

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 bad 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 stomache ailments.—*London Medical Record*, April 15, 1882.

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*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*.

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*The Convulsive Properties of Morphia.*

The *Gazette Hebdomalaire* 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-