of the materia medica, or even on a brief therapeutic reference.

While there is nothing in the etymology of the word "Pharmacopœia" which would forbid such an extension of its range, it must not be forgotten that the significance of words is determined solely by established *usage*. And universal usage has limited the application of this word to a standard dictionary of the materia medica. The purpose of such a work is in no sense to furnish a manual of instruction regarding the materials employed in medicine, by the best practice of a given country; but solely to establish a desirable *uniformity* of standard in the prescription and dispensation of remedies; and as such, it is addressed to experts in the two great professions of medicine and pharmacy.

When, therefore, our critic insists that a "Pharmacopœia for the present and future should not only embrace the established materia medica, but practically the whole materia medica; it should not only be a standard of quality, composition and strength of the old, but also a standard of *knowledge* for that which is new in advancing the art of medicine;" and that it "should no longer be of the character of a catalogue, dictionary and formulary; it should aim at a clear and

complete separation and identification of that grade or quality of each substance which only is to be used in medicine," (p. 43.) he is really contending that the "Pharmacopœia," properly so-called, should be abandoned, and superseded by a Pharmacology or a Dispensatory. This is undoubtedly a proper subject for inquiry and suggested improvement. But its discussion should be approached directly and legitimately.

When it is stated that "our last revision was unsuccessful . . . because it is so constructed as to require a Dispensatory," (p. 19.) the inconsiderate reader is led to believe that here is a new and hapless condition of affairs—deplorable for the profession and discreditable to the revisers. In what way the Pharmacopœia of 1870 has "lost ground," or how the conclusion itself has been reached, is not revealed; and in what way either the sale of the work or its authority would have been increased by the prompt publication of an independent Dispensatory, is as little apparent.

When the reformatory critic further declares that, "In the past it seems pretty certain that . . . had there been no dispensatory, a pharmacopœia upon the present plan would have been a failure," (p. 20.) he either ignores the history of all pharmacopœias in all countries, or he pronounces them all to have been "failures!" In no case has any commentary upon the materia medica been issued by the authority that has produced the pharmacopœia. Such commentaries (when they have existed) have been the work of volunteer authorship and private enterprise. A noteworthy fact in this connection is, that in the recent revision of the German Pharmacopœia, it was decided after full consideration of the subject, to retain for the work the purely titular and "skeleton" form of a dictionary, in conformity with established precedent.

Having thus effectually dissipated the fallacy as to "the true reason why our last revision was so unsuccessful," according to the estimate of Dr. Squibb, and "why we are now left to desire a change (*if we do desire one!*)" p. 19.) the field is cleared for an impartial and independent consideration of the policy of extending the scope of the Pharmacopœia; and it is now admissible to say, that if in the judgment of the Convention it is desirable to give the work a more doctrinal and popular form, no serious objection is perceived to such an enlargement of its plan and purpose. If this would be admittedly an entirely new departure, it must not be forgotten that in all professions, the people of the United States are quite as much given to *making* precedents, as to following them.

Practically there is no incongruity in a work of composite order—having in its leading paragraphs (and in distinctive type) the dogmatic character of an authoritative standard of uniformity for the materia medica, properly belonging to a Pharmacopœia; and in successive paragraphs or annotations (in subordinate type) the didactic character of a cyclopedia of the characteristics, qualities, tests, solvents, sources, uses, actions and doses (average, maxima and dangerous) of the materia medica, constituting it a comprehensive manual of Pharmacology. That such a work would be much more generally useful both to "Medicine" and to Pharmacy, than a mere Pharmacopœia, cannot of course admit of doubt.

Not only is it desired, however, to "embrace a dispensatory or its equivalent in the Pharmacopœia itself," without which "any amendment of the present plan . . . will be no improvement on the past," (p. 13.) but it is proposed that the same authority which controls and revises this work should also supply a bulletin of "knowledge for that which is new in advancing the art of medicine." To attain this end, it is held that the council should be required "to

issue a fasciculus or small inexpensive volume in addition each year, giving the best attainable information in regard to new remedies and their uses, and the important elements of progress in the materia medica and pharmacy up to the time of the annual publications. . . . Thus each fasciculus would become a useful ephemeris for its day, and these ephemerides would serve not only to keep the profession of medicine and pharmacy informed in regard to the novelties as they might occur, but assist in discriminating between the good and the bad, saving both professions from some of the influences of fashion, frivolity and mercantile speculation in medicine." (p. 14.) "The book should be simply regarded as an organized means of presenting to the professions of medicine and pharmacy a periodical summary of important and useful information upon which more accurate knowledge may accumulate in a more methodical manner in the future than in the past." (p. 45.)

Work of this kind we believe to be so entirely foreign to the legitimate province of either a Pharmacopœia or a Dispensatory, that we cannot regard the proposal with favor. When it is considered how much room for controversy exists with every novelty in medicine, the difference of opinion animated too frequently with the spirit of personal interest and "mercantile bias," it is certainly safer to leave such discussions where they properly belong, and where they can best be managed, with the able conductors of "New Remedies" and of the varied periodical literature devoted to the interests of medicine and pharmacy. As correctly stated in the Preface to the last edition of the Pharmacopœia, "Such a work must necessarily follow in the wake of advancing knowledge; it is no part of its mission to lead in the paths of discovery; it should gather up and hoard for use what has been determined to be positive improvement, without pandering to fashion or to doubtful novelties in pharmaceutical science."

Dr. Squibb's main plea for this innovation is the value which such an "Ephemeris" or "Fasciculus"—if ably edited, would have to the physician and the apothecary. "My impression is that such a book as that, would be really more useful both to medicine and pharmacy, than the Pharmacopœia as it is. The Pharmacopœia would still be essential and indispensable, because it is the standard; but for obtaining current information, a work such as the book I have described would be more useful to physicians and to the pharmacist than the Pharmacopœia itself. From it could be obtained information quite inappropriate to a standard Pharmacopœia." (p. 21.)

There appears to be here some confusion of idea. The "utility" of a Pharmacopœia is remote and consequential; the ultimate utility to the professions of a common and uniform standard of reference. The "utility" of practical manuals of medicine and pharmacy—recent and thorough, is immediate and absolute: the utility to individuals of a trustworthy source of progressive information and instruction. The two are entirely incommensurable. We might as well attempt to compare the relative values of a lexicon and a grammar.

The unquestionable utility, then, of such an annual *résumé* of the Progress of Pharmacy, constitutes no reason for associating this work with the Revisers of the Pharmacopœia. Rather should such a contribution furnish the extraneous material, supplied by diligent and unconnected investigators, upon which the revising tribunal is called in proper time, to sit in independent and impartial judgment. Such an annual history and epitome has for years past furnished a very considerable and valuable portion of the published "Proceedings" of The

American Pharmaceutical Association. And in this body and in its congener, The American Medical Association, (its elder brother) can such "Fasciculi" be best, be most skilfully, be most appropriately gathered and bound into a sheaf. It is believed that such a work, published at cost, under the joint auspices of the two Associations, and under the inspiration of a generous emulation, would supply to the medicinal professions a Guide, fully realizing Dr. Squibb's ideal of an annual Ephemeris of Pharmacology.

The project above animadverted upon appears to be partly based on the assumption that "the Pharmacopœia [as a work upon the *materia medica*] is the source of, or gives origin to pharmacy. There could be no pharmacy without a pharmacopœia, no more than there could be a practice of law without statutes or enactments. . . . Pharmacy presupposes a Pharmacopœia, but it does not make it." (p. 28.) This is evidently erroneous. No nation or people ever yet had a "statute" without having had a large body of antecedent custom and unwritten law long established. And a Pharmacopœia is no more possible without a large amount of pre-existing well-established pharmacy than is a Lexicon, without a long pre-existing spoken and written language. "A Pharmacopœia *presupposes* a Pharmacy," and is entirely moulded by it.

The only remaining recommendation of practical importance in the pamphlet under review, is that "the secondary list should be abandoned, and the separation into *materia medica* and preparations should give way to a single alphabetical order embracing the whole contents." (p. 57.) This technical modification of the existing plan has been repeatedly urged by various writers. It is one which we believe commends itself to a large majority of either profession. Certainly, either a Pharmacopœia or a Dispensatory would be much more convenient for reference were it comprised within the alphabet of a *single dictionary*. The arrangement of all the substances in the Pharmacopœia in a single or continuous alphabetical order is also recommended by the committee on this subject appointed by The American Pharmaceutical Association.

The distinctions which have so long maintained a separation between the "Materia Medica" proper and its "Preparations" are fluctuating and unimportant. To one who had not given special attention to the refined reasonings of the Revisers, it might appear very arbitrary to class benzoic, gallic, or tannic acid under the one head, and citric, oxalic, or tartaric acid under the other; and he might wonder why bromide of potassium, iodide of ammonium, oxide of zinc, phosphate of sodium, sulphate of quinia, strychnia and veratria were accounted merely pharmaceutical preparations, while acetate of lead, carbonate of ammonium, hypophosphite of calcium, nitrate of sodium, sulphate of copper and valerianate of zinc were consigned to the *materia* of the manufacturing chemist. Certainly, no adequate advantage appears for requiring in a large number of cases a double search from one who desires to consult the Pharmacopœia.

In this connection (as being also a matter of technical detail) it is recommended that "cross references" should be made. Thus, under the head "Opium," for example, should be given a tabular list of every preparation derived from this substance or into which it enters, as *Aceta*, *Confectiones*, *Emplastra*, *Extracta*, *Pilule*, *Pulveres*, *Suppositoria*, *Tincturæ*, *Trochisci*, *Vina*, including derivative alkaloids and their several preparations. Each of these should be specifically stated, with a reference to the page on which it is described. This synthetic view would add considerably to the practical convenience of consultation.

Dr. Squibb thinks that "such a revision would decimate the present lists. Not that they are entirely useless, but that they are not appropriate articles to be retained in a pharmacopœia when they take up room which might be given with greater advantage to the details of primary articles." (p. 21.) The necessity for such a restriction, or its advantage, is not very apparent. The question of "room" is one which needs hardly be considered. The first need or desideratum in such a standard is fulness and completeness; and we strongly endorse the seventh Resolution of the last Convention, "that, in the revision of the officinal list and formulas, the wants of the medical profession in all parts of the United States should be considered in reference to local peculiarities in climate and population, and that for these reasons the scope of the work should be extended rather than abridged."

The sixth Resolution of the last Convention ordered "that measures of capacity be abandoned in the Pharmacopœia, and that the quantities in all formulas be expressed both in weights and in parts by weight." For this sweeping and radical change in the construction of formulas, no foundation had been laid by any reports or proffered illustrations from those interested in the new movement; and no elaboration whatever attempted by its authors and promoters, to guide the committee in its execution of the mandate. From the failure of the revising committee to carry out this instruction (the reasons for which are briefly stated in the preface to the Pharmacopœia, p. xiv.) advantage is sought to be taken to impugn the efficiency of the Convention! "In the last revision the Convention failed to control its committee in the work, or rather the committee did not carry out the direction of the Convention, and the Convention has no redress; for, by its own organic provisions, it can only be called once in ten years, and then by the chairman of its own committee, which declined to carry out its orders." (p. 12.)

While the present writer was in favor of executing the order, he never disguised from himself or from others the difficulties and confusion inevitably attendant on a premature disturbance and innovation. Taking the case of "Fluid Extracts" for example, of which there are now forty-six made officinal, we find that, excepting the single "Compound Fluid Extract of Sarsaparilla," (U. S. P., p. 167,) every one of these forty-six preparations requires 16 troy-ounces of the vegetable powder to be made into 16 fluidounces of the finished fluid extract. That is to say, each fluidounce of the preparation contains, by the existing formula, the extractive matter of a troyounce of the constituent material. How or in what proportion these valuable and elegant preparations are to be made by *weight* is not so obvious, for of course they cannot be made ounce for ounce by weight.

There seems to be little room for doubt that the abortive attempt of the last Convention to introduce the gravimetric system will prove but a temporary delay, and that it will serve more effectually to secure the result in the Convention of 1880. The principal advantage of the method is its greater accuracy than the prevailing volumetric practice.

It is to be hoped that those so ready both to improve and to censure, will exercise their inventive ingenuity on practicable details as well as on "glittering generalities." And while it is much to be desired that the next Committee of Revision shall be composed of entirely new material, it is also earnestly hoped that while there is yet time, the formulas will be so well considered and so intelligently worked out by the constituent bodies and their delegates before the

meeting of the Convention, that this enormous additional labor and responsibility shall not be thrown entirely upon the new Committee.

Another proposed reform (partly embraced in the conclusion of the sixth Resolution above cited), which has attracted some attention and discussion, is the further step of abolishing specific weights entirely and expressing all formulas in gravimetric "parts." The ostensible advantage of this system of mere *ratios* (or, as it may be called, the *algebraic system*) is that the same formula could be executed in any quantity and by any system of weights, and consequently that it would form an important advance in the direction of an international Pharmacopœia. On the other hand, the prospect of an international Pharmacopœia with Great Britain (to whom we are most nearly related) appears to be too remote to justify much sacrifice on our part to encourage hope deferred. There are other international uniformities, as of weights and of moneys, which are certainly of much greater importance, and which are likely to take precedence in time.

This topic was made the subject of one of its "Queries" by The American Pharmaceutical Association in 1875, and received from Prof. Sharples an intelligent examination in a paper presented at the meeting of 1876.¹ The "Query" was renewed at the same session in the following form: "What advantages would result from the substitution of parts by weight for absolute quantities in the revision of the Pharmacopœia? and if any disadvantages, other than those incident to change, what are they?"² This question will receive a still fuller discussion at the next meeting of The Association in September next (of the present year, 1877.)

Theoretically, nothing appears simpler than the translation of concrete weights into abstract "parts;" or these latter being given, the converse translation of them into any given order of weights. But the practical application is by no means so easy as the general direction. Let us take a single case for trial—at random. The Pharmacopœia opens at page 274. We will transform the formula at the bottom of the page, (that for the Aromatic Spirit of Ammonia) into weights—say grains, then these into their lowest numbers for "parts," and lastly these into convenient whole numbers by an approximation, to represent finally the proportions "in parts by weight."

SPIRITUS AMMONIÆ AROMATICUS, (U. S. P.)

1	2	3	4	5
Take of	Specific Gravity.	By Weight.	In lowest terms.	Approximately.
Carbonate of Ammonium, ℥ i		480 grs.	37	36
Water of Ammonia, f ʒ iii	·96	1312 "	101	100
Oil of Lemon, f ʒ iiss	·847	120 "	9·23	10
Oil of Nutmeg, ℥ xl	·95	36 "	2·77	3
Oil of Lavender, ℥ xv	·875	13 "	1	1
Alcohol, Oiss	·835	9131 "	702	700
Water,	1·000	(1879 ")	(144)	(150)
<i>q. s.</i> to make	Oii	12971 grs.	997	1000

1. Proceedings American Pharmaceutical Association, 1876, vol. xxiv., pp. 453-56.

2. Proceedings American Pharmaceutical Association, 1876, vol. xxiv., p. 15.

The above estimates of grains in the third column assume the specific gravities given in the second column. Having got the formula into this form, what shall we do with it? Evidently we must simplify the numbers as in the fourth column; but as we have fractions here, a further step is necessary to give us the nearest whole numbers as in the fifth and last column. It is true that this last result is only an approximation to the original formula; but the difference in this case is not particularly important.

Supposing, then, the last column (or any other approximation that may be preferred) to represent the improved formula "in *parts* by weight." The merit of these "parts" is that they may equally well represent any units of weight. Let us call them grammes, then the whole quantity will be 1000 grammes, or 1 kilo-gramme; equal to $32\frac{1}{8}$ troyounces, or $\text{ibii } \frac{5}{8} \text{ viii Troy}$, (2 lbs. 3 oz. *av.*) nearly the quantity of the original formula. But the apothecary would doubtless prefer to just fill his quart bottle, as he has been accustomed to do by the old formula. Now, it is quite evident that to convert this product of the new formula, 1 kilo-gramme, into 1 quart will really involve a troublesome calculation; and it will again require an approximation. If the new "parts by weight" be counted as grains, the problem will not be much simplified. Wearied by the constant labor of calculation or reduction from abstract "parts," on every occasion of employing this improved and "universal formula," the druggist will doubtless note down in the margin of his Pharmacopœia ("once for all") the actual weights or quantities which he has found it convenient to adopt. Would it not be better, simpler and less hazardous of error if, in addition to the notation of "parts by weight," the actual specific weight of each ingredient were to be officinally stated? It is quite evident that this whole question concerns the pharmacist much more vitally than it can the physician—an added reason why the Pharmacopœia should not (and cannot properly) be placed under the exclusive control and "fully-recognized leadership of The American Medical Association."

We trust that this single illustration (a comparatively simple one) of the practical labor and difficulty investing the new departure, will in the minds of the thoughtful, (not too pre-occupied with a theoretic enthusiasm) serve partially to extenuate the delinquency of the executive Committee in having, in the condemnatory language of the prosecution, "*refused* [!] to carry out the instructions of the Convention." (p. 5.) Upon the reflective there may dawn some gleam of sympathy with the dismay naturally felt by the Committee on being confronted with the formidable task which had somewhat inconsiderately been imposed upon it. The able, conscientious, and esteemed President of the Convention, and chairman of the Revision Committee, is no longer with us to justify the course he felt obliged to recommend and to urge under these harrassing conditions; but the more sacred becomes the duty of those who knew the man, to shield his memory from any suggestion of wilfulness, indifference, or want of fidelity to the high trust committed to his charge.

The professional employment of medicines involves three successive stages or processes, each by a different agent. First, the *prescription* of the remedy by the physician; second, the *dispensation* of the compounded materials by the pharmacist; and third, the *administration* of the prepared medicine by the attendant nurse, or occasionally by the patient. In the first two of these operations there is no serious difficulty in the exclusive use of gravimetric apportionment; but, in the final step, the difficulty of administering liquid doses by

weight, appears to be insuperable. If, then, the patient must continue to take his prescribed mixture by a convenient *measure* (as the teaspoon or the wine glass), it seems necessary that the quantity compounded by the apothecary, in order to give a determinate number of doses, should also be estimated in multiples of such measure; or, in other words, by a fluid *volume*.

In view of the probable adoption of a purely gravimetric system by the next decennial Convention, would it not be eminently desirable that a suitable popular measure of accurate size should be adopted by the convention, for the administration of liquids, to supersede the common variable teaspoon? If weights are preferable to measures in the preparation of the mixture, by reason of their finer accuracy, and if such more accurate mixture must continue to be administered by volume, is there not a corresponding need that a greater uniformity and accuracy should be attempted in the final stage of the actual exhibition of the dose?

We strongly urge the recommendation therefore—in the interests of the physician and of the pharmacist, as in the best interest of the sick, that a standard spoon of accurately determined capacity should be authoritatively adopted by the Convention of 1880, and universally assumed and recommended for use by the professions. Should the metric system of weights be adopted, such standard official spoon might very conveniently have the exact capacity of four “fluigrams” of distilled water; a volume expressed by the French metric system, as four *millilitres*. The capacity of such a spoon (“a metrispoon”) would be in our present measures 64·9 minims; the ordinary teaspoon being supposed to hold 60 minims or one fluid-drachm.¹

Omitting several minor points in consequence of the unreasonable length already reached by this communication, this portion of the subject may be concluded with a reference to the suggestions already made by the committee of fifteen appointed by The American Pharmaceutical Association for the purpose of considering and reporting upon any improvements which may be thought advisable in the next revision of the Pharmacopœia. This committee has recommended: “1st, That all measures of capacity be abandoned; 2d, That all substances be weighed, and that the quantities be given in parts; 3d, That all substances in the U. S. Pharmacopœia be arranged alphabetically; 4th, That the descriptions of crude drugs be made more exact and complete; 5th, That the formulas for the manufacture of chemicals, which are recognized as produced entirely by manufacturing chemists, be omitted, (with the exception of such chemicals as produce different results when made by different processes), and that a description of the chemical be substituted with such tests as shall be conclusive as to its identity and purity; 6th, That it is desirable that there should be a larger number of tables for reference introduced into the U. S. Pharmacopœia.

Remembering that The Association has never had even a representation in the decennial Convention, such enlightened activity and disinterested zeal in attempting to awaken inquiry, to stimulate suggestion, and to promote discussion in regard to all the details of the approaching revision, cannot be too warmly applauded. Where shall we look throughout our land to discover traces of any similar interest, or any similar procedure in any organized body

1. The suggestion of a standard “metrispoon” was published by the writer in the *Medical and Surgical Reporter* for February, 1877, vol. xxxvi., pp. 171, 172.

of either profession? If this spontaneous heartiness of co-operation in a great public work has in any quarter of the medical domain occasioned among any individuals a touch or suspicion of jealousy, we believe that a very brief experiment in devoting attention to the defects or the requirements of the medical standard, with a view to offering solid projects of improvement, will very speedily dissipate the last traces of any such sentiment.

