

stance dissolves without much difficulty, and forms a white, smooth product.

Naphthol melts at 253° and boils at 546.8°.

It should not be confounded with naphthalin.

Salol, phenylether of salicylic acid, $C_6H_4OH.COO.C_6H_5$.—This remedy appears to give the greatest promise of future importance, for, in the short time that it has been known, it has done very good service as a febrifuge and an antirheumatic, being administered in doses of 15 to 30 grains, two or three times a day; also as a gargle, \mathfrak{z} ii. Thus:

Salol, \mathfrak{z} ii;
Spirit, vin., \mathfrak{z} iv.

A teaspoonful to a glass of warm water for stomatitis and ulcerations of the mouth and pharynx.

A salol mouth-wash is also very much recommended, and may be prepared as follows:

Take salol, gr. xl; dissolve in \mathfrak{z} iv of a suitable spirituous dentifrice liquid. Half a teaspoonful to be used in a glass of water, with which it forms a milky emulsion.

For chronic forms of diphtheria it is reported to have more powerful effect than solutions of chlorate of potassium or salicylic acid. It is also applied, worked up with butter of cacao into pencils, as an antiseptic. These are prepared in a similar manner to those of betol, before mentioned.

Salol is a white, crystalline powder, of a mild aromatic odor; it is insoluble in water, but soluble in alcohol. The melting point is 108°F.

Thallin, $C_6H_{10}N(OCH_3)_3$.—Thallin is employed either as a sulphate or tartrate. It is rapidly obtaining a recognized position in the materia medica, for it is a reliable and powerful antipyretic, applicable in all kinds of febrile conditions. 3 to 8 grains in pill are considered a suitable dose. It is also applied externally, especially lately, with great success for injections in cases of acute and chronic gonorrhœa, for which it is prescribed in aqueous solutions containing one drachm of thallin salt in \mathfrak{z} vi.

Salts of thallin are crystalline powders, not quite pure white in color, of a bitter and intensely aromatic taste, and of a peculiarly persistent odor, which is similar to that of coumarin; they are readily soluble in water, but far less so in alcohol.

Urethan, ethyl of urethan, $CO(NH_2).OC_2H_5$.—As a mild hypnotic, urethan is very useful, being administered in doses of from 15 to 40 grains,

either as a powder or in solution, with a little syrup as a corrective. Thus:

Urethan, \mathfrak{z} ii;
Syr. simpl., \mathfrak{z} i;
Aqua, \mathfrak{z} iii.

Two teaspoonfuls for a dose.

It does not produce a comatose condition like chloral hydrate, but tends to induce a healthy natural sleep in cases where this is impeded by other causes.

It is a crystalline body, of a mild ethereal odor, tastes somewhat like saltpetre, is soluble in water and alcohol, and melts at about 120° F.

On the Antitubercular Action of Iodoform.

Prof. P. Brans (Tubingen) communicates the results of clinical observation and histological examination in *Centbl. f. Chirg.* These results speak decidedly for the specific antitubercular action of iodoform. His data were derived from the treatment of cold tubercular abscesses by puncture and injection of iodoform—10% mixture of iodoform in equal parts of glycerine and alcohol. Here and there the abscess would gradually diminish after even one injection, commonly after two or three, and presently disappear entirely. Of 54 abscesses treated in this way, 40 were cured, including numerous voluminous ones with $\frac{1}{2}$ to 1 lb. pus, especially a number of large sinking abscesses of pelvis and thigh from spondylitis. As the major part of the cured abscesses were certainly tubercular the constant results of the treatment with iodoform can only be explained by its continuous contact with the cavity-lining causing degeneration of the tubercles and the tubercular layer of the abscess-wall. This action was directly proven on a number of patients by excision of the wall some time after the injections. Exact histological examination of Prof. Nauwerck showed that the bacilli had always disappeared and tubercles ceased to proliferate. The tubercular layer of the abscess-wall yields to necrosis and fatty disintegration, and is displaced by normal vascular granulations, until they mix with the fluid contents. Hence the antitubercular action of iodoform is specific, antibacillary.

[Our readers will recall a short note in the November number of MEDICAL SCIENCE, alluding to two noted German investigators who deny for iodoform any antiseptic power whatever. Inoculat-