

istered, and only to a minute extent at three places—in the bone marrow, in the lacteal glands and in the hair. These observations have been fully confirmed by Benedix and Caspari. The latter proved that when a solution containing potassium iodide and free Iodine was administered under the most favorable conditions there was no recognizable synthesis of iodized fat; on the other hand, he proved that when iodized fat was consumed no inconsiderable quantity of it passed from the food into the milk.

On the basis of such observations there is reason for regarding Iodipin from a physiological point of view as a highly-interesting preparation, the advantage of which centres in the fact that it is partially assimilable in the body and then is capable of gradually supplying from that store of iodine sufficient quantities in proportion to the progress of oxidation, and the action exercised by the alkalinity of the blood to develop its effects.

Granting that an hereditary or acquired predisposition or a similar condition produced by sickness may be one of the chief determining causes of the accessory effects of Iodine, it must also be remembered that for accessory effects to be produced, the occurrence of assimilation or excretion is essential, and that acute iodism depends upon the irritating action of Iodine or Alkaline iodides upon the alimentary canal. In the case of Iodipin the conditions of assimilation and elimination are essentially different from those obtaining in regard to alkaline iodides and other Iodine preparations. With the former a few minutes are sufficient to allow of the salt being diffused in considerable quantity from the stomach in the secretions and excreta.

When Iodipin is administered per os Iodine appears in the urine within ten or fifteen minutes; but the elimination of the entire quantity taken does not take place within a short space of time; but, in contradistinction to the results produced by other Iodine preparations, only after a much longer period has elapsed. The elimination of Iodine is still more retarded when Iodipin is administered subcutaneously. Klingmüller and Lowenheim, found, in experiments with animals, that even after the lapse of seventy days there were still traces of Iodine in the urine. When Iodipin is assimilated as a result of subcutaneous injection it is turned to account in the most effective manner. Klingmüller was unable, in repeated trials, to obtain any evidence of Iodine in the feces in a state of organic or inorganic combination.

In the administration of Iodipin therefore, Iodine is not only more gradually and uniformly eliminated than when administered in any other state of combination, and the diseased organism is consequently subjected to its influence more continuously and equally; but it may also be expected that the iodized fat is assimilated at the seat of disease and is there gradually liberated to exercise its heating influence. There is therefore no necessity to consider the questions whether the Iodine deposited with iodized fat is deposited as such and is there transformed in the circulation into alkaline iodide or whether the assimilatory properties of the