III. The method of *publication* is a subject upon which there has existed considerable difference of opinion. Heretofore the Pharmacopœia has been "published" by a well-known and responsible publishing firm in the city where the committee has held its sessions, and where the work of revision has been done. This publishing house has not, however, at any time owned the "copyright;" this having been held by the Committee of Revision and Publication, in trust through its chairman. Dr. Squibb, in his earlier reflections on the subject, expressed the opinion, that "in order to cheapen the book as far as possible to the medical and pharmaceutical public, the copyright should be placed at a price that would just meet all reasonable expenses." (p. 9.) Practically this is precisely what has always been done, excepting that the copyright was never actually sold. The only pecuniary income from the publication ever received by the owners of the copyright, has been the pittance of some two hundred dollars or thereabouts, required by the committee for actual outlays. Beyond these slight necessary expenses, the committee has permitted no remunerations; but has studiously labored to so limit the profits of the work, that it should be furnished to the public at the lowest remunerative price.

It is complained, however, that "what the copyright has yielded hitherto, or what it was worth, could never be known, because it was always given *arbitrarily* to one publishing house, which house declined to give any information upon this point." (p. 9.) At the time referred to in this complaint Dr. Squibb was himself a member of the Revising Committee, a majority of which (contrary to his wishes) instead of inviting bids from New York and Boston, or permitting a competitive scramble for the work, as a valuable prize, decided (wisely, as we believe,) on having the printing done under its immediate supervision, with the constant opportunities of very frequent *revises* of the "proofs." And it was also insisted on that a careful estimate should be made for minute criticism, whereby the book should be put upon the market at the cost of production. The result was that the revision of 1860, published in 1863, when gold was rising to its highest tide, and prices were correspondingly inflated, was, by this "arbitrary" conduct of the committee, retailed at the price of *one dollar* in currency!

It is safe to say that no book of corresponding size and style was produced at this time at less than *double* this price, even though it were a work of much more popular character and much larger circulation than a *Pharmacopœia*! Considering that this weakling of the press ("a mere skeleton") could by no possibility be classed with "light literature," we are biased enough to maintain that this publication was a *marvel* of cheapness. It is not believed that any respectable publisher could have offered the book at a lower rate (unless with the hope of securing a future publication of the work in better times). Whether the majority of the committee, in thus "giving it arbitrarily to a publishing house" consulted the true interests of the professions they were honestly laboring to serve is for the unprejudiced of those professions to decide. The probable influence of this course on the circulation and sale of the work, may,

however, be *obliquely* gathered from the unintentional testimony of our opponent, whose severest impeachment of the past utility of the naked Pharmacopœia is, that "until within the last twenty years, probably, the Pharmacopœia was but little known!" (p. 19.)

The plan now proposed by Dr. Squibb contemplates (as has been seen) the sale of the copyright to the highest bidder, in order to yield as large a remuneration as possible to those entrusted with the revision. He says: "Should the copyright be offered to a properly controlled competition, it doubtless could be made to pay liberally all the expenses necessary to having the work well done." (p. 9.) And, to prevent the danger of distributing the proceeds of the sale among too many hands, the caution is provided, that "the income from their work, if it be well done, will within a moderate time pay a few men for the time and labor they give, but would not pay a large number of men." (p. 47.)

Dissenting entirely from these views, we are yet strongly of the opinion that the time has now arrived for a considerable change in the manner of producing the Pharmacopœia. Not as a momentary or controversial impression, but as a deliberate and long-cherished conviction, we would advocate, very decidedly: 1st, the permanent retention of the copyright of the Pharmacopœia by the Convention itself, as an incorporated institution; 2dly, the publication of the Pharmacopœia by the Convention itself, through a special committee for that purpose; 3dly, the appointment of a treasurer by the Convention to take charge of the proceeds from the Pharmacopœia as a permanent fund, from which the expenses of the Convention should be paid; and 4thly, the payment from such fund of all *necessary* expenses of the Committee of Revision, including the actual traveling expenses of its members.

On the first proposition but little needs be said. It can scarcely be questioned that an organization of such authority and responsibility, should have the chartered franchise enabling it to hold and to defend its property; so that in its own name and by its own act it should be legally qualified to resist either the infringements of publishers or the trespasses of aspiring associations of men willing to "relieve" it of the management of its affairs, or to "assume" the possession of its prerogatives. We believe, moreover, that it is most consistent with the dignity of the Convention that the legal possession of the copyright of its own peculiar production, should not be delegated even to its own Committee, which has heretofore so faithfully and so honorably discharged its delicate trust. The President of the Convention (and his successors or official representatives) should by the organic constitution of the body, have the duty of calling the Convention every five years, in a specified manner and at a specified time and place; and the further right to convene the body at any intermediate time when in his judgment circumstances should render it expedient.

On the second proposition it may be remarked that nothing can be more unseemly than struggles of members—the partisans of rival cities, eager to secure the supposed advantages of a local publication. Should it be decided, for instance, that the sessions of the next Committee of Revision shall be held in Boston, what could be more derogatory than a contest whether the printing and publishing of the book should be sent to a Philadelphia house, willing to *underbid* a responsible publisher on the ground, in whom the committee had entire confidence? That such local jealousies have been entertained and openly avowed is only too notorious. In the discussion following Dr. Squibb's presentation of his enterprise at the meeting of The American Pharmaceutical Associa-

tion in September, 1876, Mr. Colcord, of Boston, remarked, "The United States Pharmacopœia has always been published in one city, and by one set of men; and it got into a rut and became a Philadelphia institution. Not but what that made a *better* Pharmacopœia than it would have been if it had gone to Chicago or Boston. but it was a local institution."¹ As the Acts of Congress also "have always been published in one city," we presume by Mr. Colcord's logic they also are to be classed as a "local institution!"

Unfortunately, the city of "Fraternal Affection" has always been the acknowledged Medical Metropolis of the nation. *Unfortunately*, since here (as is sometimes the case) the reputation has involved a corresponding labor and responsibility! Whenever the Convention has desired to submit its chosen business to a selected number of zealous, hard-working men in the field of abstract medicine and pharmacy, instinctively a considerable proportion of such material has been culled from Philadelphians. Are other sections of our wide-spread Republic ambitious of the labor? Surely they have only to apply their own shoulders to the wheel! If distant portions of our common country have the misfortune (real or supposed) of a deficient representation, who is responsible for this melancholy condition of affairs? Who is chargeable with *suffering* the Pharmacopœia to become "a local institution?"

At the last meeting of the Convention (in 1870), the number of contributions in furtherance of the Revision presented by the sixty delegates representing the pharmacopœial science of the nation (shall we add, its zeal and industry?) was —six!² Of these six contributions *two*, beyond all reach or question of comparison, were most elaborate and valuable for the purpose of a revision. Of these two well-studied programs, one was a Review presented by the "*Philadelphia* College of Physicians," the other was a Review presented by the "*Philadelphia* College of Pharmacy!" Do honorable gentlemen *complain* that they themselves have been indifferent or negligent? Is it the peculiar offence of Philadelphians that they have *not* been equally indifferent or negligent? Is it a proper subject of self-laudation that not a fragment of a report was submitted from any New England State? Or is it held to be a worthy ground for envious bickerings, that other cities and States have voluntarily suffered by far the largest portion of the *preliminary* labor of revision to be actually performed "in a single city?"

Where the sessions of the Committee should be held was simply a question of convenience and economy. Wherever in the judgment of the next Convention it may be deemed expedient to fix the sessions of the Executive Committee, most sincerely do we hope that Philadelphia will *not* be selected. If the mere change of *venue* should be successful in awakening a larger local interest and activity in the improvement of the Pharmacopœia, a great public good will have been effected, and the profession will have true cause for gratulation.

The zeal manifested to have the work of revision specifically localized, so disproportioned to the zeal displayed in actual performance of the work, has not apparently an adequate impelling motive. Speaking from experience, we believe that one who has twice served upon the Executive Committee (as a working, not as an ornamental member) will be very glad to wash his hands thereafter from further personal anxiety, fatigue, and responsibility in the conduct of the revision. The honor or credit attending its duties is of an apoc-

1. Proceedings Am. Pharm. Assoc.: 1876. Vol. xxiv., p. 037.

2. Pharmacopœia, U. S., 1870, p. viii.

ryphal character, the thanks, if any, stand at an infinitesimal figure, the criticisms upon the result not always friendly in spirit, the occupation of precious time tedious and exacting, the expenditure of real and prolonged labor very serious, and finally the compensation for all this—*nothing!* If those who appear to be so desirous of obtaining the work for New York or Boston have in view the dim perspective of a more enlarged worldly-wisdom, it is perhaps well that such anticipations should be definitely settled. To remove all occasion, either for temptation or suspicion of partiality or “mercantile bias,” no course appears so direct and decisive as the exclusion of the copyright from any local or personal disposition. The practical business of publication can well be performed by a judiciously selected Committee, as the Proceedings, Transactions and Journals of learned Societies are usually conducted.

On the third proposition it is only necessary to say that a treasury necessarily follows from the possession of an income and a fund. By simply retaining the possession of its own literary property under the editorship of its Revising Committee, and the management of its Publishing Committee, and by distributing its published work among the principal medical booksellers of the United States on the usual trade commissions, the Convention would doubtless be in the possession of a modest income quite sufficient for all its economic needs. On the other hand, the public spirit of so large, so varied and so respectable a body would doubtless be a sufficient guard against any tendency to enhance unduly the profits of the enterprise, or to lower it to the character of a mercantile speculation. In this connection it is suggested that as a just and equitable portion of the income from the work, a moderate copyright royalty or license fee should be charged for any re-production of it in a commentary or dispensatory.

On the fourth proposition there is scarcely need for further comment. The propriety of the Convention, making provision for the *necessary* expenses of its Revising Committee, will be questioned by no one. A provision for the actual traveling expenses of the members of the committee incurred in the discharge of their grave and onerous duties, falls really within the scope of the preceding statement. But on this provision we wish strongly to insist, as a step absolutely necessary, to secure attendance from any distance; and necessary therefore, to maintain in the committee any just and proper representation of our wide-spread and diversified territory.

With these responses, criticisms, and suggestions, in relation to the future plan and management of the U. S. Pharmacopœia, we close by a quotation, and full endorsement of Dr. Squibb's considerate words: “There is probably no subject where hasty, immature action is more to be deprecated, or where a wise deliberation is more necessary to the welfare of the single *inseparable* interest which embraces the arts of medicine and pharmacy.” (p. 9.) Having felt called upon to review with some freedom the program of improvement so elaborately and industriously set forth by Dr. Squibb, the writer would be doing justice neither to his own feelings and convictions, nor to the merits and intentions of the talented author of that program, did he neglect to express his high personal regard and professional respect for Dr. Squibb, and his unwavering confidence in the sincere, exalted, and disinterested purpose entertained, to advance the best interests of both professions, and to elevate the character of our National standard—the UNITED STATES PHARMACOPŒIA.

Editorial in the "American Journal of Pharmacy" for June.

The Revision of the Pharmacopœia is the important subject engaging the attention of the medical and pharmaceutical professions of the United States, and which has become so prominent at the present time through the proposition of Dr. Squibb to place that work entirely under the control of The American Medical Association. We do not purpose to enter into the merits of the claim for such control or ownership, which have been ably reviewed by Mr. A. B. Taylor; but it may not be amiss to sketch in a few words a plan by which a "Pharmacopœia" could be secured which would represent the actual wants of the medical profession and the pharmaceutical knowledge of the United States. To accomplish this object, it is, in our opinion, absolutely necessary to secure the active co-operation of as many medical and pharmaceutical societies as possible, so as to have all sections of the country fairly represented. This active co-operation should express itself in the preliminary revision of the "Pharmacopœia" by each society, which should be so full and complete that the revised work would represent a "Pharmacopœia" for the locality in which the society is located. All the local "Pharmacopœias" should then be referred to an *Editing Committee*, whose duty it should be to compile them into one. This committee may be small, not exceeding five in number, who may be selected from any locality, insuring their frequent meeting whenever necessary. During the progress of the revision, the clerical labors would necessarily be large and require the engagement of a secretary, whose duty it would be to prepare the material of all local "Pharmacopœias" in such a manner as would enable the committee to critically examine all the propositions and act intelligently upon them. The action of the committee should then, as soon as possible, be communicated to each society having prepared a local "Pharmacopœia," to be again critically examined, and the results of these examinations should be transmitted to the committee for their final action, to be based upon the suggestions and criticisms as reported to them from the various societies.

By this plan the active co-operation of each medical and pharmaceutical society in every part of the country could be secured, and the work, before its final adoption, would be submitted to the judgment of a large number of experts, so that the processes could scarcely fail to be as perfect as the scientific knowledge of the country could make them.

There is still a large number of those interested in the perfection of the "Pharmacopœia," who, under the rules adopted by the Pharmacopœial Convention of 1870, are not entitled to representation. We refer to the various State *Pharmaceutical Societies*, of which we now have thirteen, and hope to have many more by 1880. But, in our opinion, any labor performed by them would be gladly accepted by the National Convention, and their delegates would, we believe, be received as they should be.

It will be perceived that this plan is based upon the assumption that those who use the "Pharmacopœia," physicians as well as pharmacists, should have a weighty and controlling influence in its revision. The plan suggested by Mr. Taylor (see page 294) leaves the final revision to a larger committee appointed for that purpose, and we think that it could likewise be made to work satisfactorily. We do not believe that the revision could be accomplished by occasional meetings, if the committee was to be appointed so as to secure a fair representation of all sections of our country; the members would either have to be

placed so as to be able to leave their homes for the place of meeting of the committee, and there to devote *all* their time to the revision of the "Pharmacopœia;" or what appears to us to be the more practicable course, the labor of the Executive Committee residing at and near the place of meeting, should be at once communicated to every member of the Committee of Revision for their critical examination. This would be, substantially, equivalent to the course of the preceding plan, inasmuch as the members of the Committee would doubtless be selected from the delegates of those societies who have actually gone to the trouble of the preliminary revision of the "Pharmacopœia," and could, whenever desirable, consult the society in whose name they act.

Both plans avoid that centralization of power which is likely to produce unsatisfactory results, such as in our opinion might, on close analysis, be expected if Dr. Squibb's plan was followed. This does not contemplate the active co-operation of physicians and pharmacists; or if it seeks it, will most likely not obtain it, because the voice of these bodies or their representatives will have no direct bearing upon the construction of the "Pharmacopœia." It is indeed, a delegation of almost absolute power to a few, and a plan admirably adapted to secure a *local* "Pharmacopœia" for the whole country, or as it has been, privately at least, stated, a *one man's* "Pharmacopœia," secured through the preponderating influence of one individual.

We do not claim originality for either of these plans. They are simply modifications adapted to our country, of the plan followed in the creation of the "Swiss Pharmacopœia," or at the present time, in the elaboration of an appendix to the French Codex, containing the formulas and processes for new medicaments. In both cases the formulas have been published as fast as selected, so as to secure the critical examination of the largest possible number before their final adoption.

We believe that all who feel interested in a good and complete "Pharmacopœia," should feel themselves indebted to Dr. Squibb for the candor with which he has brought up this important subject; although we believe many of his reasonings faulty, and his conclusions objectionable, yet we have to thank him for having aroused the attention of the medical and pharmaceutical professions to the great importance of the work entrusted to their care.

The following communication, referring to the same subject, was received after the above was in type; it comes from a medical gentleman, at present residing in New Hampshire.

To the Editor of the American Journal of Pharmacy:

SIR—Referring to the able review of this subject by Mr. Alfred B. Taylor, in your May issue, I respectfully submit the following as covering the objectionable features in the plans already suggested:

"That the National Convention for the revision of the U. S. Pharmacopœia shall be composed of one delegate from each State medical society represented in The American Medical Association, one delegate from each incorporated Medical College, incorporated College of Physicians and Surgeons, and incorporated College of Pharmacy throughout the United States, with one delegate from the medical department of the Army and one from the medical department of the Navy of the United States. That the delegate from each State medical society represented in The American Medical Association shall be nominated and elected by the said Association, the delegates from the said several colleges shall be nominated and elected by the said colleges, and the delegates from the two branches of the national service shall be nominated by their respective Surgeon-Generals, and be ordered by the Honorable Secretaries of the Army and Navy of the United States.

“That the said delegates shall be nominated and elected with special reference to their experience and knowledge of therapeutics and physiology, medical chemistry, medical botany and practical pharmacy, so that all classes of medical and pharmaceal experts may be fairly represented in the National Convention, to the end that the Pharmacopœia of the United States may be thoroughly revised by a commission embodying the greatest practical knowledge and professional skill.”

This plan, or a similar one, would do but little violence to the existing order of things; it would not interfere with any “Pharmaceutical Council” which any Association may form with a view to *aiding* pharmacopœial revision, and it would give us a truly representative convention, in which The American Medical Association would be recognized as well as all Pharmaceutical and other Colleges not connected with that Association. There can be little doubt as to the advantage to be gained by a call emanating from the National Government—the presence of two government officials in the “Convention” would be a move in that direction; and as the formation of State Boards of Health is rapidly extending, the day may not be far distant when we shall have a “Minister of Health” to call our “National Convention,” and to represent the great medical and sanitary interests of the country in the Cabinet of the United States.

C.

PAMPHLET OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Special Meeting—Reported by FRANK WOODBURY, M. D.)

At a special meeting of the Society held May 9th, 1877, Prof. Henry H. Smith, President of the Society, in the chair, the President stated that the meeting had been specially called in order to take action upon a proposition that would be brought before The American Medical Association at its meeting in June, 1877, contemplating certain important changes in the time and manner of revising the United States Pharmacopœia, and in the publication of the work. In explaining the proposed alterations, he read extracts from a pamphlet published and distributed to the delegates to The American Medical Association and others, by its author, Dr. Squibb, of Brooklyn, who wished that the subject should be freely discussed. He also stated that the Society at its previous meeting had invited certain gentlemen of the Philadelphia College of Pharmacy to be present at this meeting and participate in the discussion. Of these he noticed the presence of Mr. A. B. Taylor, Profs. Maisch and Remington, and Messrs. Bullock and Wiegand.

By invitation of the chair, Mr. Alfred B. Taylor then read extracts from a paper he had printed in reply to Dr. Squibb's pamphlet, and also read portions of an unfinished paper he was preparing in continuation of the same subject. He stated that the change proposed by Dr. Squibb comprised two distinct topics, although apparently included in one; the first was to take away the ownership of the Pharmacopœia from the National Association; the *second* is the advocacy of certain alterations in the subject matter of the work, and the period of its publication; “these changes (if desirable) being entirely independent of the preceding, and if adopted could be performed by the National Pharmacopœial Convention just as well as by its hypothetical successor.” The first topic is the one Mr. Taylor had selected for discussion in the pamphlet, which had been previously read before the Philadelphia College of Pharmacy, who

directed it to be published in the "Journal of Pharmacy," and of which 200 extra copies had been distributed. The second topic he discussed in the article now in preparation, which he expected would appear in the June number of the "American Journal of Pharmacy." His remarks were at some length, and were logical and conclusive. He denied that any change in the manner of publication of the Pharmacopœia was required, and especially the change proposed by Dr. Squibb, by which The American Medical Association should assume its ownership and control; and declared that for this purpose The American Medical Association was not a superior body to the National Pharmacopœial Convention, whose sole function is the revision of the Pharmacopœia. To thoroughly perform this duty, the co-operation of four classes of skilled workers is necessary—medical, botanical, chemical and pharmaceutical, which are all represented in the National Convention; whereas The American Medical Association is composed only of delegates from medical societies. The National Pharmacopœial Convention being made up of men specially selected with reference to their qualifications for the performance of but one duty, will therefore be more likely to do the work well and thoroughly than The American Medical Association, even were such a change possible.

Mr. Taylor then declared that the copyright of the Pharmacopœia and the ownership of the book rested with the President of the National Pharmacopœial Convention, and denied the moral or legal right of any man or body of men to appropriate this property without the owner's consent.

