

of the physician and pharmacist more nearly on time, than has happened in the past, and is happening now. There 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.*