

Wood (H. C.)

THE UNITED STATES PHARMACOPŒIA

AND THE

AMERICAN MEDICAL ASSOCIATION.

Reviewers are requested to state that this pamphlet will be sent to any Physician who will enclose address and a three-cent stamp to Dr. H. C. Wood, 1631 Arch Street, Philadelphia.





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 there 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 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 Formularies, 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 deficiencies 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 33 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 interest 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. 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 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 current 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* exists 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 medica 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 rati-

fied 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 induced 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 present 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 stand-

ard 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."

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