In the second article he quoted freely to show that the paper of Dr. Squibb was illogical and inconsistent, as well as unjust to the distinguished authors of the Dispensatory, and referred to Dr. Squibb's statement made in 1860, that "*The United States Pharmacopœia equals any Pharmacopœia in the world.*" In the National Convention the labor of revision is delegated to a committee of fifteen who do the main work, while the Convention is engaged in discussing particular subjects. Dr. Squibb proposes that this work "shall be done by five persons, three of whom shall be a quorum," and who "should live in adjacent cities," and who are to "have the services of one expert." The fallacy of considering this as in any sense *national* must be evident to any unprejudiced mind. In any event, fifteen are more likely to do the work well than either five or three. The Committee of Revision have heretofore had no remuneration whatever, even for its actual traveling expenses, which are onerous to those living at a distance. The suggestion, therefore, that their traveling expenses should be guaranteed, might be entertained by the National Convention at its next meeting.

Mr. Charles Bullock exhibited the several thick folio manuscript volumes of contributions by the College of Pharmacy to all the decennial revisions since 1820, and stated that for several sessions the greatest amount of work presented to the Committee of Revision of the United States Pharmacopœia had come from the Philadelphia College of Physicians and the Philadelphia College of Pharmacy.

Prof. Remington believed that as The American Medical Association is now composed only of delegates from the State Medical Societies, no action of that body could relieve the other delegates to the National Convention from their duty of attending its next meeting, in 1880.

Mr. A. B. Taylor stated, on the authority of Dr. Horatio C. Wood, that out of the thirty-one bodies represented in the National Pharmacopœial Convention, only nine were represented in The American Medical Association.

Prof. Maisch had seen no reason to change his views already expressed before the College of Pharmacy. The plan proposed by Dr. Squibb would not give a National Association in any true sense of the word. The five men must live in contiguous cities, and could not be expected to be conversant with the wants of the entire country. The only true plan is the one heretofore pursued, but it is desirable to devise some means by which the various constituent bodies should be made to be alive to their work, and prepare their reports for the final Convention. The information it is to act upon must be obtained directly from different sections of the country, which plan he considered as far superior to that proposed by Dr. Squibb.

Mr. Wiegand called attention to the fact that Dr. Squibb repeatedly avers in his article that two Pharmacopœias in the field would be infinitely worse than the one we now possess; whereas, the action he recommends would inevitably lead to this conclusion. He is therefore defeated by his own argument.

Dr. Geo. Hamilton thought that the change urged by Dr. Squibb was without good reason, as it was merely an experiment that, if tried, would be found to be a costly one. Any alteration or correction in the work itself, that was suggested, would undoubtedly meet due consideration, and could be performed just as well by the eminent men now in charge as by any others that could be selected.

Dr. Wm. T. Taylor, Vice-President of the Society, coincided with Dr. Hamilton's views, and doubted whether any good could be gained by the proposed change, even were it practicable.

The President then read the accompanying letter from Dr. W. S. W. Ruschenberger, Medical Director of the United States Navy, and a member of the last Committee of Revision of the Pharmacopœia, who was unavoidably absent.

1932 CHESTNUT STREET, }
PHILADELPHIA, May 8, 1877. }

DR. HENRY H. SMITH,

President of the Philadelphia County Medical Society:

MY DEAR DOCTOR—After deliberate consideration of the plan of preparing a United States Pharmacopœia proposed by Dr. Squibb, to be substituted for that of the National Convention through the agency of which the work has been heretofore published, my conviction is that it will prove in practice, if adopted, very generally if not universally unsatisfactory to the profession.

The National Convention for revising the Pharmacopœia includes in its organization representatives from all colleges of pharmacy, all medical schools and all incorporated medical societies which may choose to participate in the work. Each is invited to submit to the convention a revision of the Pharmacopœia, in such form and manner as it may determine. If each college and society presents a report, the views of the entire profession, both physicians and pharmacists, will be in possession of the convention. Unfortunately, however, only a small number of the many colleges and societies take sufficient interest in the subject to have proper reports prepared and submitted to the convention. At the last decennial meeting of the convention only *six* reports were submitted, and from these the present Pharmacopœia was prepared by the Committee of Revision. Had every college and society performed its duty in the premises, it is conjectured that the work might have been more complete. It is self-evident, I think, that the failure of the numerous colleges and societies to perform their duties in this connection is not ascribable in any degree whatever to the plan of organization of the National Convention, nor to its methods of executing the trust confided to it. In my very humble opinion, no plan of organization can be devised which will entirely prevent such failure.

The existing plan of revising the Pharmacopœia is preferable, in my estimation, to that proposed by Dr. Squibb. It is well devised for gathering the fruits of the invention, literary research and experience of the pharmacists and medical practitioners of every district or county within the limits of the whole country, always provided that the colleges and incorporated societies discharge their duty in this connection. Dr. Squibb's plan delegates the entire work, in fact, to one paid expert, assisted in his labors by the literary researches of five members of a council appointed to manage and control the work, with a view to realize from it sufficient to compensate them properly for their time. It proposes what seems to be a kind of publishing company limited to the manufacture and publication of a Pharmacopœia, a Dispensatory and Annual of Materia Medica, and the profits from the sale of these productions are to be expended in paying for the services of themselves and experts. Is not the National Convention as competent as The American Medical Association to create a monopoly of this kind, an effect of which may be the enhancement of the price of the book?

The first step of Dr. Squibb's proposed plan is that The American Medical Association shall "assume the ownership of the Pharmacopœia of the United States of America." The American Medical Association cannot assume the ownership of this book or of any other copyright work without incurring the penalties which enture to the infringement of the law of copyright. The copyright of the Pharmacopœia is held in the name of the President of the National Convention, and is beyond the honest grasp of The American Medical Association.

The second step is that The American Medical Association shall "relieve the National Convention for Revising the Pharmacopœia from any further acts of ownership, control or management of the Pharmacopœia." Inasmuch as The American Medical Association has no jurisdiction in the premises, no shadow of authority whatever, over the National Convention for Revising the Pharmacopœia, the proposition to relieve it from the ownership of its own work, be it ever so valueless, might possibly be regarded by many as improper and offensive, if not illegal.

The third step of Dr. Squibb's proposed plan is that The American Medical Association shall "relieve the officers of the National Convention from the duty of issuing a call for a convention in 1880, as provided in the last convention." This proposition is no more pertinent to the jurisdiction of The American Medical Association than the second, and is equally discourteous. As well might the National Convention assume authority to release the officers of The American Medical Association from the performance of their duties.

The perpetration of such acts seems to be essential to the realization of Dr. Squibb's plan. It is hoped that The American Medical Association will not adopt any measure which it has no legal or moral right to enforce.

It is not presumable that the National Convention will tranquilly submit to be plundered first and then expunged by resolutions or assumptions of The American Medical Association; but it cannot be denied that the latter Association has a right to publish a Pharmacopœia if it shall determine that is desirable for the interests of the profession to compete with the National Association, and *place two Pharmacopœias in the field.*

I hope the Philadelphia County Medical Society may instruct its delegates to The American Medical Association not to favor Dr. Squibb's proposition, and that it will at an early day appoint a committee to revise the Pharmacopœia and report the result of its work to the National Convention in May, 1880.

You will perceive that, although I have very hastily written, I have said enough to indicate my opinion in the premises.

Very truly yours,

W. S. W. RUSCHENBERGER.

Dr. Benjamin Lee asked Prof. Maisch what Dr. Squibb meant by his epithet of "skeleton" pharmacopœia, and desired to know how it compares with the European Pharmacopœia in its arrangement and fulness.

Prof. Maisch stated that the British Pharmacopœia in its first part gives, under the name of the subject, a brief description of the article, by means of

which it might be recognized; in regard to the second part, it is about the same as our own. The French Codex is like the American in general plan, but is much more voluminous, still the directions are principally for the pharmacist rather than for the physician. The Prussian Pharmacopœia is now superseded by the German, whose directions are remarkably terse. The Belgian leans on the French Codex, but the Russian, the Swiss, the Danish, the Swedish, the Italian, the Greek, all follow the example of the British in giving *brief* descriptions. Exactly what Dr. Squibb means by the epithet it would be difficult to decide, unless he criticises the Pharmacopœia for not being a Dispensatory.

Mr. Alfred B. Taylor stated that universal usage has determined the signification of the word Pharmacopœia, and sanctioned its use to describe a "dictionary of Materia Medica and the *preparation* of remedies." It is not its function to discuss questions of chemistry, botany or the action of drugs.

Dr. Andrew Nebinger regretted the want of interest heretofore displayed by physicians on the subject of the revision of the National Pharmacopœia, and argued at some length that this fact as well as the want of special education for the work would effectually disqualify any purely medical body from assuming entire control of the work. He was in favor of reform, but the change proposed was a *revolution*, and all revolutions were destructive. He stated that The American Medical Association had no authority over the National Convention whatever, nor any jurisdiction in the matter. He offered the following resolutions, which were adopted:

Resolved, That in the opinion of the Philadelphia County Medical Society the propositions of Dr. Squibb to modify the *period* of revision of the United States Pharmacopœia, and other proposed reforms, are deserving of careful consideration by the medical and pharmaceutical professions.

Resolved, That in the judgment of this Society such reforms and modifications of ancient plans can be more safely entrusted to the National Convention of the Pharmacopœia and its Committee of Revision, than to any new organization.

Resolved, That the action of this Society be officially transmitted to Dr. John C. Riley, President of the Pharmacopœial Convention at Washington, to Dr. Bowditch, President of The American Medical Association at Chicago, and to Dr. Squibb, of Brooklyn.

Resolved, That these Resolutions be also published in the *Druggists' Circular*, *Chicago Pharmacy*, *Medical News*, *Philadelphia Medical Times*, *Medical and Surgical Reporter*, *The American Journal of Pharmacy*, *New York Medical Record*, and *New Remedies*, as soon as possible.

Dr. Albert H. Smith presented the following resolutions, which were unanimously adopted:

Resolved, That the Society does not recognize the legal or moral right of The American Medical Association to assume the work of issuing a Pharmacopœia as proposed, nor its fitness for the work, if such right existed.

Resolved, That its delegates to The American Medical Association be instructed to use every proper means, by their votes and influence, to prevent the consummation of the plan proposed by Dr. Squibb.

On motion of Dr. Albert Frieké, the following resolutions were adopted:

Resolved, That a committee of five be appointed by the President of this Society, at his leisure, to suggest such alterations and additions to the U. S. Pharmacopœia as may in their judgment seem desirable, and report to this Society before the meeting of the State Medical Society in 1878.

Resolved, That the delegates to the State Medical Society in 1877 be requested to invite its action in reference to a revision of the Pharmacopœia, and also to report to it the action of this Society on this subject.

Dr. Richard A. Cleeman moved that—

A transcript from the Proceedings of this meeting, which shall include the letter presented by Dr. W. S. W. Ruschenberger in opposition to the scheme of Dr. Squibb for supplanting the U. S. Pharmacopœia, and the substance of the essays of Mr. Alfred B. Taylor entitled the "Pharmacopœia of the United States and the American Medical Association," be printed and distributed among the delegates to the next meeting of The American Medical Association; the expenses of such printing to be borne by this Society.

This was adopted, and 500 copies ordered to be distributed.

On motion adjourned.

FRANK WOODBURY, M. D., *Reporting Secretary.*

ARTICLE FROM "THE MEDICAL NEWS AND LIBRARY"
OF MAY, 1877, P. 72.

THE ASSOCIATION AND THE PHARMACOPŒIA.

At the last meeting of The Association resolutions were introduced by Dr. Squibb, of New York, relating to the publication of a pharmacopœia by that body, and were made the special order for the second day of the ensuing meeting. Coming from such a distinguished source, and referring to questions of the deepest moment to the profession at large, it is important that the project should receive careful and thoughtful consideration from every member of The Association. Each point involved, whether direct or remote, should be maturely weighed, and there are many points which are not apparent at first sight, but which yet may in time be found to be of no little importance.

To properly appreciate the questions raised, it is important to remember that the existing "Pharmacopœia of the United States" is copyrighted, and is published by authority of the "National Convention for Revising the Pharmacopœia," which is composed of delegates from all incorporated State medical societies, incorporated medical colleges, incorporated colleges of physicians and surgeons, and incorporated colleges of pharmacy throughout the United States. It will be observed that The American Medical Association has no representation in this convention.

Dr. Squibb's resolutions for the assumption by The Association of the ownership, control, and management of the United States Pharmacopœia, to be offered at the ensuing meeting, are as follows:

"WHEREAS, The American Medical Association, as being the only organized body which represents the medical profession of the United States of America, may fairly claim the right to control all the general rights and interests of the profession not controlled by statute law; and,

"WHEREAS, 'The Pharmacopœia of the United States of America' is among the most important of such general rights and interests, and has not heretofore been under the direct control of this Association, but has been managed by a representative body similar to this, and for the most part embraced in this body, though representing only a small part of the medical profession; and,

"WHEREAS, This smaller body known as the 'National Convention for Revising the Pharmacopœia,' has given evidence that its plan of organization, though

well adapted to the wants of the profession in the past, is insufficient for the growing necessities of the present and the future materia medica; therefore, be it

"Resolved, First, That The American Medical Association does, now and hereby, assume the ownership of the 'Pharmacopœia of the United States of America,' and, as the superior representative body of the organized medical profession, does, now and hereby, relieve the 'National Convention for Revising the Pharmacopœia' from any further acts of ownership, control or management of the Pharmacopœia.

"Resolved, Second, That the medical societies and colleges, which, in 1870, sent delegates to both this Association and the National Convention, do, through their delegates now present, relieve the officers of the National Convention from the duty of issuing a call for a convention in 1880, as provided for by the last convention; and that any society or college which does not desire to relieve the officers of the convention of 1870 from this duty, and does not desire that these conventions should now cease, be now heard through its delegates in this body; and that a failure to oppose this resolution at this time shall be construed to signify acquiescence in its object.

"Resolved, Third, That the President of this Association notify the President of the National Convention, or his successor, of this action taken by this Association, and request him not to issue a call for a 'General Convention, to be held in Washington, on the first Wednesday in May, 1880,' as provided for by the General Convention of 1870, and ask him to make his decision in the matter known to the President of this Association. But, if the President of the National Convention, or his successor in office, should fail to reply, such failure shall be construed to mean acquiescence in this action.

"Resolved, Fourth, That the 'Pharmacopœia of the United States of America' be hereafter issued only by the authority of this Association; and that it be the only standard for the materia medica recognized by the medical profession of the United States of America."

Dr. Squibb's plan is for The Association to take possession of the Pharmacopœia of the National Convention, and then to reconstruct it according to the views he expressed at the preceding meeting. The first part of this project he proposes to accomplish by the adoption of the above resolutions, of which a recent writer ("*The United States Pharmacopœia and The American Medical Association*") truly says, "any assemblage has the right to pass a resolution like the first of these, assuming possession of anything; but such resolutions on paper lead to derision, and when put into practice to civil or criminal litigation." The impotency of the other resolutions is equally apparent.

Dr. Squibb bases the justifiableness of his project on the ground that the constituency of the Pharmacopœial Convention is, "for the most part, embraced" in that of The Association. Is this so? The Association, as is well known, is composed of delegates from State and county medical societies, whether incorporated or not, whereas the Pharmacopœial Convention is composed of delegates from medical colleges, colleges of pharmacy, incorporated colleges of physicians and surgeons, and *incorporated* State medical societies. The roll of the last Pharmacopœial Convention shows that it was composed of 73 delegates from 32 bodies, of which about four-fifths are not entitled to representation in The American Medical Association; or, to be accurate, of which 25 bodies sending 60 delegates are not entitled to representation in The Association, against 7 societies sending 13 delegates so entitled. As the delegates from *incorporated* State medical societies, of which there are but few, form but a small portion of the whole number of delegates comprising The Association, it requires but a moment's thought to see that these resolutions, although they might be unanimously opposed by the delegations from every society represented in the Phar-

macopœial Convention, yet might be adopted by an overwhelming majority in The Association.

As if to give his project an appearance of fairness, Dr. Squibb's second resolution declares that any society or *college* opposing this project "be now heard through its *delegates in this body*," yet as the colleges and many of the societies are neither entitled nor invited to send delegates, this call upon them is wholly delusive, while at the same time its recognition of their right to be heard is an admission fatal to the whole project. Then, to crown all, we have the clause which is intended to give to the seizure of the Pharmacopœia the semblance of legal acquiescence on the part of its owners; "a failure to oppose this resolution at this time shall be construed to signify acquiescence in its object." We cannot believe that The Association will be guilty of so transparent a subterfuge as this would be, assuming the presence of the absent, and then assuming their consent because they fail to speak.

The voice of The Association, therefore, cannot by any strain of reasoning be held to be that of the Pharmacopœial Convention. But even if the constituency were the same, it would require no labored argument to show that each has been endowed with authority which can only be altered or abrogated by the original power which gave it.

If Dr. Squibb considers it desirable that the Pharmacopœia should pass into the hands of The Association, the proper plan for him to pursue is to advocate such a course in the National Convention for the revision of the Pharmacopœia and there ask for the passage of resolutions looking to the dissolution of the convention and the assignment of its property to The American Medical Association; but for the latter to attempt to seize the Pharmacopœia in the proposed violent manner is neither admissible in law nor justifiable in morals.

As regards Dr. Squibb's ideal pharmacopœia he tells us that it includes a dispensatory, and his plan comprehends, in addition to the services of the Committee of Revision, the permanent employment of "one or two editors and other experts" in its preparation, and the publication of a revised edition every five years and of a fasciculus every year. The expenses, and they must necessarily be very heavy, are to be met by the proceeds of the copyright, the value of which, in consideration of the certainty of competition from the maintenance of the existing Pharmacopœia and of the dispensaries published by private enterprise, is sure to be very seriously impaired. If this plan be carried out, Dr. Bartholow's prophecy (*Clinic*, March 24, 1877), that "the members of The Association must be taxed annually to maintain the expensive luxury proposed by Dr. Squibb," will surely be fulfilled.

This suggests another question of considerable moment, which we do not remember to have seen adverted to. Hitherto, the Pharmacopœia indeed has been copyrighted, but this has been done to protect its scientific interests, and not the pecuniary advantage of those connected with it, who have freely given their service without pay, and whose very moderate expenditures have been readily met by its sale at a low price. It has been free to every one to make such professional use of as seemed fitting, and the profession has thus, through journals, and treatises, and formularies, had the benefit of the labors of the Convention and Committee of Revision without fee and without price. Pharmacology and therapeutics have profited by this, and the progress of these sciences has been encouraged and facilitated. To prohibit the freest use of the Pharmacopœia would seem to be unprofessional and illiberal.

All this must of necessity be changed if Dr. Squibb's plan be adopted of a permanent board with experts permanently engaged, the heavy expense of whose labors is to be defrayed by the sale of an enlarged pharmacopœia partaking of the nature of a dispensatory. To accomplish this while endeavoring to avoid the humiliation of soliciting subscriptions or of exacting a tax from members of The Association to meet the outlay, this new Pharmacopœia must be copyrighted in fact as well as in name, and its copyright would probably come to be defended against all intruders whose use of its materials might tend to diminish the profitableness of the speculation. We need hardly call attention to the repressive influence which an authorized monopoly such as this would exercise upon the progress of therapeutic science in this country, or to the degrading position in which it would place the representatives of a liberal profession, whose functions of promoting science and relieving the sufferings of humanity would be diversified by the awkward task of ejecting all intruders from the sacred field entrusted to their guardianship.

No one can doubt that the motives of Dr. Squibb are wholly disinterested, and that he does not in any way contemplate such a result as this from his favorite project. But if The Association enters into business it must infallibly come under the operation of business principles, and these in time could hardly help bringing about the condition which we have described, when the pharmacopœial commission would feel that its duties lay as much in protecting its monopoly as in testing a new drug or a new pharmaceutical process.

In favor of the existing plan of revision it may be said that the basis of organization of the National Convention for the revision of the Pharmacopœia is *thoroughly representative and national* in character. Moreover, this body is composed of experts especially selected on account of their peculiar qualifications for the work by those bodies which are themselves most likely to be abreast of the science of the day (and most of which are *not* represented in The American Medical Association), thus affording the best talent to be found in the country for the task.

The next session of the Pharmacopœial Convention we are told will certainly be called, and from the action of some of the bodies represented in it, and the sentiments which we are informed exists in others, we have no reason to doubt, that it will meet and continue the work of revision as heretofore, regardless of any action The Association may take on the resolutions of Dr. Squibb. Should, therefore, such counsels prevail as to lead The Association to form another and rival pharmacopœia, it could only be considered as a great misfortune. The existence of a double standard, each claiming to be authoritative, would certainly lead to unutterable confusion, with the worse probability of mistakes, sometimes fatal, constantly arising from differences in strength of "official" preparations made according to the formula prescribed in one or the other work, just as was continually happening in Great Britain during the existence of the London, Edinburgh, and Dublin Pharmacopœias.

