be published in three volumes. Two volumes should be of primary interest to pharmacists; one of these should be essentially a book of simples. It should comprehend all drugs and simple preparations that are used by physicians of what-so-ever school, giving appropriate titles, descriptions, and tests for same. Deletions should be unnecessary, but admissions should be made as rapidly as demanded by physicians. The other volume should be a formulary pure and simple. It should contain standard formulas for such medicines as are demanded by physicians in their regular practice, such medicinal preparations to be made from the standard samples. The third volume should be the physician's handbook and contain only such matters as are of interest to physicians in their practice. The editing and revising of this book should be intrusted to the best physicians, foremost pharmacologists, and therapeutic experts of the country. The information contained in this volume would have the stamp of authority in all medical schools. It would thus be possible to place in the hands of physicians the latest information concerning drugs, without in the least depriving the older members of the profession of their favorite drugs simply because modern experimentation had failed to show that they were physiologically active.

Necessary additions should be made annually by supplement and complete revision made, say every ten years. In this way the pharmacists would exercise only their legitimate function—that of placing the stamp of approval not upon the drugs and preparations but only upon the methods of selecting, testing and preparing them. Those entrusted with the enforcement of the sections of the Food and Drugs Law would thus be provided with sufficiently comprehensive standards.

By so doing, it is believed that physicians can advance the science of thereapeutics as rapidly as they desire without seriously disturbing their less progressive brothers, while pharmacists can also progress without requiring the busy physician to revise his materia medica every ten years. In this way it is believed that these great interdependent interests may be satisfactorily served and brought into harmony.

GETTING READY FOR THE 1920 PHARMACOPOEIA.

WM. MITTELBACH, PH. G., BOONVILLE, MO.

The Committee on Pharmacopoeia of the American Pharmaceutical Association being a continuous body, might well take in hand matters pertaining to the 1920 Revision. Sub-committees from this Committee could begin at once the standardization of potent drugs; working out simple and reliable tests of identity and the detection of impurities and adulterants; testing working formulas for the galenicals; ascertaining to what extent the various drugs, chemicals and preparations of the Pharmacopoeia are used, and gathering general information, that will be useful and of value to the Committee having in charge the revision of that period. This will enable the Committee to get the Pharmacopoeia into the hands

of the physician and pharmacist more nearly on time, than has happened in the past, and is happening now. These is no good reason in completing the Pharmacopoeia 2, 3 or 4 years after the time the Committee is selected. Under present methods I fully realize that it is impossible to have the work ready for the printer under 3 or 4 years. Getting ready before time will obviate this delay, and we will have our guide book at the time we should have it. 1920 will mean 1920, and not 1925.

This is not criticism of the present committee; but only suggests a way out of the difficulty.

The information gathered in this way by the American Pharmaceutical Association, will, at once, be available to the Committee of 1920. State Associations can also pursue a like course. All these data, together with the contents of the digest being issued by the U. S. Public Health and Marine Hospital Service, will furnish material enough, and of the most reliable kind, from which a world's work can be made, and of which the pharmacists of our country will be proud. Our Association can, through its Committee, get in touch with like committees of other countries that will eventually result in a World or International Pharmacopoeia, and the simplification of pharmacy and therapeutics in general.

A PECULIAR CASE OF COMMON SALT POISONING.

O. H. CAMPBELL, M. D., ST. LOUIS.

The patient, R. G., was a healthy boy of 5 years. Parents were living and well. Patient had had mumps at 4 years and measles at 3 years; no other illness This summer he had not slept well and the mother believed that the child might have worms. On the advice of a friend the mother decided to administer a salt enema. The suggestion had been to use one tablespoonful in a quart of water, but she misunderstood and used one pound of salt in a quart of water.

The enema was given at 5 p. m., July 13. In from five to ten minutes the child cried, with severe pains in head, became intensely thirsty, vomited violently, and soon began to purge violently; within thirty minutes he became unconscious and had one convulsion after another. I saw him at 6:30 p. m. and found him unconscious and unable to swallow, with one clonic spasm quickly following another. The temperature was 99.2, pulse 150, bowels moving often, passing blood and mucus. At 8 p. m. the temperature was 102.5, pulse 170; the eyes were crossed, and all of the symptoms seemed worse. At 9 p. m. the temperature was 104.6, pulse about 200. All of the symptoms seemed worse and continued to increase in severity until 10 p. m., when the child died. I was unable to have a post-mortem examination. I have searched the literature carefully but can find no parallel case.—*Journ. A. M. A., Oct.* 5, 1912.