

obtained by pouring an excess of this substance into a bottle three parts full of distilled water, shaking the mixture repeatedly, and then allowing the insoluble chloroform to deposit until complete transparency is obtained. The separation of the saturated solution is then made by decantation, or by means of a siphon. This, however, being too strong for internal use, requires dilution with 9 per 1000 of its weight of water. Various salts (as chlorate of potash, borate, bicarbonate and salicylate of soda) may be dissolved in this water without producing any modification; and Profs. Lasègue and Regnaud are of opinion that chloroform-water, either pure or diluted, will meet every need of the internal administration of this substance. Giving a pleasant taste in the mouth, which lasts for a minute or two, it is well calculated to disguise the unpleasant taste of various medicines, as castor oil, etc.; and by the direct action which it exerts on the mucous membranes and other surfaces with which it comes in contact, it may prove useful in certain affections of the mouth, gums, teeth, velum, pharynx. Swallowed, it exerts a stimulant action on the stomach, but it acts differently according as it is taken before, during, or after a meal, and according to the lapse of time that has intervened between taking the meal and the absorption of the chloroform. Given before a repast, in aid of the appetite, the chloroform-water is a bad agent; but given after a meal, whether alone or combined with an alcoholic wine and sweetened, it increases the stimulant properties of the wine or produces the same effects. Wherein this water enjoys an incontestable efficacy, which is proper to it, is when it is administered for combating the multiple affections which supervene during the course of digestion and produce its disturbance. Its maximum therapeutical action is obtainable three or four hours after the meal, when functional disturbances exhibit themselves by yawning, distension, gaseous eructations, a sense of epigastric pressure or heaviness, flushings of the face, and threatenings of vertigo. But in a higher degree still, when the digestive disturbances are manifested by acute lancinating pains of the stomach, oppression, palpitations of the heart, fleeting febrile action, dryness of the mouth, painful tympanites, etc., the action of the chloroform-water is injurious, this period of the indisposition being ill-suited for any stimulant whatever. In a word, the chloroform-water acts on the stomach in the same calving way as upon the interior of the mouth, and if it do not cure the affection, at least it attenuates its consequences. It is the remedy for the crisis, but not dispensing with the requisite principal treatment. It is a remedy eminently suitable as an efficient calmant of the sufferings which ensue from painful digestion in dilatation of the stomach.—*Med. Times and Gazette*, May 6, 1882.

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#### *Therapeutic Value of Resorcine and Chinoline.*

Dr. BRIEGER (*Deutsch. Med. Zeit.*, Feb. 2, 1882) has carried out experiments on resorcine and chinoline in the clinic of Dr. Frerichs, and gives the results in a paper read on January 30, at the meeting of the Verein für innere Medicin. Resorcine was first recognized as a check to decomposition and fermentative processes and as a powerful antiseptic, by Andeer, and it was believed that there was no external disease in which it did not prove effective. Brieger has, however, got no good result from even a 5 per cent. solution in gonorrhœa. Internally, he tested its antifermentative and antipyretic qualities in typhus and pneumonia, and found that doses of  $1\frac{1}{2}$  grammes lowered the temperature somewhat; however, the larger number of the patients thus treated fainted easily, complained of tinnitus aurium, and exhibited startling delirium. In a few patients the pulse became small and soft, the heart's impulse less strong; heavy rigors and perspirations followed, and, lastly, collapse, from which they were with difficulty recovered.

If the dose were pushed beyond 3 grammes, symptoms analogous to poisoning by carbolic acid were observed; whilst the lowering of temperature only lasted a short time, to be succeeded, in from one and a half to two hours, by increase of fever and temperature, to even a higher degree than before. The nausea was also very objectionable. It might be suggested that, as small doses lowered the temperature for a time, larger doses could be administered to lengthen the effect; but against this is the fact that resorcin is excreted as ether and sulphuric acid, and only a part is further oxidized and forms coloured products of oxidation. Hence, as resorcin is administered, the body becomes poor in sulphuric acid, and receives bodies which act as poisons on it. As an antipyretic, therefore, this drug is not to be recommended on any account. It has also been lauded in intermittent fever; but, as in well-constructed hospitals this fever is observed to pass over favourably without medication, Brieger has not administered resorcin to the patients. He has used the other agent chinoline, without the slightest effect in typhus, pneumonia, rheumatism, and remittent fever; it being in some cases vomited, thereby probably reducing the temperature very slightly. It has also had effects following its administration, *e. g.*, disturbances of digestion, vomiting, and nausea; so that it does not seem advisable to use chinoline in its present form. Hiller has made similar observations, which were extended to phthisis and enteric fever, with like results, using the tartrate of chinoline, which is very insoluble and of a very disagreeable taste, producing vomiting in three-fourths of all the patients to whom it was given; he has therefore abandoned it. Guttman used resorcin as a wash for the bladder in chronic cystitis in three patients, in whom it caused intense pains and hæmaturia with renal elements, which at once ceased when salicylic acid solution was used. He trusts that such washings-out with resorcin will never be undertaken again. Brieger, lastly, is astonished that Soltmann recommends it for children with stomachic ailments.—*London Medical Record*, April 15, 1882.

#### *Detection of Small Amounts of Iodoform and Substances Yielding Iodoform.*

On heating an alkaline solution of resorcin with even very small amounts of iodoform a red coloration is produced which again disappears on the addition of an acid. This reaction may be readily employed for the detection of small amounts of substances yielding iodoform, as alcohol, acetone, etc. As is known, such substances are recognized by warming the liquid to be examined, adding a solution of iodine in potassium iodide or potassium carbonate, and then sufficient solution of sodium hydrate, drop by drop, until the brownish-yellow colour is nearly discharged. On agitation and standing, the iodoform separates as a bright yellow crystalline precipitate, which, under the microscope, appears in the form of regular six-sided tables of roundly-pointed laminae. As on the one hand small amounts of iodoform remain dissolved, particularly in alcoholic liquids, and on the other hand the microscopic examination of the precipitate is somewhat circumstantial, it is recommended to gently warm the liquid containing iodoform, obtained by the above method, with the further addition of alkali and a little resorcin. The above-mentioned characteristic red coloration of the liquid then appears.—*Cincinnati Lancet and Clinic*, April 29, 1882, from *Pharm. Centralhalle*.

#### *The Convulsive Properties of Morphia.*

The *Gazette Hebdomadaire* contains an interesting note by MM. GRASSET and AMBLARD on the convulsive properties of morphia. Opium contains, as is well known, two series of alkaloids of very different properties, of which thebain and morphia are types. In certain points of view, however, the physiological re-