A careful examination of the arguments advanced in favor of Dr. Squibb's ideal pharmacopœia leads to the conviction that whatever its advantages may be they can be certainly equally well, and probably much better, secured under the existing machinery for the revision of the Pharmacopœia, and that there is, therefore, no valid reason, even if the proposed way were justifiable, why such important interests as are involved should be jeopardized by the Pharmacopœia being transferred to new machinery and untried hands.

If it is the judgment of The Association that the Pharmacopœial Convention has not a constituency wide enough, and that it does not fully represent the profession of the country, and if both The American Medical and The American Pharmaceutical Association would desire representation in the next meeting of the Convention, there is probably little doubt that on signifying this desire steps would be taken by the executive officers of the Convention to secure the co-operation of those bodies in the revision.

PAMPHLET OF THE NATIONAL COLLEGE OF PHARMACY.

RESOLUTIONS.

From the minutes of the proceedings of the National College of Pharmacy, at its special meeting, May 28, 1877:

Be it resolved, That the National College of Pharmacy of Washington, D. C., hereby adopt the Special Report of the Committee on the U. S. Pharmacopœia relative to the proposed plan of Dr. E. R. Squibb for the future revision and control of the Pharmacopœia; and,

Resolved, That this college earnestly protests against any proposition to transfer the ownership and management of the National Pharmacopœia from the National Convention for revising the Pharmacopœia to any other body; and,

Resolved, That the Special Report referred to, together with these resolutions, be printed and freely distributed among those interested in the preservation of the authority of the Pharmacopœia of the United States.

JOHN A. MILBURN,
President.

Correct:
OSCAR OLDBERG, Phar. D.,
Secretary pro tem.

WASHINGTON, D. C., May, 1877.

To the President and Members of the National College of Pharmacy—

GENTLEMEN: Your Committee on the United States Pharmacopœia, to whom was referred at our Annual Meeting in April the question of the plan proposed by Doctor E. R. Squibb for the future management of the pharmacopœial interests of the country, with instructions to report to a special meeting of the College, beg leave to submit the following review and suggestions:

There are two principal objections to Doctor Squibb's plan: One is that The American Medical Association is not the proper custodian of the Pharmacopœia; and the other, that the number of persons (councillors) to whom it is proposed to give absolute control over the work is too small.

The ownership and control of the Pharmacopœia should remain with the National Convention for Revising the Pharmacopœia, and your committee earnestly protest against any attempt to transfer the custody of our national standard to any other body.

It would be quite unwise to entrust the ownership and management of the Pharmacopœia to any body of men other than a convention of delegates from the *incorporated* colleges and associations of medicine and pharmacy, and those only. It would for obvious reasons be fatal to the National Convention for Revising the Pharmacopœia to admit delegates from associations, societies, or

colleges not regularly incorporated. A convention so constituted, besides being unauthorized and without weight, would naturally tend to increase to an unmanageable crowd.

The statement put forth by Dr. Squibb that The American Medical Association is "very nearly a duplicate of the Pharmacopœial Convention" would be true if the former did not admit delegates from *unincorporated* bodies and exclude medical and pharmaceutical colleges, or if the latter did not consist exclusively of delegates from *incorporated* bodies embracing the colleges just referred to. It is probable that many of the members of The American Medical Association have been accredited as delegates to the National Convention for Revising the Pharmacopœia; but The American Medical Association has nevertheless no representation as such in the Convention, and, *per contra*, Dr. H. C. Wood points out that of the thirty-one bodies represented in the Pharmacopœial Convention of 1870, only six or seven are entitled to representation in The Association. The incorporated or authorized medical and pharmaceutical bodies now entitled to send delegates to the Pharmacopœial Convention will not voluntarily surrender their prerogatives and obligations to an association whose membership is made up as that of The American Medical Association is, unless, indeed, it should be clearly shown that this body cannot satisfactorily carry out the express object for which it was created, and that, on the other hand, The Association will not fail to accomplish that object with greater success. The Convention is entitled to the belief that it will as certainly as The Association be able to select the ablest and most suitable men to perform the work. It has been notably successful in this respect in the past, and though some of the most eminent men who were called by the Convention again and again to take part in the labor have passed from the field, we fail to see why The American Medical Association should be appealed to for a new selection, as if the Convention had exhausted its resources while The Association has at its disposal a reserve which the Convention cannot draw from. If The Association were a duplicate of the Convention, as we have seen that it is not, it would indicate that, with respect to the Pharmacopœia, any active participation by it as such is, at least, superfluous. The National Convention is, as nearly as may be, a body of experts in materia medica, botany, chemistry, and pharmacy, which The American Medical Association surely does not claim to be.

Further, your Committee desire to call your attention to the fact that should the plan proposed by Doctor Squibb be adopted, the pharmaceutical profession will have no voice in shaping the future character of that work which is to them above all others *the* authoritative guide. In the Pharmacopœial Convention as at present constituted the incorporated pharmaceutical colleges enjoy equal representation with the medical colleges and associations, and it seems hardly credible that they should be expected now to abandon their right to representation, and hereafter to participate by courtesy merely, in the face of the fact that in the past a very large share of the real labor in its revision has been done by pharmacists. The latter necessarily discover and develop the greater part of the improvements made from time to time in pharmacopœial processes, and do a large share of the work in the field of pharmacognosy. One of the unmistakable proofs of a high order of civilization is the proper division of labor, which alone renders the greater perfection of details possible. We cannot believe that Doctor Squibb would advise that pharmacy as a distinct profession be abolished, and that its functions be remanded back to, and consolidated with

those of the medical profession. If the separation of pharmacy from medicine was a step forward, the substitution of The American Medical Association in the place of the National Convention for Revising the Pharmacopœia is, by Doctor Squibb's own reasoning, a corresponding step backward, even if the members of The Association were pharmacists as well as physicians, which we believe is not the case to any great extent. It is true Doctor Squibb proposes that two pharmacists, as specialists, shall be invited by The Medical Association to do for the latter that part of the work which can best be performed by professional pharmacists only, but we believe that the best interests of society, and of the medical and pharmaceutical professions particularly, clearly indicate that the pharmacists, whose special practical and theoretical training render them best fitted to perform at least one-half of the work involved in the revision of the National Pharmacopœia, should have at least an equal voice in its control, instead of none at all.

Your Committee, therefore, take it for granted that the proposition made by Doctor Squibb, that The American Medical Association take possession of the Pharmacopœia and relieve the National Convention of further ownership and control of the same will be rejected.

Doctor Squibb's "Pharmacopœial Council," if his plan be adopted, is to consist of five members. In commenting upon the constitution of the Council, the Doctor says: "Various numbers, from *three* to *eight* have been thought of, and on an hypothesis of each number, a scheme or theory for the work has been discussed, and the proposition in its present form is the neat result arrived at." We infer from this that Doctor Squibb was so convinced in his own mind that the number of members constituting the Committee of Revision and Publication of 1870 was too large, that no thought was given to that number as possibly suitable. Although your Committee are of the opinion that a smaller number than fifteen would be sufficient, they regret that Doctor Squibb, who apparently has studied the whole question very carefully, should have dismissed this important part of it without any reference to the existing system, other than the remark that in the last committee of Final Revision, which consisted of fifteen members, a majority of the members failed to attend the meetings, while about five members did the whole work.

Your Committee earnestly suggest that a reduction at once from fifteen to five is too sweeping. It is not probable that sufficient care and precaution can be exercised in the appointment of any committee, to render it safe to rely upon that each and every member of it will perform effective duty. We, therefore, believe that the number of members constituting the Pharmacopœial Revision Committee should be sufficient to make it reasonably certain that the work committed to it will be accomplished; and while we would readily assent to a reduction of the present number, we submit that a deduction of two-thirds is not safe. Nine would, in the opinion of your Committee, be a small enough number for effective work, and probably large enough for the proper performance of the "deliberative and judicial duties" required of the Committee of Revision, (or Pharmacopœial Council, if you please.) These duties, in connection with the National Pharmacopœia, appear to us to be of too great weight to be entrusted to five men, howsoever these may be selected, in view of the recognized danger that after all only a majority may attend the meetings. Should the members of the Committee be nine, it is reasonable to expect that such a selection may be made that at least five will be present at the meetings to

sit in judgment upon the important questions involved. By fixing the number of members to be nine, moreover, an opportunity will be afforded for a proper proportional representation, so far as practicable, of the chief branches of knowledge called into requisition in this kind of work, viz. : materia medica, botany, chemistry, and pharmacy, and upon this important ground chiefly your Committee base their selection of that number.

The proviso in Dr. Squibb's plan, whereby a majority of the members are virtually given the power to expel the minority, seems to us not only unnecessary, but decidedly objectionable.

It is argued that "the income from their work, if it be well done, will, within a moderate time, pay a few men for the time and labor they give, but would not pay a large number of men." This argument, however, is secondary, only, in importance, and, moreover, if the Medical Departments of the Government are invited and requested, as proposed, to participate in this labor, the officers selected to represent these departments cannot legally receive any compensation other than their official salaries. Your Committee share Dr. Squibb's views in reference to the great advantages which would certainly result from the co-operation of the Medical Departments of the Government as suggested, and believe it to be the duty of the Government to contribute their share of the responsibility, labor, and support. (See Doctor Squibb's pamphlet, pp. 50 to 52) The Army, and Navy, and the [Mercantile] Marine Hospital Service should, therefore, be alike invited; similar facilities being possessed by them all.

In order that all danger of rival pharmacopœias may be obviated, it appears to your Committee to be of very great importance that Governmental authority be imparted to the Pharmacopœia published by The National Convention, so far as this is practicable or consistent with the end in view, for which purpose it might well be recommended to the Convention to ask the Congress of the United States to pass a joint resolution requiring the Surgeon-General of the Army, the Surgeon-General of the Navy, and the Supervising Surgeon-General of the Marine Hospital Service, each to detail an officer to attend and take part in the proceedings of the convention and co-operate in the revision of the Pharmacopœia with the committee appointed by the Convention. The organization of the Committee of Revision and Publication (or of the Pharmacopœial Council, if that title be preferable) should be determined solely with a view to the highest attainable capacity for thorough deliberation and effective labor, and nothing should be left undone that tends to insure this result. It is safe to say that should the Medical Departments of the Government be required to participate as here indicated, the aid rendered by them will be of the most efficient character.

It appears to your Committee that the National Convention for Revising the Pharmacopœia as now constituted is as truly what its name implies—National—as it is possible to make it, and a committee of which two-thirds are selected by that Convention, and the remaining third by the Government, would, it is conceived, carry national authority with it, such as could not be otherwise attained.

The suggestion that an act of incorporation be obtained for the Committee (or Council) might be of real practical value, and the Convention might see fit to so order.

The recommendation that an annual supplement be published by the Pharmacopœia Revisors, we predict will meet with universal favor, the great advantage

of keeping pace with the real and substantial progress in medical and pharmaceutical knowledge being self-evident; but if this recommendation be adopted, we are not prepared to support the proposition that the Pharmacopœia be revised once in *five* instead of *ten* years, believing that such frequent changes of the national standard cannot then be either required or justified.

The idea, on the other hand, of producing a Pharmacopœia which shall require no commentary or dispensatory, does not appear to us to be practicable, though we would hail with great satisfaction such brief descriptions of the materia medica as will lead to "a clear and complete separation and identification of that grade or quality of each substance, which, only, is to be used in medicine." To define the essential characteristics of a simple drug so as to remove all doubt as to what the Pharmacopœia requires, and thus indicate, by exclusion, what it does not sanction, would in the estimation of your Committee be at least useful and safe, and of equal utility with the tests provided in that work for chemicals, and such analytical descriptions should be analogous in character to the tests referred to.

Your Committee, in conclusion, beg to say that a thorough understanding of the whole question would require a careful perusal of the pamphlets by Doctors Squibb and Wood, in addition to what is herein submitted, and it is hoped that each member of the College who has examined into them, will express his views as to whether any action is required on the part of this College as one of the bodies entitled to representation in the National Convention for Revising the Pharmacopœia, and directly interested in the question at issue.

Respectfully,

W. S. THOMPSON, *Chairman.*

OSCAR OLDBERG, *Phar. D.*

Prof. Mat. Med. and Bot., in the Nat. Col. of Phar.

A. M. READ, *Phar. D.,*

Prof. of Theory and Practice in the Nat. Col. of Phar.

REJOINDER

TO THE FOREGOING PAMPHLETS,

BY E. R. SQUIBB.

TO THE AMERICAN MEDICAL ASSOCIATION:

The presentation of the subject of the interests of The Association in the United States Pharmacopœia of the future, which at the annual meeting of last year was ordered to be made at this hour, was prepared, printed and circulated in pamphlet form, as a proposed new plan for the future management of the Pharmacopœia, so that it has now been in the hands of the delegates and members for some months, and has doubtless been carefully considered. This pamphlet need not be read now, but is presented herewith, to go on record as the presentation of the subject which was ordered to be made.

One of the objects in printing and circulating this proposed new plan so long in advance of this meeting was to invite a thorough discussion of the subject and bring out the objections to it, so that they as well as the plan might be presented at this time, and thus economize the time of The Association. The discussion elicited has been warm and thorough as was expected, and it is now necessary to review the prominent objections which have been offered against the plan.

The first criticism which reached the writer was from the Supervising Surgeon-General of The Marine Hospital Service. This officer thinks the council should be larger in order to represent more professional interests, and that the medical service which he supervises is entitled to a representative in such a council. From his position these points are both admitted to be justly taken. But experience in the past has shown that the quorum which constituted the real working body was always small, and bore relation to the place of meeting rather than to the numerical strength of the Committees. The first Committee of 1830 consisted of seventeen members,—a chairman, and two representatives from each of eight large cities. This Committee was directed to meet in Philadelphia, and three members to form a quorum. Dr. T. T. Hewson, the seventeenth member of the Committee and its chairman, as well as Drs. Wood and Bache, lived in Philadelphia, and these three members formed the quorum, and substantially did the work of that revision.

In 1840 the Committee of Revision consisted of seven members, three

of whom formed a quorum. This Committee was also ordered to meet in Philadelphia, and Drs. Wood, Bache and Dunglison substantially did the work of that revision.

In 1850 the Committee consisted of nine members, three of whom formed a quorum,—and Dr. Wood, the President of the Convention, was added to this Committee, making it ten. The Committee was again ordered to meet in Philadelphia, and the four Philadelphia members, Drs. Wood, Bache and Carson, and Prof. Procter, did the work of this revision.

In 1860 the Committee consisted of nine members, again with a quorum of three,—was again ordered to meet in Philadelphia, and Drs. Wood, Bache and Carson, and Messrs. Procter and Taylor did the work of this revision. The writer served upon this Committee and attended many of the meetings, and was the first member who lived at a distance that had ever attended many meetings of any of the revisions.

In 1870 the Committee consisted of fifteen members, three of whom formed a quorum. It was again ordered to meet in Philadelphia, but this time missed a valuable member, Dr. Bache having died in 1865. Drs. Wood, Carson and Ruschenberger, and Messrs. Taylor and Maisch, who were the Philadelphia members, did the work of this revision.

Thus, in the past, while the Committees have varied in number from seven to seventeen, the quorum has always been three, and the small number, and not the Committee, has always done the work, the Committee being merely nominal. Again, the plan now proposed insists upon accepting no unpaid service, as an essential element in its chances of success. And there seems no probable future for the work which would pay a larger number than five members.

Therefore, though the medical service of the Treasury Department may be justly entitled to a place in any such council if the council proposed to represent the interests best entitled to the places. Yet as it cannot in any true sense be large enough to embrace all the interests entitled to be represented, it is hoped that the Supervising Surgeon-General would waive the claim of his Department.

The next criticisms upon the proposed new plan which reached the writer, were in a pamphlet, entitled "The United States Pharmacopœia and The American Medical Association," dated from the University of Pennsylvania, February 20th, 1877, and written by Prof. H. C. Wood, of the University. The source from whence this pamphlet comes, as well as the authorship of it, entitle it to a very careful consideration, and give it great weight. A copy of it is

presented herewith to be reprinted, in advance of these remarks, as a necessary part of the history of this movement; and the principal objections raised in the pamphlet will now be noticed.

The historical sketch with which the pamphlet begins, is not in accordance with the history given in the Introductions and Prefaces of the early revisions of the Pharmacopœia; but as it is the future of the Pharmacopœia, rather than its history, that is now under consideration, this is not important. But the object for which the sketch is introduced is to justify the statement which concludes the sketch, namely, that "from that time until now, the machinery set in motion by our forefathers has continued to run without jar, and the results have been accepted without challenge," until now a movement for change is presented "by but one person." To deny the correctness of this statement would not prove it to be incorrect, while to attempt to prove it incorrect would involve a review of the later revisions of the Pharmacopœia from the current medical literature of the past fifteen years. And even after such a review to show the mistakes and shortcomings from published observations made upon its practical application to use, it could easily be said that these were hypercriticisms founded on ignorance. To refer to a "Report on the New or Fifth Decennial Revision of The United States Pharmacopœia," made to The New York State Medical Society, published in 1873, by the writer, would not be conclusive, since that Report was made "but by one person." Whether the criticisms in this report were just or not, many of them have been repeated, and are always open to proof or disproof by trial to any who choose to try them, as matters of fact and not of judgment;—and they have never been controverted. Finally, if this movement for change has been "urged by but one person," it does not necessarily follow that none other has any fault in the present Pharmacopœia, or that the movement is unwise or untimely; and as the movement for change preceded the objections to it, it devolves upon the objector to prove the change unwise by something more than simple assertion, and the *argumentum ad hominem*.

These points appear to be brought up merely as a preface to the pamphlet and an introduction to the discussion, but in effect they really prejudice the whole case by a constructed hypothesis of practical perfection in all past pharmacopœial work, with the voice of but one person to call in question this perfection, and that single voice dangerous only from some influence apart from the arguments used, by which The Association may be captured and carried away to its injury. This introduction to the pamphlet urges upon The

Association great caution in following the suggestions of the pamphlet which it is written to oppose, and calls for an earnest and thorough examination of the whole subject by every member of The Association, before any definite action be taken. This is urged quite as earnestly in the first pamphlet as in this, and cannot be urged too often or too strongly.

The pamphlet then proceeds to discuss, first the competency of the present system, and the objections which have been urged to it; secondly, the nature of the proposed substitute, its advantages and objections;—and finally, the proposed method of change, and the probability of there being two Pharmacopœias if such method be carried out.

In considering the matter of competency of the present system, two questions are asked. First, “Is the method of revision now employed local or sectional in its character, or is the whole country, as far as possible, represented?” Second, “What has been the result of the plan now in vogue?” In answering the first question it is first shown how The National Convention is made up, and it is then asserted that this body meeting every ten years is “more thoroughly representative of the whole profession than is The American Medical Association itself;” because The Convention embraces medical colleges, as The American Medical Association does not. To avoid giving undue weight to this statement, it must be remembered that although medical colleges as such are not represented in The Association, yet they are represented as colleges in their county and State societies, and through these are in The Association, while the medical men who constitute the faculties of these colleges are generally present through their county and State societies, and many of them are, and have always been prominent leaders in The Association.

Again, The Conventions only invite and admit delegates from *incorporated* bodies, while The American Medical Association consists of delegates and members from all *permanently organized* State and county medical societies. If it be true that but a few of the State and county medical societies are incorporated, then the large number which are not incorporated, and therefore not admitted to The Conventions, but which are constituents of The American Medical Association, make this Association the mere representative body. The first Convention admitted delegates from voluntary organizations, from localities where incorporated bodies did not exist. But in 1830, when The Convention fell into the present hands, a very large proportion of the profession was shut out by the invitation being given only to incorporated bodies.

The reasons why the decennial Conventions have been, and must always be, small, are stated to be that it is useless to send delegates who are not experts, and that there are comparatively few experts in the United States fitted to discuss questions connected with the Pharmacopœia; and if there be few experts The Conventions must be small.

If medical men generally be not fitted to discuss questions connected with the Pharmacopœia, how can they be competent to understand and use the Pharmacopœia? And if they do not understand pharmacopœial matters, nor know how to use the materia medica as therein discussed, what is the use of a pharmacopœia, or what matter how few or how many standards there may be? The fundamental idea of a pharmacopœia is, and must always be, that it is the concrete knowledge and need of medical men in general, and therefore, that its general scope and general principles must be generally known and recognized and be always under the general control. If there be but a few experts in this country who are fitted by especial culture to discuss the broad general principles of materia medica involved in the construction of a pharmacopœia, it is very difficult to understand the logic of the assertion that America leads the world in materia medica, which assertion occurs upon the next page of the pamphlet to that on which the fewness of experts is insisted upon.

The Convention does not itself revise the Pharmacopœia, but only settles the broad general principles which are to govern the revision, and then delegates its authority to a Committee of Revision to carry out these general principles in the work of detail. It is this Committee, and not The Convention, that needs to consist of experts, or to know how and when to employ them.

To show that this Committee is not local or sectional in its character, the pamphlet shows that it is composed of fifteen members from all parts of the country; but it does not show that the meetings were held weekly in Philadelphia for perhaps nearly a year and a half, and that not more than two or three members of the Committee who lived outside of Philadelphia ever attended one of these meetings, and that these two or three outside members perhaps attended not more than one or two meetings each. Nor does the pamphlet mention that this has been the way in which the Committee work was always done. Scattered Committeemen varying in number from seven to seventeen, but with a uniform quorum of three, and always meeting in Philadelphia. And the work has always partaken more or less of the sectional character of the working part of the Com-

mittee. But this sectional character thus given to the work was no disservice to it until the Committee,—or rather the working part of it,—gradually came to disregard other sections of the country, and finally deliberately refused to carry out the instructions of The Convention. Then, in this insubordination, appeared for the first time the grave disadvantages of the system, for The Convention which was thus disobeyed was past and gone, the harm was done, and the new Convention with its new Committee was more than six years off when the disloyalty of the Committee to its Convention became known by the publication of its work. If the matter was under the control of The American Medical Association, which meets annually, no such condition as the present one could occur, for The Association could call its council to account, and change it every year instead of every ten years, if such should be necessary to prevent insubordination.

Next, the pamphlet attempts to show that the Committee action is not local or sectional because its function was chiefly that of final judgment upon “six elaborate reports” which were received from New York, Philadelphia, Baltimore, Chicago and St. Louis. But the pamphlet fails to show the fact that the Philadelphia reports were in the main adopted, and that comparatively few of the suggestions from other localities appear in the work of the Committee. “The permanent possession of power” in such a case, may, as the pamphlet asserts, be “the highest proof of excellency,” and it may be “a modern recognition of the old test for the Jewish prophet, that the people should bow before him,” and yet this permanent possession of power by a few men in Philadelphia, maintained by managing The Conventions as long as they could, and when they could no longer manage them by disobeying and disregarding them with no possibility of being called to account, may not be the best thing for the profession at large.

The writer of the pamphlet can find nothing tangible in the objection to the present Pharmacopœia, more than in the plan by which it was revised, but simply admits that it is not perfect because no human work ever was or ever will be perfect. Those who are so far satisfied with this line of argument as to admit its force against efforts at improvement, must be so few that it may be disregarded.

In regard to the relations existing between the Pharmacopœia and the U. S. Dispensatory, the books show that the copyright of the Pharmacopœia since 1830 has always been held by one or the other of the authors of the Dispensatory, as Chairman of the Committee of Revision, up to the last revision, when one of the authors being

dead and the other not at The Convention, a new chairman was appointed, and the copyright was then for the first time detached from the Dispensatory. This fact enables the author of the pamphlet to say that the copyright of the Pharmacopœia is not held by either the authors or the publishers of the Dispensatory, but he fails to say that from 1830 up to 1870 it always was so held.

The pamphlet says "the Pharmacopœia is printed and distributed by agreement through J. B. Lippincott & Co., and probably any separate issue of it without authority would be resisted by the Committee of Revision." What this "by agreement" means is not known, but the fact that the Committee by vote refused to offer the copyright for sale to any other publishers than the publishers of the Dispensatory is known. The reason why the Pharmacopœia should be published by agreement rather than by the sale of the copyright can only be inferred.

Up to the revision of 1870, the text of the Pharmacopœia was literally embraced in the Dispensatory, and its copyright held by one or the other of the authors of the Dispensatory; and, no matter whether this close relationship existed by agreement or by sale of copyright, it existed as a matter of fact, whether the suspicion of it as a ground for "a valuable monopoly" be "monstrous," as asserted by the writer of the pamphlet, or not.

That the Pharmacopœia is written for comment may be quite true as asserted, for one of the objections to it is that it is comparatively of little use to the profession without a commentary. But if the copyright has any value as property,—and it could not be copyrighted if it had not,—no unauthorized person could legally invade that right of property by publishing it entire for his own advantage in writing a commentary upon it, without incurring the penalty for invading the rights of property. The right of quotation and comment on parts of a copyrighted book is very different from a transfer of the whole text into another book whereby that book is benefited while the one so transferred is injured and overshadowed. This position taken by the author of the proposed new plan, and now more fully explained, is emphatically contradicted in Dr. Wood's pamphlet, and in editorials of the "Philadelphia Medical Times." But whether one or the other be correct does not materially influence the main issue under discussion.

In Dr. Wood's pamphlet the following paragraph occurs: "The statement that the copyright was given arbitrarily to one publisher is either puerile or a personal reflection upon the Committee of 1860, to which the allusion especially refers, and to a less extent upon

other Committees. The Committee of 1860 was composed of Drs. Geo. B. Wood, Franklin Bache, Edward R. Squibb, Henry T. Cummings, Joseph Carson, and Messrs. Chas. T. Carney, Wm. Procter, Jr., Wm. S. Thompson and Alfred B. Taylor. The statement alluded to can mean only one of two things, either that the majority of these men, who decided against Dr. Squibb, did not agree with him as to who were the best publishers for the interests of the profession, or else that for personal advantage, or other equally improper motives, they betrayed their trust, and used their position to place the book where they knew it would not do the most good for the cause." It is difficult to reply to this and other paragraphs of this pamphlet without adopting the same tone of dogmatic assertion and personal imputation, and therefore the writer must be simply permitted to say that he knows the facts are as set forth in his pamphlet, and that the records of the Committee will prove them. Dr. Henry T. Cummings, of Maine, Mr. Charles T. Carney, of Boston, and Mr. Wm. S. Thompson, of Baltimore, did not attend the meetings of this Committee, and this writer was the only member outside of Philadelphia who did attend them, and on this question of offering the copyright for competitive sale, as well as on many other questions, the majority vote consisted of all,—or all but one,—of the Philadelphia members. And that substantially no money was obtained or expended for any service, expert or otherwise, so far as this writer, as a member of the Committee, could find out. Nor could he as a member of the Committee find out what the book cost which was sold at 60 cents wholesale, and one dollar retail. In regard to the Committee of 1870 this writer knows nothing, and therefore does not attempt to translate the expression, "considerable sum of money," that was paid by the publishers for the employment of expert labor. He only knows "by their fruits" that some of the experts could not have been costly.

The pamphlet states that in the proposed new plan "the council is to serve without pay." This is a mistake or misapprehension, but made on good grounds, for on p. 9 of the first pamphlet, the proposition occurs that "there should be no salaries paid to the council, but actual traveling expenses should be paid." This should have read, "At first there should," etc., but the two words were dropped or lost. But the whole basis of the plan is that of paid labor only, for council as well as experts, as is abundantly shown throughout the whole design, and notably on pages 15, 17, 25, 42 and 47.

Next, the pamphlet states that the new proposition "involves not so much the alteration of the plan of revision as the abolition of the

United States Pharmacopœia, and the creation of a National Dispensatory." Then follow quotations and arguments to support this assumed view of the new plan. And then arguments to show its impracticability. This is an example of constructing a flimsy position, putting your adversary upon it, and then destroying them all together. There is not a word in the new plan about abolishing the Pharmacopœia, or of converting it into what would be a Dispensatory under the title of a pharmacopœia, nor any description that will logically justify this assumption. The proposition is simply to improve the Pharmacopœia in the same direction that the British and the new German Pharmacopœias have been improved,—but improved farther than either if possible,—so that it could, like them, or better than they, do without a Dispensatory or commentary of any kind. There was and is no intention to interfere with dispensaries, but simply to have a pharmacopœia which would be more useful without a dispensatory.

The pamphlet next quotes the Preamble and Resolutions by which the new plan proposes to take possession of the Pharmacopœia, and then goes on to say that this on paper "leads to derision" but if attempted in actual practice, to civil or criminal litigation. This seems to be a little threatening in tone, and somewhat upon the previous line of argument based upon "the permanent possession of power" by a few men as "the highest proof of excellency," and perhaps The Association should bow down before it. There has never been any proposition made to invade either the trust or the property of The Convention or its Committee in the copyright of the *present* revision, and the resolutions give no indication of such proposition. Both the trust and the copyright are for the *present* revision, and The Association would under no circumstances want either. There is no other revision, nor any other Committee, nor can there be until a new Convention is called to make them; and it is this new prospective Convention, not yet called, and which cannot be called until 1879, and which, when called, must be from the general profession as represented in this Association,—and not the old Convention of 1870, nor its Committee, nor its Pharmacopœia that the resolution aims at or has anything to do with. It simply aims at assuming work which is not yet begun, that has hitherto been done by these decennial Conventions; and at doing whatever is most just and generous in relieving the Conventions of the future from the work and responsibility and from a title to which they may have a moral, but no legal right of ownership, as far as a thing can be owned which is not property,—by a Convention not yet in exist-

ence. The resolution, therefore, does not touch the present Committee of Revision in any way, nor anything else that is now in existence; and it is unfair to construe it so as to lead either to derision or legal litigation, and then speak of it as a "dishonorable means" to be used. This seems like constructing an argument in order to knock it down with offensive epithets. A competent legal opinion has been taken upon these points and is submitted to be printed herewith, showing that the basis of this threatened "civil or criminal litigation" is imaginary.¹

These Conventions are not of the nature of a Society with constitution and by-laws, and regular times of meeting, and always in existence. But each is a separate organization of only two or three days' duration, with changing rules, changing plan, and even changing its title. Though calling its delegates from incorporated bodies, itself is not incorporated, and has no legal status nor rights, not even the right to hold property legally, much less to litigate. And although the writer of the pamphlet speaks of courts of law, it cannot go into the courts at all. It is merely a series of detached Conventions, not adjourning from one decennial period to the other, but simply each providing for its successor to be formed anew at a stated time for a stated purpose in a prescribed way. And the entire organization is based upon the need for it, to the general medical profession,—and not to the Conventions themselves,—and upon the delegates being supplied to carry it on, by the general medical profession. Now if the general medical profession should choose, through a more general organization which is permanent and continuous, to have no more of these Conventions, how can they be stopped? Must a new Convention be convened in order to break the series? Or can it be ended as it was begun, by a general movement in the organized medical profession?

Before completing the plan now submitted, and before drawing up the resolutions, the writer went to see Dr. Joseph Carson, the President of the last Convention,—whose duty it would be to call the next one,—in order to get his views as to how he would desire to be relieved of the duty imposed on him, and what plan would best satisfy his sense of duty in the matter, and the resolutions were drawn up upon a basis obtained in that conversation with him. But unfortunately while the plan and its resolutions were in the hands of the printer, Dr. Carson died. As both Vice-Presidents of the Convention are dead, the duty of calling the next Convention devolves upon the Secretary of the last one, Prof. John C. Riley, of

1. See page 155.

Washington, and if Dr. Wood in his pamphlet speaks for him, or speaks his mind in the matter, "no power on earth can free him from his plain duty."

The second resolution was drawn up under the circumstances above narrated, and in forgetfulness of the fact that since 1874 Medical Colleges are not *directly* represented in The American Medical Association, but only through their county or State Societies. Reference was had only to the time of the last Convention in 1870 when Colleges were represented in both bodies as stated. This is the resolution which aims at relieving the superior officer of the last Convention from the duty of calling a new Convention in 1880, and it aims to relieve him of the duty by the same power and authority which imposed the duty, and not by "dishonorable means," as stated.

It is hardly to be supposed that if every one of the organizations whose delegates were present at the Convention of 1870, should, by vote, decide to relieve this officer from the duty in question, that he would refuse to be relieved; and it is reasonable to suppose that if a majority of the organizations should so vote to relieve him, he would decide to accept the decision, and not issue the call. This latter is the position taken in the resolution, as it is believed that this would have fully satisfied the President, Dr. Carson. But whether it would satisfy Dr. Riley cannot be known. The position taken by Dr. Wood in his pamphlet is that "no power on earth can free him from his plain duty" to call the Convention, and that therefore, it certainly will be called, and that when called it will make a Committee of Revision, and that Committee will make a pharmacopœia, will publish it as the United States Pharmacopœia, and will defend its right to that title through the courts if necessary, irrespective of any action on the part of The American Medical Association. If this position be taken after such consultation with Dr. Riley as this writer had with Dr. Carson, and if it be the position of the University of Pennsylvania, from whence this pamphlet is issued, then it must be accepted. And, when the call is issued, the University of Pennsylvania, as an "incorporated college," will respond to the call, even if few other organizations should. Then as the Convention makes its own rules, and is its own law as to the number of delegates necessary to form a quorum for business, the program could be carried out as above mentioned, and the University of Pennsylvania, as an incorporated body, could then hold the copyright and defend the title in the courts of law.

But if the position should not be so serious a one as this,—if it

should be, instead, the expression of an individual judgment which might not be sustained by the collective body, then a modification of this second resolution might be made to adapt it to the changed conditions caused by the death of Dr. Carson,—by the authoritative position his successor in the University of Pennsylvania takes in this pamphlet,—and by the blunder pointed out in the pamphlet in regard to the direct representation of Colleges in The American Medical Association since 1874.

Although it is literally true that medical colleges since 1874 have not been represented in The Association, as stated in the pamphlet, yet this must mean that they are simply not *directly* represented. For, as a part of the general medical profession, and generally, if not always, represented in their corporate capacities by delegates in their district, county and state societies, which in their turn constitute this Association,—it cannot be truly said of them that they have no representation in this only general organization of the whole profession; nor can it be truly inferred that they cannot reach this Association nor The Association reach them in a general professional matter of this kind, so long as they remain in professional fellowship and membership in the county and state societies which now constitute this Association, and give to it its only standing and authority. Indeed this Association is, and can only be, the servant of,—and the aggregate, concrete expression of, its constituency, for the general purposes and the general good of that constituency; and the colleges, as a prominent part of the general profession, are, or should be, enrolled as a part of the organizations of this constituency, whence alone The Association derives its organization and strength.

Again, in this part of the pamphlet, for the third or fourth time, the pamphlet presents,—in a tone quite as authoritative as could be that of The Convention of 1880,—for which Convention, though not yet in existence, the pamphlet speaks,—the issue of two rival Pharmacopœias if this Association should undertake to make one. There can be no doubt whatever of the great disadvantage of having two standards in the materia medica, particularly if they should differ much in the character and strength of things bearing the same name; and anything short of a bad pharmacopœia would be better than two. But it is not long since Great Britain had three,—four, if we count the East India formulary as one,—and that nation has now the three rather inharmoniously blended. Beside, if the position taken by this pamphlet be sustained and carried out, there must ultimately be two or more, no matter how great the disadvantages; for the doctrine of the pamphlet and of the present Pharmacopœia, that it

must, in its ultra conservatism remain a mere catalogue of the *materia medica*, enrolling with authoritative dignity such articles as worm-wood, vinegar and catnep, while refusing pepsin, nitrite of amyl, and bromide of sodium;—and the still worse doctrine that it must “follow in the wake of advancing knowledge” (U. S. P., p. xiii.) rather than keep up with it, cannot be accepted indefinitely by the profession. The British, German, and Austrian Pharmacopœias had all, more or less, broken through this ultra conservatism before the last revision, but their example was not followed, much less was any advance made upon their advances. If the U. S. Pharmacopœia is to be kept a mere catalogue of substances, and processes which are so far behind the time, some other must ultimately be made, and if this other should be up to the time, and should even lead the profession a little, in its special work, rather than hold it back to old notions, then the doctrine of “survival of the fittest” will take care of the results, and the disadvantages might soon disappear. Hence the “curse of two pharmacopœias,” as the writer of the pamphlet expresses it, is sure to come sooner or later if the sufficiency of the present revision and its principles and doctrines be maintained against the needs of a progressive utilitarian profession. And if it be unavoidable, then the sooner it comes the better.

Beside this, the present revision is not consistent in its ultra conservatism, for its half-way endorsement of sugar-coated pills, and its leaning toward the abomination of elixirs by the introduction of glycerin into so many fluid extracts, have tended strongly to support and embolden the rival makers of pills and elixirs until no physician's office, nor any large meeting of medical men, are free from the drummer and his samples.

Again, in this part of the pamphlet it is re-affirmed with great positiveness that it is “not a new Pharmacopœia, but a Dispensatory” and “a special journal of *Materia Medica* and *Therapeutics*,” that The Association is asked to undertake, as hidden under this plan. To make this statement moderately correct and accurate it must be assumed that any material departure from the time-honored plan of the present revision would convert it into a dispensatory and “give rise to a commercial contest whose severity will be proportionate to the value of the interests involved.” No part of the proposed plan can be reasonably construed to justify this statement. To depart from the present plan and improve the Pharmacopœia as proposed does *not* convert it into a dispensatory, but would simply enable it to do without a dispensatory as the modern European Pharma-

copœias do. These are not dispensaries in any true sense, but are pharmaeopœias, as they are called. The intention and the wording of the proposed plan, which is here so perverted, may be illustrated by a single example. The substance "Rheum" of the present revision of the U. S. Pharmaeopœia has just two lines of definition and description. The British Pharmaeopœia, made five or six years before the U. S., has eleven lines of definition and description. The Austrian Pharmaeopœia, dated in 1869, has twenty-two lines devoted to this substance. And the new German Pharmacopœia of 1872 has the same space. The plan proposed would perhaps add some ten or fifteen lines more to the description of these later authorities to bring it up to the present time. This would not convert it into a dispensatory according to the model of the pamphlet, for the U. S. Dispensatory has, under the two lines of the Pharmaeopœia quoted as a text, ten and nearly one-half octavo pages of matter. No one wants the two lines, for they are useless. Many need the thirty line description as being all they need, while a few want the ten pages.

The pamphlet next states in this connection, that "It is not true that 'the Pharmaeopœia has for the first time been left to stand alone,'" quoting this sentence from the proposed plan of this writer. This direct charge of falsehood is based on the fact never before published, so far as this writer knows,—that a new edition of the U. S. Dispensatory was then (February 20th) "in the hands of the binder." At this writing (April 1st¹) that edition is not yet published.

Seven years after the Convention of 1870, and four years after the publication of that revision, the assertion that the Pharmaeo-

1. The fourteenth edition of the U. S. Dispensatory of Wood and Bache was first accessible to the general public about April 20th, and judging it from a review of a few of its prominent articles on important substances of the materia medica, it seems to have been issued in great haste, and is therefore very imperfect, and far behind its date in the main body of the work. For example, the rapid, continuous progress made in the cultivation of Cinchona, by which the markets are now supplied with barks of excellent quality from this source, is only noticed up to 1873, and that in a one-page footnote, the remainder of the fifty pages on this subject standing much as in former editions.

The variety yielding the best Official Rhubarb has been pretty accurately ascertained of late years, and the U. S. Pharmacopœia is probably in error on this point, yet no notice is taken of the more recent investigations.

The source of Pereira Brava has been shown to be erroneously given, but the late investigations on this subject are unnoticed.

In regard to the important class of Fluid Extracts, the general dissatisfaction with the almost indiscriminate use of glycerin, and with the abandonment of the processes of Prof. Procter for those then untried of Messrs. Taylor and Campbell, is hardly noticed.

No notice whatever is taken of the mistakes in the Pharmacopœia in regard to many preparations such as Yellow Oxide of Mercury, Spirit of Nitrous Ether, etc., while old notes are left applied to changed processes.

Indeed there appears to be in this edition of 1877 very little of the progress made since 1873, and entire works like the Pharmacographia of Fluckiger and Hanbury of 1874 are without recognition.

In the 225 pages of Part III. occasional brief references are found to papers up to 1875, —generally in articles signed H. C. W.—and a few references to 1876, but too often without abstracts.

pœia has for the first time been left without a commentary is contradicted, in an offensive way, on the ground that there is a commentary *about to be* published.

Toward the close of the pamphlet this remarkable paragraph upon the proposed plan appears :

“The project being fairly entered upon, failure means ruin to The Association; success and failure alike mean uprooting and tumult, disturbance of accepted values and customs, years of anarchy and doubt throughout the breadth and length of the land, and at the end probably two standards and the multitudinous curses of such a condition.”

This climax seems to complete the picture offered to The Association. To use the strong language and the omniscient positiveness of the pamphlet, The Association has to choose between the successors of a “generation of intellectual giants,” a Convention of experts, and a Pharmacopœia that is “certainly very good,” on the one hand, and on the other “dishonorable means,” “bankruptcy in purse and reputation,” “strife,” “anarchy” and “ruin,” and the “multitudinous curses” of such a condition.

On the last page the National Convention is pointed at as “a congress of specialists” “selected from the whole profession on account of their special training and fitness.” And this is said and urged just as though the Conventions themselves made the selection, or as though the managers and engineers of the Conventions, rather than the profession at large, made them up and owned them; and just as though the “whole profession” was incorporated and therefore sent delegates to these Conventions, when, perhaps, by far the largest portion of the whole profession is not incorporated, and therefore cannot be represented in these Conventions as they are in The American Medical Association.

The last half page of the pamphlet is so directly personal to this writer that he cannot reply to it farther than to say that he neither wants nor seeks for anything that The Association has to offer,—not even a moderate degree of confidence in the integrity of his motives in presenting this plan, if that should have to be asked for. Hence the pamphlet must be left in peaceable possession of all that it has made out of the *argumentum ad hominem*.

The next criticisms upon the published plan that were seen were in two editorials in the successive numbers of the “Philadelphia Medical Times,” for March 3d and 17th, 1877. These, however, seem to consist of a repetition of the points made in the pamphlet, with if possible a still greater degree of positiveness as to what “a

Convention of experts selected from the whole profession" will do when selected and called together three years hence in 1880,—with still stronger contradictions of the statements made in the proposed plan, but with no new basis for them;—and all in the same warm tone and strong dogmatic language. But it is not necessary to reply to them again, because of their repetition.

There is one inference plainly deducible from these writings, and that is, that no matter what the Jefferson Medical College, College of Physicians or any other of the organizations of the profession of Philadelphia or elsewhere may do or think in the matter, the University of Pennsylvania will never consent to relieving the officers of the last Convention from calling a new one for 1880. It is also to be inferred from these papers, though less plainly, that Dr. Riley's decision in the matter is known, and that the National Medical College of Washington, in which he is a professor, will not consent to relieve him from issuing the call in May, 1879, for a new Convention in 1880. These two colleges so deciding, it must be conceded that a Convention will be called and will meet in Washington in May, 1880. And whether any other than these six delegates be present or not it will equally be a Convention competent to make a new revision of the U. S. Pharmacopœia of any kind, and in any way that the Convention sees fit to adopt; for each Convention makes its own rules and plan, and is not bound in any way by the action of its predecessor of ten years before. This ease of two colleges making a pharmacopœia is of course a suppositious and an improbable one, but it is possible and always must be, so long as the officer whose duty it is to call the Convention consents to it. This very informal, infrequent and loose way of managing so important an interest, must be a serious objection to the present plan, especially at the present time, when the interest *must* pass into new hands, because, of the three men who have engineered this plan, two are dead and the remaining one so infirm from age as to be no longer available. If now this plan, or rather this want of fixed plan, could be transferred to a permanent organization of the medical profession which, meeting every year, could watch it closely, with a President as its executive officer to watch its operation through each year, and with power to control at any moment, the interest would be much more safe in the hands of a council as proposed, subject to such control. It is true that in the proposed plan one man would hold that power and control between the annual meetings, but that one man would not be the president of the council, but would be the President of The American Medical Association as the executive officer of

The Association, and as the fixed and permanent servant of the organizations which constitute The Association. In short, The Association would delegate this work to such a council just as the congress of the nation delegates work to a commission or an arbitration. And it is no more fair to say that the nation and its President and its congress, by having its delegate as president of a commission of mixed nationalities, would put everything into that delegate's hands than to say that the whole profession is, in this plan, asked to put itself into the hands of one man as president of this council. Neither is it fair to make it appear that it is sought to represent the whole profession by one man when three are distinctly provided for, for it will hardly be conceded that the medical men of the Army and Navy are not a part of the profession as much as the faculties of colleges are, and as capable of rendering professional services and representing strictly professional interests. Beside, should Army and Navy medical men serve in such council it is in the plan provided that they should be delegates to The American Medical Association and thus be as much a part of it as the president of the council could be, and must be equal in power with the president, both in The Association and in the proposed council; and the neat effect sought for in the proposed plan is to have these three men as the successors of Drs. Wood, Bache and Carson, but to have them under the watchfulness and control of The American Medical Association, instead of allowing them to have an enabling Convention of their own, which when it does not agree with them in the general principles of a pharmacopœia may be ignored with impunity, because it has gone out of existence before the act by which it was ignored was committed.

To remedy defects in such a plan as the present, within the plan, has proved to be impossible, probably because there is no fixed permanent organization in the plan, and no responsibility to anybody or anything which can be used for correction or control. The new plan now proposed is at least fixed and definite, and if once adopted and recorded could not be changed, nor varied from, except by The Association, for reasons that it should admit. And it would be the plan which would yield the results in proportion to the industry and the ability of the hands into which The Association would put it to be carried out; and these hands could, and probably would, be changed until the desired result of carrying out the plan efficiently should be attained.

The next criticisms of the plan are in a letter to the writer from an old and prominent member of The Association whose ability and

experience entitle his judgment to very great weight, and whose counsels The Association cannot afford to disregard. Therefore, as his name is not used, he will probably not object to his letter being quoted. He says:

“ * * * On general principles I have been averse to having The American Medical Association commit itself to any enterprises involving pecuniary considerations, especially in the line of possible profit and loss, beyond the publication of its own Transactions and the encouragement of original investigation by prizes when the money in its treasury would permit. It is true that your plan forbids the proposed council contracting any debts, and relies on the copyright for paying all expenses. But if The Association once assumes the undertaking, and from any cause the council finds its work stopped for want of funds, what more natural than that it should come directly to The Association for help; temporary help it would be claimed at first.

On the same general principles I have been averse to alliances with other bodies, especially involving important business enterprises; where the odium of a failure from any cause must come mainly upon The Association. It seems to me your mode of selecting the council involves two dangers so great as to make it imprudent to encounter them. First, the five members are to be selected by four separate authorities, and should they be fortunate enough to select men well qualified, there is strong probability that they would not be harmonious in their views; yet each appointing body would be very likely to sustain its own representative.

Second. If The American Medical Association is to select only one member of the council (the President,) he must of course be a man of eminence and thorough qualification for that position. We have but few such men from whom the selection could be made, and they are found in a few prominent cities. Can you name one of them whose nomination would not be met by the most determined opposition from the representatives of the rival cities? And whoever should be elected would have the predetermined criticism and opposition of a large minority against him in advance.

It is possible this might be lessened by having three of the five elected by our Association so that one could be taken from New York, one from Philadelphia, and one from some western city, so that the two strongest rival sections should be represented, with a western man to hold the balance between them.

But my duties * * * will prevent me from that freedom of action on the floor of the next meeting that I have hitherto enjoyed, and I have not given this subject that degree of attention which would impel me to attempt to exert much influence in any direction.”

Every argument here used is admitted, with all the force that is claimed for it, and there is no effort in the proposed plan to belittle the difficulties and dangers which surround the subject. But the question is, are they probably insurmountable by any effort that may be wisely made, that is justified by any difficulties or dangers on the other side, if no effort be made? That is, do the difficulties and dangers which may be apprehended from the present plan,—or want of plan,—in the future really underbalance or overbalance

those which are easily seen,—not only for this, but for any new plan? Difficulties and dangers there are in both directions. Which shall be encountered? Which plan shall be tried, now that new hands must be found for the work of the future under either alternative. Is it not better, on principle, to have a permanent, definite organized plan, and try to find men to carry it out under a power competent to control them, than to risk the chances of larger and better Conventions in the future than in the past, who shall make a less objectionable plan, and find men who will not disobey nor evade their instructions. Some national general organization should certainly do this work. Shall it be The American Medical Association or some duplicate organization? And if not The American Medical Association shall it be because that Association declines on account of difficulties and dangers which some other organization must encounter for the benefit of the profession which The American Medical Association alone does now represent.

It may be quite true that The Association had better have nothing to do with money matters, and secure itself against possible receipts and expenditures. But in order to do this it can never possess anything having a money value; and, when any general interest of the profession is found, like this pharmacopœia interest, which involves, of necessity, labor and skill which have a money value, it must refuse it irrespective of what becomes of it, or how important it may be, as a general interest of the profession. Projecting this argument to its extreme limits for the purpose of seeing where it leads to, presents the proposition that the only organized embodiment of a large profession of a large country must only assume to take care of those general interests which have no value, and must refuse those which have value because they have value.

Next of the argument against alliances with other bodies, especially when they involve important business enterprises. This divides itself in two parts, first the alliances, and second the business enterprises which grow out of them. An alliance for an object implies as a fact that the object cannot be so well attained without alliance. This is the purpose of, and the only argument for, the proposed alliance, and the subject is discussed in the published plan. So far as the Army and Navy are concerned, it is not an alliance, for they are as much a part of this Association as is any state society, and the Surgeon-Generals bear much the same relation to The Association as do the presidents of state societies. That is, the bodies which they control form a part of the organic basis from which The Association obtains its only power and authority. Dele-

gates from these bodies are proposed to be taken for this council chiefly from their fitness and their freedom from sectional or local bias or prejudice. Should they fail, the council is to be made up from other parts of the profession represented in The Association.

The only alliance sought, then, is that with The American Pharmaceutical Association, and this on the broad and sure ground that the work cannot be as well done without such alliance, and will not be successful unless well done. The danger that allied workers will not be harmonious is of course great, but such dangers are met with in all work involving more than one person, and have not been found insurmountable in such councils for this same purpose in other nations, but have yielded excellent results.

Moreover, it is the real improvements which this very alliance has introduced and sought to introduce, both in Great Britain and this country, which have made both Pharmacopœias as good as they now are, while resistance to these improvements is the cause of many defects. This means that no really good work would be likely to be done without such alliance, in the future more than has been in the past, and therefore that the aversion to such alliances being no longer natural or wise, had better be waived for the good of the greatest number.

The important business enterprise involved in this whole matter is perhaps after all not really such, but has only appeared to be so from the anomalous relations existing in the past. If any report of any standing committee of this Association should in the future prove to have a money value in consequence of the labor and skill expended upon it, making it desirable to publishers as an object of commercial enterprise to them, and of good to the professional public at the same time, The Association could not consistently refuse to sell the right to publish, and this is all that is involved in the proposed plan for the Pharmacopœia, for the work would be only of the character of a standing committee report. And all that is asked of The Association is to permit the committee or council to divide equally among the members whatever might be the product of their labor. It is true the council might get no product from their labor, and might bring upon The Association both odium and expense, but not if The Association was as watchful as it should be to prevent this by changes in the council, which are amply provided for in the proposed plan. But suppose The Association should spend some money and get a prize essay that would not be very much of a general benefit to the general profession, it would be no new experience for it, and the outlay would be as easily

stopped at any time as is that for prize essays. The odium and harm that would come to the profession from a bad Pharmacopœia or one that lagged behind the needs of the profession, has to be incurred from any plan, and must fall on the profession whether it be through this or some other organization of the profession. While if this Association chooses to take this interest and manage it properly, the responsibility for the odium of failure will rest upon it; and if it refuses to take it, and the odium and injury to the profession by a pharmacopœia which holds back the materia medica, and thus holds the profession back in its utilitarian relations with the age,—the responsibility for so doing may be quite as serious.

That each of the four appointing authorities would sustain its own representative in such a council in case of want of harmony is a danger that must always be encountered, and has been a cause of difficulty in the past. But by the provisions of the proposed plan the support that any member of the council could get from his appointing power could not keep him in the council if a majority of the council should otherwise determine, for on an application of three members out of the five he must be replaced by another either by his appointing power or by The Association, so that if a want of harmony should disturb the work continuously, the council would ultimately be constituted of members of The Association. As the influence of a majority generally takes care of this want of harmony in all bodies, and is especially effective when the body is small, it might be safely relied upon here in all reasonable probability.

The second danger, namely, that the one representative that The Association elects to this council must be selected from one locality, and would therefore meet with determined opposition from rival localities; and that if put in despite this opposition, his work would not be likely to be acceptable to any other locality than his own, and would be trammelled by the effect of a large minority against him in advance, may be a real and serious danger. If so,—it presents to the mind of the writer a very discouraging view of the condition of the medical profession of this country, because it means that sectional wrangling and jealousy so overshadow the issues of right and wrong, good and bad, as to be obstructive. If this character of the medical profession be true and just, it must have been earned in the past, to be operative in the present, and will obstruct all true progress. It not only applies to this movement but to all others, and even strengthens the position inferentially taken upon this movement by Dr. Wood, that it is a disguised sectional attempt to overthrow a good plan which has hitherto been free from undue

sectional influence, and has produced the best attainable results. If a matter of professional progress such as is aimed at in this movement must be so seriously damaged or imperiled by sectional antagonism, it had better be abandoned entirely, since to undertake to save it by such means as is here suggested does not seem practicable. If two sections of the profession would destroy each other's true work in such a council by local bias and jealous antagonism, without a representative from a distant third section to hold the balance between them, then the work must be given up, for the remedy is not practicable, because the member holding the balance must be present at every meeting, and the distance which would give to him his sectional influence would forbid this. The members of such a council must live near enough to each other to make say four meetings a year practicable. Under the old plan the meetings were commonly weekly during a year or more, and yet the revisions required from two to three years.

The writer cannot of course doubt the existenee of sectional jealousy and bias in the profession, but he cannot think that it really goes to the extent described by the author of this letter, or to an extent that should deter The Association from undertaking any work that would otherwise be desirable.

With regard to the objection that there are so few men fitted to undertake the presidency of such a council, from whom The Association could select, there can be little said, because it is a mere matter of judgment which could not be decided by discussion. It is true that the schools and the profession generally have so neglected this subject for many years past that there may be few men well adapted to it in comparison with the number that might be found for any other specialty. But the more true this may be the greater is the need for a change in the future, under the auspices of the general profession itself. Should The Association take the matter up and expend the time, labor and skill upon it to bring it fully up to the needs of the profession, it would soon become popular, soon be studied more generally and have its importance more generally recognized, and thus the reproach that a large profession has comparatively so few men qualified in this branch of its education would soon disappear. So long as hygiene and therapeutics may continue to be the objects of the art of medicine, the materia medica must be the means to the end in view, therefore the profession cannot give it up, nor allow it to lag behind; much less let it drift at the mercy of chance when the direction is known to be toward empiricism and polypharmacy.

Hence if there be few men in the profession well qualified for this work, it must be from some defect of the past in qualifying them; and, therefore, instead of being an objection to some new plan which may simulate this branch into harmony with the progress of the age, it seems to be rather an argument in favor of such plan. The profession must either hand this reproach on to the next age, or be willing to encounter the difficulties and dangers which are to be expected in trying to take away the reproach.

Two cities are named in the letter as the two strongest rival sections in the application of that part of the reproach which comes from local jealousies and animosities. Of one of these the writer will not undertake to speak, because from living near it, his judgment or opinion is subject to the sectional or local bias complained of. But to infer that any very considerable proportion of the general profession in the other, is so blinded by sectional bias as to be subject to predetermined criticism and opposition to anything, is irrational. Is it not rather, that there are a few men in the profession of every large city whose warmth of temperament, facility of language and love of public discussion is so prominent as to overbalance their love of professional work, and thus their enthusiasm is directed to sectional patriotism as a professional specialty. Although such are always coming to the surface whenever it is possible for them to convert a discussion into a local controversy with opposing sides, it must be unfair and scandalous to suppose that they represent the mass of the local profession for whom they delight to skirmish unnecessarily.

Another pamphlet, entitled "The Pharmacopœia of the United States and The American Medical Association, a Review of a Plan of Revision proposed by Edward R. Squibb, M.D., of Brooklyn," by Mr Alfred B. Taylor, of Philadelphia, was received from its author April 24th, 1877. This gentleman, from having been a member of the Committee of Revision and Publication under the old plan, both in 1860 and 1870, and Secretary of the Committee, knows well the subject upon which he writes. Therefore, should any reader of this author find in his pamphlet any degree of special pleading, or strained and indirect argument, these cannot be attributed to any want of knowledge and close familiarity with his subject.

In this pamphlet the points of the proposed plan, which it reviews, are again threatened, contradicted, frowned at, and derided from the same very elevated point of observation; and are charged with much that is bad, from the slight moral delinquency of aiming to improve that which is good enough, down through various

degrees of turpitude to the depth of moral "assassination." The Bible is again quoted, or rather misquoted, against the proposed plan. And Dickens is improved upon, in what the Artful Dodger should have said and done when he had stolen a silver snuff-box, had Dickens only have known the great enormity to which his thief was to supply a parallel.

The author of the proposed plan, which is here under review, set that plan forth in common fairness as being simply a proposition of doubtful expediency, but the best he could think of after an experience of some seventeen years of the old plan. He admitted fairly that there were two sides to the question, and endeavored to present both sides, urging that careful, deliberate attention be given to both sides, in order, if possible, to reach the wisest and best action at a future time. Throughout the plan a constant effort was made to give all credit to the old plan,—to its workers,—and to their work,—which could be given in equity and truthfulness to the important subject in hand. Had the new plan been drawn up in the spirit of hiding the merit and credit of the old plan ;—of admitting nothing in its favor until proved for it, and throwing the onus of proof on its advocates ;—of hunting up and emphasizing all that could be said against it from close observation of all its workings ;—and by drawing natural and reasonable inferences, from its internal history, against it ;—a very different presentation of the case could have been made with far less labor. But the result of the course adopted has been that the writer is charged with making "reluctant admissions" in favor of the old plan. And in the pamphlet of Dr. Wood,—and more especially in this one of Mr. Taylor,—parts are quoted so detached as to lose their polarity and intended force, and are set up independently of their connection as used, so as to point in a different direction and with a different emphasis. The chief point and great skill and merit of this Review lies in the very ingenious use of quotations so detached and brought into new and strained juxtaposition, as a basis for sophistry. Time would be wasted in taking up these sophistries as they occur in the Review, and therefore they must for the most part be left to the success which they may be able to command, whilst trying to make a rejoinder to the real points raised.

One of these sophistries may, however, be noticed on account of its humor. The doctrines of evolution are applied to the subject, and the *mechanical* specialties of the *art* of medicine are treated of as variations of species under domestication ;—and the National Convention, as a special development under the laws of differentiation.

Carry this sophistry on to its logical conclusion and the time is coming when the fingers of the surgeon may be expected to develop into forceps and scalpels, and those of the pharmacist into spatulas, and the test of eligibility to the National Convention will be a simple matter of natural selection by configuration,—all the spatulas to be let in as specialized experts, and all the scalpels and ophthalmoscopes to be kept out. And no allowance made for reversion to original type!

But this subject of special expert character as claimed for this National Convention deserves much more serious consideration. If this Convention be a body of experts at all, they are only experts in the sense of being picked men of good judgment and sound common sense in regard to the utilitarian interests of the profession for which they have been educated,—those interests being the preservation of health and the alleviation of disease, in general. And these qualities equally fit such men to be representatives in both the Convention and in this American Medical Association. As a matter of fact, as shown by the lists of delegates, the same individuals have frequently, if not commonly, served as delegates in both bodies, representing the same organizations in each. Still, however, it is possible that these same individuals might be sent by their organizations to The American Medical Association as non-experts, and to The National Convention as experts, and it may be, therefore, well to see from illustration, if possible, how far the character of expert is carried out in the Convention.

In the Convention of 1870, thirty-one organizations were represented on paper, and every one of these is insisted on by Dr. Wood and Mr. Taylor as forming the "Convention of experts," though several organizations were not present, but only sent credentials. Eight of these organizations were pharmaceutical, and of the remaining twenty-three, all but two were in 1870, and up to 1874, represented in both The Convention and The American Medical Association. Now for the expert character of these fifteen or sixteen delegates who were actually present, as judged of by three individual examples. One,—the delegate from an University,—gravely proposed and urged the elimination of alcohol, in every form, from the Pharmacopœia. Another delegate proposed that the Pharmacopœia be so constructed that the dose of everything in it should be a teaspoonful. The first of these propositions was put to vote and lost. The second was probably not put to vote. A third delegate proposed, among other matters for general consideration:¹

1. See "Report of the Committee on The Pharmacopœia" in the "Proceedings of The American Pharmaceutical Association" for 1869, p. 298.

“That measures of capacity be abandoned in the *Pharmacopœia*, and that the quantities in all formulas be expressed both in weights and in parts by weight.” This proposition was formally discussed, put to vote, and adopted, thus committing a majority of the experts present to this proposition, as an instruction to the Committee of Revision. But when, three years later, the Revision was published, this instruction of The Convention to its Committee was found to have been rejected as having been an unreasonable or impracticable proposition, like the others, and therefore not favorable to the expert character of this delegate. That is to say, when The Convention of experts made a Committee of experts, the two came into collision, and The Convention was defeated. This same delegate, sent by his state society among the experts, had given a good deal of trouble before to the experts. He had served in the Convention of 1860, and upon the Committee of Revision of that decade, and had made so many other propositions in the Committee that were voted down that a similar service proposed for him in the Committee of 1870 he would not for a moment entertain. If this statement does not entirely destroy the character of this delegate as an expert in The Convention and in its Committee, then the farther evidence of having caused the writing of two vehement pamphlets against his propositions under expert consideration must be adduced.

But as the kind of propositions which disqualify delegates for the character of experts, in the Convention and in its Committees, is now under discussion, and as it is desirable to be definite and exact in such a statement as that just made of propositions being voted down by the experts of the Committee, it may be well to give a few examples from many that can be given if needed,—especially as the author of the proposed new plan is so often charged with vagueness in his criticisms of the old plan.

There is in the *Pharmacopœia*, p. 217, a preparation under the title “*Liquor Morphiae Sulphatis*,” which is a simple solution of sulphate of morphia in distilled water, in the proportion of one grain to the fluidounce. This solution does not keep well, and the *confervæ* which grow in it grow at the expense of the morphia salt, and continually weaken the solution,—as in other cases of simple solution of salts of alkaloids. As these facts have been known for many years,—as this solution is not strong enough for hypodermic uses,—and as it can be made as wanted by any physician or pharmacist, a motion was made in the Committee that it be dropped from the *Pharmacopœia*. This proposition was opposed on the ground

that the solution was a very convenient one, and one much used in Philadelphia, and the motion was lost by four votes against one. This decision had the reasonable force that although this preparation was not much used outside of Philadelphia, it was no worse than surplusage to the rest of the nation, and might well be allowed to stand as a popular article much used in one large city. It was then moved that a formula be introduced into the Pharmacopœia for a solution of sulphate or hydrochlorate of morphia, which should be properly secured against the growth of confervæ so as to keep well, and be strong enough to be adapted to hypodermic as well as to internal use, and the solution very commonly known and used throughout the United States, containing sixteen grains to the fluid-ounce, and commonly known as "Magendie's Solution," was suggested. This motion was voted down, four against one, on the ground that all such special formulas should be left to magistral prescription, and as being very dangerous from risk of confusion with the weaker solution; and all such should be especially discountenanced and discouraged as had been done in the U. S. Dispensary (see 13th ed. p. 1262). As an illustration of the danger of such inexpert disturbance of old established Philadelphia practice, the chairman of the Committee, Dr. Bache, related a case within his own practice. At Schooley's Mountain, one summer, he had prescribed as an anodyne for an old naval officer, a teaspoonful of solution of sulphate of morphia. Schooley's Mountain happened to be outside of Philadelphia, and was tainted with some of the practices of the other unregenerate part of the United States, so the Commodore got a teaspoonful of "Magendie's Solution," and this, beside nearly making a vacancy in the Navy Register, showed how inexpedient it was in the rest of the world to go outside of the U. S. Pharmacopœia of Philadelphia, and the U. S. Dispensary of Philadelphia.

Again, the Convention instructed its Committee to deduct the value of the unused portion of the copyright from the price of the book, so as to cheapen it to the public; and in order to act intelligently in this matter the Committee asked the publishers certain statistical questions in regard to past editions and revisions, and the value of the copyright. The publishers replied that these subjects belonged to their private business interests, and therefore they declined to answer the inquiries of the Committee. This reply from the publishers was accepted by the Committee, four against one.

As several large publishing houses, of undoubted standing and facilities, had applied to the Committee to be allowed to compete for

the copyright, it was moved that two or more publishing houses in Philadelphia, and others in other cities, be invited to bid for the copyright, and that it be offered to the highest bidder under proper guarantees for the work. This motion was lost by a vote of four against one, and the copyright was given, for the third or fourth time, to the publishers of the *Dispensatory*, without competition, and after they had declined to give the Committee any information concerning the book.

The question whether the four votes or the one vote be best for the interests at stake, is the issue brought by these two pamphlets which oppose the new plan; and it is admitted that the probabilities can always be made to favor the side of four votes against one. But this is not the vital point at issue in objecting to the old plan. The doubt is whether any plan is safe or wise,—or can, within its design, be so modified as to become either safe or wise,—where a few men,—namely, four out of fifteen,—may, because the remaining ten live at such distances as to make their attendance at meetings impossible,—take action which they cannot be called to account for; and which, if mistaken, must wait ten years for correction until another Convention be called and a Committee with different views be formed. All small bodies of men entrusted with important interests are liable to arbitrary action and to sectional bias without being themselves aware of it, but the danger to the interests entrusted is very much less when the entrusting power is a large organization in continuous action, meeting annually, and with a presiding officer charged with watchfulness and with powers to interfere.

This much is offered, in evidence, to show how far the urgent claim that this Convention is a Convention of experts can be safely trusted.

Every physician who practices his art at all, inclusive of all the specialties of that art,—must know the *materia medica* he wants to use, and must know how to use it. This constitutes him an expert in one sense, and in the only sense that is necessary to fit him for judgment upon the questions involved in a *pharmacopœia*. Therefore, it must be held that any man who is fit to represent the profession which he practices is equally fit to judge of the means by which he practices his art; and is, therefore, in proportion to his general professional ability, equally competent as a delegate to either The Convention or The American Medical Association, and is equally an expert in both bodies, and no more expert in one body than in the other.

The Committee of Revision, whether of this Convention or as a council of The American Medical Association, must be experts in a

different sense. That is, in addition to being representative men in the general profession, they must have some training beyond their general ability, in the special direction of the daily progress and current literature of the *materia medica*. And this expertness should be shown,—not in the contracted policy of a close corporation which sets itself up as the only body of experts, ruling out all others,—but by a wide and liberal policy which shall take a conservative advantage of all the improvements and progress of medical science and art, and keep its work up to the general progress of the age.

Upon a good general and professional education any one may soon train himself to all that is special in a judgment and control of pharmacopœial work, and in the selection of experts to do the manual part in detail, and this is all that is required.

This rejoinder to the pamphlets of Dr. H. C. Wood, Mr. A. B. Taylor, The Philadelphia County Medical Society, and The National College of Pharmacy is intended also to meet the points advanced in an article published in “The Medical News and Library,” of Philadelphia, for May, 1877, p. 72; and this article is also reprinted here as a useful part of this movement. These are all the adverse criticisms that the writer has seen upon the proposed plan.

Articles directly bearing upon the subject under discussion will be found as follows:

Report on The Revision of the Pharmacopœia. Proc. Amer. Pharm. Asso. 1858, p. 177.

Notes and Suggestions on Processes of The U. S. P. Proc. Amer. Pharm. Asso. 1858, p. 386.

Report on The Revision of The Pharmacopœia. Proc. Amer. Pharm. Asso. 1859, p. 267.

Report of Committee on The Pharmacopœia. Proc. Amer. Pharm. Asso. 1869, p. 298.

Report on The Pharmacopœia. Proc. Amer. Pharm. Asso. 1873, p. 509.

Report on The Pharmacopœia. Trans. N. Y. State Med. Society, 1873, p. 82.

SUMMING UP.

To sum up this whole matter, the chief points made by the opponents of this movement are:

First. That The Decennial Conventions are not a part of the whole medical profession, but bodies specially organized for a single object, which object is extra professional, and is the property of The Conventions.

Second. That The American Medical Association does not represent the whole medical profession of which The Conventions are a part. And that since 1874 the constituency of The American Medical Association forms but a very small part of The Conventions, instead of The Conventions forming but a small part of The Association. And that any attempt on the part of The Association, as representing the whole profession of the country, to assume the work of The Conventions, as being a part of the profession, and therefore subordinate to the whole, is unjust and wrong. And yet that the work of The Conventions is for the interest of the whole profession, and if not acceptable to the whole profession, or accepted by it, that the fault lies with the profession and not with the Convention.

In this movement for reform, it has been shown by fact and argument that The American Medical Association is the only embodiment of the whole medical profession of this nation, and that The Conventions, notwithstanding their representation of fourteen out of the sixty-four medical schools and colleges of the nation, and notwithstanding their pharmaceutical element of eight pharmaceutical schools and colleges;—are but a part of the general medical profession from which they are constructed, and therefore must be subordinate to the whole for whose interest they exist, and that, without any legal or moral violence between the whole and one of its parts. It seems to have been forgotten that there has been no Convention since 1870, and can be none before 1880, and that up to 1874, all the medical bodies represented in The Convention of 1870 but two, were direct constituents of The American Medical Association, and are still indirectly constituents. And, that what The Convention of 1880 will be, or will do, cannot be known with the certainty asserted for it by the opponents of this movement, if The Convention is to be any considerable part of the whole profession.

Third. It is claimed that the Convention is broader and more national in its construction than is The American Medical Association, because it has done its work by selected experts in Convention, from all parts of the country, and by committees of seven to seventeen of still more exclusive experts, selected also from all parts of the country.

In rejoinder to this it has been shown that The Convention has never been truly national in any such sense as is The American Medical Association. First, because it, by the use of the word “incorporated,” rules out more than half of the profession; and second, because its infrequent meetings and inadequate means fail in attracting

to it any general representation of the profession. That it has not been made up of experts in any proper sense, or in any other sense than that in which prominent men in all professions must be experts in the knowledge and uses of the means best adapted to obtain their ends.

It has been also shown that the Committees of experts selected by The Conventions, for the revisions, have not had the broad nationality claimed for them in any other than a purely nominal sense. That no matter what the number constituting these committees, the quorum has always been three, and that three to five men, always living in the same city, and generally the same men, have done the work of The Conventions, and have done it in their own way, if that way happened to differ from the way of The Conventions; and farther, that in such case, by this plan, The Conventions could have no redress nor power to correct. And it has been shown that in this way the work has become contracted, and biased, and sectional, and is liable to become still more so; and that the fault lies in a defective plan, and therefore that the plan needs reform.

Fourth. It is claimed that the work of the Committees of the Conventions has been broad and national from having been compiled from preliminary work, done in various bodies all over the country, and sent to the Committees from The Conventions, for the guidance of the Committees, and therefore that the work is one of compilation by special experts.

As a matter of fact, however, there never have been more than six of such general contributions of preliminary work sent to any one Convention, and that number once only, and two of these have always been from the bodies which constituted the working part of the Committees, namely, from the College of Physicians of Philadelphia, and the College of Pharmacy of Philadelphia. These two contributions have formed the basis of all the modern revisions, and the recommendations and suggestions of other bodies have been generally disregarded until now they are brought forward in argument to sustain a faulty plan through whose working they have been systematically ignored.

Fifth. It is claimed that a legal and a moral right of both reputation and property is sought to be invaded in this movement of an entire profession to reassume a work which has, for a time, been delegated to a part of that profession.

It has been shown in rejoinder that there are no legal rights involved, nor any legally constituted bodies on either side of the question, and therefore that the threatened prosecutions are out of

the question; and beside, that there is nothing to prosecute for. In regard to the far higher and more important moral rights of The Convention the facts are these, as shown by the "Historical Introduction" to the Pharmacopœia of 1828, p. 5. The present plan of making and revising the Pharmacopœia by a series of decennial Conventions, originated in the New York County Medical Society, in 1817, and was carried up to the New York State Medical Society, in 1818. By these bodies it was brought before the general medical profession of the country, and by their efforts it was accepted, and carried out to a successful issue, as a measure of general professional interest and value. The time, labor, and ability which constitute the original investment, and therefore the moral right to the success of this as a plan for managing this interest by these decennial Conventions, came from the New York County and State Medical Societies, and was by these bodies transferred in proper order and subordination through them to the general profession at large. And, therefore, in tracing back the moral right to the plan with reference to the credit, reputation and value of these Conventions as a special plan for a single object, it is found to reside in the general profession as having been made, and carried into successful operation, by the New York County and State Medical Societies. But in 1830, however, as mildly set forth in the "Historical Introduction" to the revision of that date p. vi., *et seq.*, the Conventions and Pharmacopœia were,—to use the word of the opponents of this movement,—"captured" and taken by the captors to Philadelphia; and from that time to the present, three to five men, keeping up the form of Conventions and Committees to lend authority and weight,—have really controlled and managed the entire interest, admitting outside influences so far as they deemed wise, but no farther. So long as these few men did the work well it was gladly accepted by the profession and they were thanked and rewarded with success for the work done, and not for the plan of doing it. But when they ceased to do the work, and it fell to their successors, and was not so well done, the plan which will sustain and continue such defective work, comes fairly up for discussion and reform. And it is a moral right and duty of the profession at large to interfere and protect its interests whilst there are no moral rights inherent in defective delegated work, which the delegating body is at all bound to respect, or which can be morally invaded.

Sixth. It is claimed that the old plan is best, and is sufficient for its object; and that all desirable changes, amendments and progress can be made without change of plan.

It has, in rejoinder, been shown that the success of the past should be credited to the workers, and not to the plan, and that if the workers could be called back to activity, and be kept well paid for their labor, both in money and reputation, it would not matter much under what plan they worked; and farther, that it was only as the workers failed through death and inability, and as the progress of the interests involved became more rapid and important, that the defects of the plan were discovered through its late want of success. It has also been shown that the principal defect of this old plan is radical, and inherent in the plan itself, and therefore not to be corrected or remedied without a radical change of plan. The defect here alluded to is that the professions of medicine and pharmacy, in whose interests the work is done, are too far removed from the work in time, (say ten or even five years) and that there is no direct responsibility for the work to the professions. That is, the professions make Conventions. These Conventions make Committees, and then go out of existence for ten or five years, or for as long as they please, and are not even bound to provide for succeeding Conventions unless they so please, and therefore can stop the work when they please. Having appointed and empowered Committees of Revision, and having then ceased to exist, their Committees have no direct responsibility to any authority, and become absolute and irresponsible, and, in fact, have done as they pleased, out of the reach of the professions whose work they are charged with, because their enabling bodies, The Conventions, through which alone they are linked to the professions, have ceased to exist. These Committees have varied in number according to the then judgment of the different Conventions from seven to seventeen, appointed from all parts of a large country, upon the theory of making the Committees widely representative in character, and upon the theory that such widespread Committees meet weekly in one city during a year or two to do the work, and that the work as done is submitted to their judgment. It is well known that these theories of the old plan have never been practiced, and equally well known that it is impossible to carry them out so far as meetings are concerned, with members living in San Francisco, Louisville, Chicago, Buffalo, Boston, etc. Hence it must certainly be admitted that defects which defeat the objects of a plan and render its details impossible, and which are inherent, cannot be remedied without change of plan. And it is the sole aim and object of the proposed new plan to remedy these defects and their results as seen in the work, in the most direct way.

Seventh. It is claimed that the present Pharmacopœia is good enough for the professions, and as good as the modern Pharmacopœias of other nations. This is an issue that cannot be settled because it depends upon the knowledge and judgment of those who make or deny such statements. If it be good enough for the two professions who use it, then this movement to improve it is not only useless, but hurtful, and ought to fail, and on this point the professions are to be the judges for themselves. If what has been shown on this point has no force, of course it will have no effect.

Eighth. It has been claimed that by this movement it is intended to convert the Pharmacopœia into a Dispensatory, and thus to interfere with private enterprises, and bring into its scope matters like therapeutics which are irrelevant to a Pharmacopœia. It has been shown that this charge has no foundation in fact. That the design or plan presented does not fairly justify any such charge; and that the aim is simply to improve The Pharmacopœia in the direction which other modern Pharmacopœias have been improved, so as to make it, like them, useful without the necessity of a dispensatory, but without at all detracting from the great value of dispensaries as individual enterprises.

Ninth. It has been charged that the effect of the proposed new plan if carried out to its reasonable conclusion will be to put the whole matter in interest into the possession and control of one man, as the representative of the entire medical profession.

This charge can only be sustained on the theory that two other medical men and two pharmacists provided for, are to be mere men of straw, or tools of the fifth man; or that they are to be like ten of the present Committee of fifteen, merely holding the appointments without engaging in the work. It has been shown, that so far, as this can be provided for in any plan, such possibilities have been foreseen and prevented in the proposed plan. But as the author of the proposed new plan is the one man named and aimed at in all the repetitions of this charge, he is entirely willing to promise the professions of medicine and pharmacy to withdraw from all future efforts at any public or pharmacopœial work of any kind, if it be for the public good, and if it will disarm such disagreeable charges.

Tenth. It has been charged that if the proposed new plan was adopted, The American Medical Association could at any time change its plan and leave the pharmacists out. This is true, but it is also equally true of The Conventions. These latter need never have invited pharmacy into The Conventions had they so chosen, and can at any time leave it out, by a large majority. But it became their

interest to have it in, so they invited it, and it was the interest of pharmacy to accept. It would be equally the interest of The American Medical Association to have the pharmacists in, as has been abundantly shown, and the only question open is, would they accept? or would they insist on taking charge of the whole interest themselves and invite the medical profession or not, as they should see fit; or, invite them for a little while and then change their policy and leave them out? If the interest involved be truly a mutual interest, the probabilities are in favor of harmonious action if wise counsels prevail.

Eleventh. It has been charged that the present movement is an attempt wrongfully to invade a copyright by seizure.

It has been shown, in rejoinder, that the copyright really belongs to the profession at large if The Conventions be national. The Pharmacopœia has only been copyrighted once, and that when it was first formed, and that copyright has long since expired. Each copyright since the first has been taken out for the special revision named in it, and such revision alone was secured to the individual who took out the copyright. The copyright of the first revision was held by John Grigg; of the second revision by Grigg & Elliot, the originals of the present firm of J. B. Lippincott & Co. That of the third revision was held by Dr. Bache; that of the fourth by Dr. Wood, and that of the fifth and last revision by Dr. Carson, each as chairman of the Committee. Although each copyright became valueless as a succeeding one was taken out, yet still each could be sustained for the whole legal duration of a copyright, namely, twenty-eight years.

The legal opinion obtained upon this question of copyright, and submitted herewith, may be summarized as follows:

The copyright law secures to an author the contents of a book under a general title for twenty-eight years. Each time that the author changes the contents he must take out a new copyright whether the title be changed or not, and the copyright secures the matter copyrighted and does not secure the title except as a name by which the copyrighted matter is designated. Such a title as "The Pharmacopœia of the United States of America" was once copyrighted, and that copyright has long since expired, and is now no more protected by law than the title "Philadelphia City Directory" would be. Each revision, however, as a revision, being copyrighted, is protected for twenty-eight years. But the changes which make each revision a new work, and give it a new value, damage the old, and take away its value, and would legally infringe upon its copyright, except that each revision is made with a foreknowledge

that it is to be supplanted in ten years or less, and the equities thus involved interfere with the force of the law in regard to time: whilst it is the changes and the new matter alone that is subject to be copyrighted.

But outside of all this,—and outside the rightful ownership whether by the whole profession or by a Committee selected by it and from it,—the full answer to this charge is, that this plan does not aim at, nor does it want anything that is now in either legal or equitable existence, and therefore invades no rights of any kind. But what it does aim at is to reclaim a general interest for the rightful owners from a local and partial organization which sets up a mistaken ownership.

Twelfth. It is claimed that although there is an appearance in the proposed new plan, of provision to meet the expenses accruing from it, yet that in practice this will probably prove deceptive, and that The Association might soon be called upon for annual disbursements to maintain the work.

In rejoinder it has been shown that the success of the work, in its utility to the profession at large, will alone decide whether it can be self-supporting. If the profession has not, within its national organization, the means of carrying on such a work for its own interest and welfare,—a work without which medicine cannot exist as a practical art, useful to mankind,—then it may be wise not to undertake it. It has been shown that already, within fifty years, the whole interest and work has drifted so entirely into a small section of the profession, that that section now sets up a claim to absolute ownership of the interest, in virtue of exclusive possession, as against the profession at large, and denies the right of the profession to control its own most important interest. Now, if the general profession, of which this Association is the only organized representative, deems it wiser to allow this matter to drift in the future as it has done in the past, only with far less security, rather than take the remote and improbable risk of having to pay for its own work, then the responsibility for such a course will lie just where it belongs, and the legitimate and reasonable results will be surely realized both to the profession and the people of the nation.

Thirteenth. It is claimed that if The Conventions were not truly national in character, as representing the general professions of medicine and pharmacy, the fault must lie against the profession and not against The Conventions, since the invitations to send delegates to The Conventions were published every ten years.

This charge is, in great measure, true and just. Nevertheless it

is a very grave fault,—and a fault incident to the plan,—that it is true. Abundant reasons have been given to show, why it has resulted in no greater harm in the past, and why it is yielding its legitimate results now, and likely to yield them in the future. It is, indeed, a prominent object with which this movement has been undertaken,—single handed though it be, and defeated though it may be,—to awaken the profession from the apathy into which it has fallen in regard to this important interest.

Excepting the first Convention no active measures have ever been taken to bring these infrequent invitations to send delegates, before the organizations in general. The calls have been simply published in the journals once, and then left to chance. In the first Convention delegates from *voluntary* professional organizations were invited from all such sections as might have no incorporated bodies, (see U. S. P. 1828, p. 6.) In 1830, however, when the management of The Conventions was taken into the present hands,—and since that time,—only *incorporated* bodies were invited, and this shut out a very large proportion of the profession, since it is now stated by one of the opponents of the proposed new plan, in making a point against it, that probably not half of the state medical societies of the United States are incorporated. Such, therefore, have not since 1830, been invited, whilst The American Medical Association receives delegates not only from all “permanently organized” state medical societies, whether incorporated or not, but also from permanently organized county medical societies, whether incorporated or not. In fact, the smaller the Conventions have been the more harmoniously they have worked, and the same has been conspicuously true of the working part of the Committees of The Conventions, so that it has been a prominent interest of both bodies to be small, and to be interfered with as infrequently as possible by fresh contacts with, or reinforcements from, the profession at large. If to be truly national in their representative character, had been the aim of these Conventions, and they yet failed to take the means of being so, then, so far, they furnish an argument against that plan, and in favor of some better one, which will keep up its relations with, and subordination to the general profession oftener than once in ten years, or even once in five years. That is, the general profession should have *continuous* control of all its important interests, and change its delegated working parties and their work annually, or oftener, if it pleases. And it is because the profession at large has not had this continuous relation with that part of the profession to which this work has been delegated, that the part now sets itself

up against the whole, as owning a general interest of the whole profession; and when a proposition is made that the whole should reform and control its own work, in its own interest, it is called stealing. That the general profession has no more right to control this "specialized" interest than it has to control pharmacy may be true, for in fact the general profession does control pharmacy as a specialty of medicine by a most general and continuous contact, potent and fresh every hour of every day, everywhere. The physician would be physician still, even if his patient had nothing to buy from the pharmacist, but only from the provision dealer and the grocer. But what would the pharmacists be with no sales to patients upon physicians' orders of substances which the physician must designate, and which he and the pharmacist must equally know well;—and yet it is claimed that there is as much danger of the physician forcing an unnatural discord by not doing what the pharmacist wants done through these Conventions, as there is of the pharmacist forcing such discord by not doing what the physician desires.

Finally, the author of the proposed new plan is charged with trying to support it by appearances of fairness which are not real;—and by injurious personal reflections upon such men as "Drs. Wood, Bache, Carson," etc. The most liberal and charitable construction to be put upon the first part of this charge is that the mind of the proposer has become so confused that he is no longer competent to judge of his own motives, and therefore does not know right from wrong. And as a result of this mental condition has put forth propositions which are irrational and wrong without knowing how wrong and unfair they really were. From its nature, this charge has to be submitted to the professions of medicine and pharmacy without argument.

But, with regard to the second part of the charge, namely, injurious reflections upon such men as "Drs. Wood, Bache, Carson," etc., a few words must be offered.

A good degree of familiarity with their subject and their work, and friendly personal relations with two of them for thirty-five years, have taught this writer to have a sincere respect and admiration for these men;—and a strong feeling of thankfulness to them for their beneficent labors arises whenever their subject comes under consideration. Such feelings are entirely incompatible with injurious personal reflections, and the charge is denied and resented. In any logical or rational attempt to treat the subject it was impossible to ignore the well-known fact that Drs. Wood and Bache had man-

aged and controlled this Pharmacopœia interest,—Conventions, Committees and all,—first and chiefly by their own indefatigable labors, and next by valuable aid from a few able physicians and pharmacists around them. In common truthfulness to the subject the simple facts were stated with a constant effort to understate rather than to overstate them. Facts and circumstances not necessary to a truthful presentation of the case have been omitted, and those which seemed necessary have been touched upon as tenderly as was possible if the whole subject was to be taken up at all. And yet these charges are brought and urged over and over again, as a discredit to this movement and to the proposed plan.

One name among the honored dead, identified with and embodied in the U. S. Pharmacopœia for as much sound and truly valuable work as either Dr. Wood or Dr. Bache, and for more work than any other beside them, has not been mentioned, although his work was more truly voluntary in every sense than that of any other laborer upon it. And the loss of his services and influence to the professions of medicine and pharmacy, and especially to the Pharmacopœia, is quite as great as that of any one whose hands have upheld this work, and can now uphold it no longer. The earnest, modest, unselfish, untiring labor of such a man as Prof. William Procter, Jr., of Philadelphia, when abstracted from an interest like that now under consideration, is a loss which it is not easy to overestimate, nor is his place any more easily filled than those of the others which are now lost to this work.

Since the above was written a large meeting of the Philadelphia College of Pharmacy, called especially for the discussion of this subject, has been held, and was attended by prominent physicians as well as pharmacists, and the proceedings have been published in the May number of the "American Journal of Pharmacy," p. 258. At this meeting there was great harmony of sentiment, and the pamphlet of Mr. Taylor was endorsed. Resolutions in opposition to this movement were unanimously passed, and were directed to be forwarded to the President of this Association.

At that meeting Dr. H. C. Wood stated, after quoting "the Apostle Paul," that the College of Physicians of Philadelphia has passed a preamble and resolutions addressed to this Association, protesting against this movement; and farther, that a letter had been received from Dr. J. C. Riley, of Washington, the Secretary of The Convention of 1870, upon whom, through the death of the

President and both Vice-Presidents, the duty of calling a new Convention for 1880, has fallen, in which letter "he states that he cannot see but that he is in honor bound to call The Convention in 1880."

Thus the University of Pennsylvania has spoken through Dr. H. C. Wood;—the College of Physicians of Philadelphia, and the College of Pharmacy of Philadelphia have spoken in no uncertain tone by resolutions; and, these being the organizations which have come to consider themselves as practically the owners of this interest, and authorized to say that The Convention will be called, and will make a pharmacopœia in the usual way, irrespective of what the general profession may or can do;—and, as Dr. Riley has said substantially that under these circumstances he will call a Convention,—it must be accepted as a fact that a Convention will be called, and will, irrespective of numbers, or of anything else, make a pharmacopœia, and this is beyond doubt probable, and is entirely in accordance with the present plan, and with established precedents. Then as this Convention must necessarily consist of incorporated bodies only, and as these incorporated bodies must necessarily consist mainly of colleges, from their very large majority among the organizations throughout the country which are entitled to representation in these Conventions,—the unincorporated portion of the profession, and that which is represented directly in this Association, must be left out, or must ask for permission to be allowed to participate in its own most important and most vital work."¹

The whole question at issue is very simple and very compact, and should be steadily kept in view. It is this: Does the medical profession desire to change *its* plan of revising *its* Pharmacopœia or not? Then out of this comes another question: Who is entitled, in this nation, to answer in the name of the medical profession?

This condition of things leaves to The Association a choice between three different courses of action.

First. It may by a simple motion, made at any time, either at once or after discussion, lay the whole subject upon the table, and abandon it, thus leaving it precisely as if no action had been taken

1. During the present annual meeting of The Association, another pamphlet has been received and distributed to the members. The title of this pamphlet is "Review of Dr. Squibb's Proposed Plan for the future Revision of the U. S. Pharmacopœia, being a Special Report upon this subject by the Committee of the National College of Pharmacy on the U. S. Pharmacopœia, and Resolutions adopted by the National College of Pharmacy, Washington, D. C., at a special meeting held May 28, 1877," this pamphlet is presented herewith as a useful part of the history of this movement.

The chief points of this pamphlet are that this Association is not the proper custodian of The Pharmacopœia, because it admits delegates from the unincorporated portion of the profession; and that the proposed council is too small. These, as well as the minor points of the pamphlet, have been fully discussed in the rejoinder.

in the matter in any way; for, as yet, The Association is in no degree involved in the subject at all.

This course would be that most acceptable, personally, to the present writer, since being now entirely relieved from a sense of responsibility to the profession at large which has been growing upon him for the past fifteen years, and having transferred that responsibility to where it rightly belongs, he would be satisfied with any course that the deliberate judgment of the profession might take, and be best satisfied by such a course as this which would enable him at once to withdraw from a controversy which has already degenerated into disagreeable personalities. But the question is, can The Association afford to take this course?

Second. The Association may proceed, by this or some better plan, to make a pharmacopœia, and offer it to the profession at any time and in any way it pleases, allowing the work to take its chances with others, upon their merits.

In adopting such a course, however, it would probably have the entire work to do within itself, since it is not probable that either the Army or Navy Medical Departments would take any direct part in the work, or assume any responsibility whatever for it. Neither is it all probable that The American Pharmaceutical Association would give any assistance under such circumstances. Then, whether The Association could undertake the work within itself with a fair chance of success would be the important question here involved.

Third. The Association might appoint,—or elect through its Nominating Committee,—a small, carefully-selected Committee, say of three men,—and refer the whole subject to them to be reported upon at the annual meeting of 1878.

Such a Committee should be as free as possible from local bias;—should have had no active part in this controversy;—and should have time and ability to make a thorough investigation of the whole subject. It should be directed to consult with the Surgeon-Generals of the Army, Navy and Marine Hospital service, and to ask for a committee of consultation of similar unbiased character, from The American Pharmaceutical Association;—and should, in its judicial functions, be authorized to employ legal counsel, not only for the decision of legal points, if any should arise,—but to carefully weigh all the testimony that has been or may be offered in evidence upon the subject,—and to suggest new sources of evidence.

It seems very plain that nothing definite can be wisely undertaken at this meeting beyond a cool and temperate discussion of the subject, confined to its merits, and commensurate with its true dig-

nity and importance, for the purpose of bringing out all the points and arguments possible at this time, and having them carefully recorded for the deliberations of the future. Such a committee as is suggested, might, in proportion to its activity and thoroughness, present a report in 1878 which would very materially aid The Association in reaching a wise conclusion, and in avoiding mistakes that would jeopardize the interests involved.

The whole subject is now submitted to The Association with a sincere wish that if discussed at all, the discussion may be calm and dispassionate, and may be kept to the elucidation of matters of fact and judgment; and that each speaker should ask his questions, and give his views as briefly and as compactly as possible upon the choice between the three propositions above offered, which, it is believed, embrace the whole subject in the only form that is well adapted to present action in The Association.

The following resolutions are submitted as being well adapted to carry into effect the third one of the suggested modes of action, and as being nearly or quite in accord with the recommendation of the President in his address, delivered yesterday.

Resolved, That the Nominating Committee be directed to nominate three permanent members or delegates to constitute a Committee on The Pharmacopœia of The United States of America, in connection with the whole subject as presented at this meeting;—and that in selecting this Committee all sectional bias be carefully avoided;—and that no name be presented which is actively identified with either side of the controversy on the subject.

Resolved, That when elected, this Committee take for its precept the whole presentation of the subject as now made to The Association, and carefully consider all the arguments on both sides of the questions involved, and all additional testimony that can be obtained, and report the results of the investigation to The Association at the annual meeting of 1878.

In order that this Committee may possess itself of all available means for knowledge and judgment, it should be directed to ask the counsels of the Surgeon-Generals of the Army, Navy and Marine Hospital Service.

It should also be directed to invite The American Pharmaceutical Association through the President of that Association, in the name of this Association,—to elect a similar committee of three at its annual meeting in September next, for consultation with this committee upon this subject;—and if the invitation should be accepted, to consult freely and fully with such committee.

It should also be directed that after such counsels and consultation, the committee employ competent legal counsel to consider all

the issues involved, and examine all the testimony and evidence thereon, and obtain from such counsel a written opinion upon the points at issue, such opinion to be presented to The Association with the report of the committee.

And be it farther Resolved, That in order still farther to know the will of the entire profession with a view to the end that only the wisest and the most deliberate action may be taken, the whole subject be referred to the state medical societies with the earnest request that they give it a full and fair consideration and discussion through all their constituent organizations, and report their wishes and their judgment to this Association, as being the aggregate representative body of the whole profession, at the annual meeting of 1878.

In order to carry this Resolution into effect, the secretary of The Association should be directed to address the following communication, in duplicate, to both the president and secretary of each state medical society throughout the United States, immediately upon the adjournment of this meeting; and to publish the same in all the Medical Journals of the country which may be willing to insert it.

To the State Medical Societies of The United States, and their Constituent Organizations :

Referring to the discussion of the subject of the interests of the medical profession in "The Pharmacopœia of The United States" during the past year, and as presented in the Transactions of The American Medical Association, you are earnestly requested to give the subject prompt attention as involving one of your own most important interests, and to send your delegates to the annual meeting of this body in 1878, especially instructed upon the following questions :

Does the medical profession of the United States desire to make a change in the plan of revising the Pharmacopœia ?

Is The American Medical Association a competent representative body authorized to control and manage this interest ?

Will the profession as represented in your state society entrust its interests in this subject to this Association through the delegation sent to this body, or not ?

Will each state society inform this Association whether it be incorporated or not ?

Answers to these questions, and any suggestions that may be offered should be embodied in a communication addressed to this Association, and be signed by the president and secretary of each state medical society, and should be forwarded to this Association by the delegates sent to the annual meeting of 1878.

By order of The American Medical Association,

Secretary.

(Date.)

OPINION OF LEGAL COUNSEL.

Prior to the year 1820, the medical profession, represented by the medical colleges and societies of this country, finding the *Pharmaeopœias* of foreign countries insufficient for its needs, voluntarily formed itself into a body under the name of "The National Convention for Revising *Pharmaeopœias*."

The result of its labors was published in 1820 in the form of a book which was entitled: "The *Pharmaeopœia* of the United States of America, by Authority of the Medical Societies and Colleges."

This book was copyrighted, the term for which has now expired.

In 1830 this body again met for the same purpose, and the result of its labors was published under the above title, with the words "National Medical Convention" substituted for "Medical Societies and Colleges," in the form of a book which was copyrighted in 1831, the term of which has also now expired.

In 1840 this body again met for the same purpose, and the result of its labors was published under the same title in the form of a book, which was copyrighted in 1842, the term of which has also now expired.

In 1850 this body again met for the same purpose, and the result of its labors was published under the same title in the form of a book, which was copyrighted in the name of George B. Wood, M. D., Chairman of the Committee of Revision and Publication.

In 1860 this body again met for the same purpose, and the result of its labors was published under the same title, in the form of a book, which was copyrighted in 1863 in the name of Franklin Bache, Chairman of the Committee of Revision and Publication.

In 1870 this body again met for the same purpose, and the result of its labors was published under the same title, in the form of a book, which was copyrighted in the name of Joseph Carson, M. D., Chairman of the Committee of Revision and Publication.

We are now asked whether any one has the right of property in the title: "The *Pharmaeopœia* of the United States of America," which The American Medical Association, or any of its members, would be liable to infringe by the publication of a book having that title.

We are unable to find any case, either in England or in this country, where, under the law of copyrights, courts have protected the title alone separate from the book which it was intended to designate.

The question was touched upon in *Osgood vs. Allen*, 3 Official Gazette, page 124, where the court doubted whether any such protection could be granted.

Assuming, however, that it is the proper subject for protection under the law of copyrights, it was copyrighted in 1820, the term of which has expired.

Unless, then, some one has a right in it, in the nature of a trade mark or of a good will, it is public property.

If it is in the nature of a trade mark or good will it must be owned by whoever first adopted the trade mark or created the good will, or the assignee or assignees of such a one.

That it was adopted or created by the body of physicians above referred to and has been used by it down to the present time is undeniable.

This body, however, was not a firm or partnership, nor did it act in a corporate capacity, as it was not incorporated. It had no legal existence, and could not therefore sue or be sued, or acquire or convey title to any right whatever.

It would therefore appear that as the right, if any, to said title must be in the nature of a trade mark or good will, and as the body that adopted or created it could neither hold or convey it, or sue for infringement of the right of it, that it was and is public property.

Being public property The American Medical Association or any one else can use it with impunity.

We are also asked whether the publication of a revision of the Pharmacopœia of the United States would be an infringement of the copyrights of Wood, Bache and Carson, or either of them, above referred to.

We have grave doubts as to whether either of said copyrights is good and valid in law.

The history of the Conventions of 1850, 1860 and 1870, shows that at each a committee was appointed to revise and publish the Pharmacopœia, and that the labor and authorship of the Pharmacopœia was not a sole one of either Wood, Bache or Carson, but a joint one of these persons with the other members of the Committee of Revision and Publication.

Although we are unable to find any case in which it has been decided that a copyright is void and of no effect in law, because taken out in the name of one author where several have been joint authors, we are of the opinion that such a copyright would be void and of no effect in law the same as if one of two joint inventors should procure a patent in his own name for the joint invention, which would invalidate the patent.

That there is an analogy between the rights of authors and those of inventors there is no doubt.

The Constitution of the United States appears to place them on the same footing, where it declares in the first article that, "Congress shall have power to promote the progress of science and useful arts by securing for limited times to authors and inventors the exclusive right to their writings and discoveries."

In the celebrated case of *Wheaton & Donaldson vs. Peters & Grigg*, 8 Peters, page 657, the court inquires:

"In what respect does the right of an author differ from that of an individual who has invented a most useful and valuable machine? In the production of this his mind has been as intensely engaged as long, and perhaps as usefully to the public, as any distinguished author in the composition of his book. * * No one can deny when the Legislature are about to vest an exclusive right in an author or inventor, they have the power to prescribe the conditions on which such right shall be enjoyed, and that no one can avail himself of such right who does not substantially comply with the requisitions of the law.

This principle is familiar as regards patent rights, and it is the same in relation to the copyright of a book. If any difference shall be made as it respects a strict conformity to the law, it would seem to be more reasonable to make the requirement of the author rather than the inventor.

Now the Constitution and law gives protection to the author or authors, and on no principle do we know how it can be contended that the copyrighting of a joint work by one of several joint authors can afford him any protection.

Assuming, however, that these copyrights are valid, they can only cover what has been added to the old Pharmacopœia of 1820, 1830 and 1840, the plan, arrangement and substance of which are common property.

The Pharmacopœia is a work whereby the author, by his copyright, protects his own labors. But it is a well settled principle of law in regard to the class of works of which this is one, that he cannot exclude others from publishing a similar work, the result of their own labors and compilations, without availing themselves of his labors of authorship or compilation.

See Curtis on Copyrights, pages 258 and 260.

Lawrence vs. Cupples, 9 Official Gazette, page 254.

In the case of Banks vs. McDivett, 7 O. G., page 860, the court said:

“In the case of a dictionary, map, guide-book or directory, where there are certain common objects of information which must, if described correctly, be described in the same way, a subsequent compiler is bound to set about doing for himself that which the first compiler has done. The rights and duties of compilers of books which are not original in their character, but are compilations of facts from common and universal sources of information, of which books, directories, maps, guide-books, road-books, statistical tables and objects are the most familiar examples, are well settled.”

No compiler of such a book has a monopoly of the subject of which the book treats. Any other person is permitted to enter that department of literature and make a similar book. But the subsequent investigator must investigate for himself from the original sources which are open to all. He cannot use the labors of a previous compiler *animo furandi* and save his own time by copying the results of the previous compiler's study, although the same results would have been obtained by independent labor.

There is no question but what The American Medical Association, or any of its members, may bodily take the old Pharmacopœias of 1820, 1830 and 1840, and add thereto any information, the fruit of its or their own labor and investigation, without liability therefor.

To prevent any controversy which might arise if the said Association, or its members, took bodily from the Pharmacopœias copyrighted by Wood, Bache and Carson, whatever each had respectively, by his own labor or investigation, put into the books so copyrighted, we would advise that it, or they, take bodily whatever they desire from the previous Pharmacopœias, and add, by original labor and investigation, whatever is desired to perfect the book.

MUNSON & PHILIPP.

NEW YORK, May 31, 1877.

END.

