EDITORIAL NOTES

A CORRECTION.

In the article in the July issue of the JOUR. A. PH. A., entitled "IV. Examination of Acriflavine Base (So-Called Neutral Acriflavine) by George W. Collins," the last sentence under Revision of Standards on page 669 should read:

"Transfer about 0.5 Gm., accurately weighed, to a 400-cc. beaker, and dissolve in 100 cc. of water: the hydrogen-ion concentration determined by using the hydrogen electrode and a calomel cell (normal potassium chloride solution) corresponds to a p_H of not less than 3 nor more than 7."

GEORGE W. COLLINS.

NEW AND NONOFFICIAL REMEDIES.

The following additional articles have been accepted as conforming to the Rules of the Council on Pharmacy and Chemistry of the American Medical Association for admission to New and Nonofficial Remedies. A copy of the Rules on which the Council bases its action will be sent on application.

W. A. PUCKNER, *Secretary.*

LIPOIODINE-CIBA (See New and Nonofficial Remedies, 1928, p. 215).

Actions and Uses.—In the form of lipoiodine-Ciba diagnostic, it is used as a contrast medium in the localization of bronchial and pulmonary lesions, as a diagnostic aid in gynecology and myelography, for detecting urethral strictures, and in cavities where intensification of the Roentgen ray shadows is desired.

Dosage.—For diagnostic work, from 5 to 20 cc. of lipoiodine-Ciba diagnostic, as determined by the extent of the field to be investigated.

The following dosage forms have been accepted:

Lipoiodine-Ciba Diagnostic: A 60 per cent solution of lipoiodine-Ciba in sesame oil.

Ampuls Lipoiodine-Ciba Diagnostic, 5 cc.: Each ampul contains 5 cc. of a 60 per cent solution of lipoiodine-Ciba in sesame oil.

ACIDOPHILUS BACILLUS LIQUID-MULFORD.—A whey culture of *Bacillus acidophilus* (Moro) in a whey medium. It contains 50 million viable organisms per cubic centimeter at the time of sale.

Actions and Uses.—See Lactic Acid Producing Organisms and Preparations, New and Nonofficial Remedies, 1928, p. 228.

Dosage.—One to two tablespoonfuls in a glass of milk or in half a glass of water to which has been added two teaspoonfuls of lactose, three times daily at any time before or two to three hours after a meal.

Manufactured by H. K. Mulford Co., Philadelphia. No U. S. patent or trade-mark.

From *Jour. A. M. A.* for March 2, 1929.

DIAL-CIBA.—Diallylbarbituric acid.—Diallylmalonylurea.—2,4,6 - trioxy - 5 - diallylpyrimidin.—$(C_3H_5)_2C$ CONH CONH CO.

Dial-Ciba differs from barbital (diethylbarbituric acid) in that both of the ethyl groups of the latter are replaced by allyl groups.

Actions and Uses.—The actions and uses of dial-Ciba are essentially similar to those of barbital, but dial-Ciba is more active than barbital and it is used in correspondingly smaller doses. Fractional doses are used as a sedative and larger doses as a hypnotic.

Therapeutic doses act on the higher cerebral centers and exert no injurious action on the heart or circulation. The hypnotic action is induced within one-half to one hour.

Dosage.—As a sedative: 0.02 to 0.04 Gm. (1/3 to 3/4 grain) two or three times daily. As a hypnotic: 0.1 to 0.3 Gm. (1 1/2 to 4 1/2 grains) one-half to one hour before sleep is desired.

Manufactured by the Society of Chemical Industry in Basle, Switzerland (Ciba Company, Inc., New York, Distributor). U. S. patent 1,042,265 (Oct. 22, 1912; expired). U. S. trade-mark 98,204 and 126,088.

Tablets Dial-Ciba, 0.1 Gm. (1 1/2 grains).

Elixir Dial-Ciba: Each 4 cc. (1 fluidrachm) contains 0.05 Gm. (3/4 grain) in a menstruum containing alcohol 25 per cent.

Dial-Ciba occurs as a fine, white, crystalline powder, with a slightly bitter taste; completely soluble in alcohol and ether; very slightly soluble in cold water; insoluble in the paraffin hydrocarbons. A saturated aqueous solution is acid to litmus paper. Dial-Ciba melts at 171–173° C.

Place approximately 0.3 Gm. dial-Ciba in a 25-cc. glass-stoppered cylinder, add a mixture of 1 cc. normal sodium hydroxide solution and 5 cc. of water, shake the contents for one minute, filter through paper and divide into two portions; to one portion add 1 cc. of mercuric chloride solution: a white precipitate results, soluble in 10 cc. of ammonia water; to the other portion add 5 cc. of silver nitrate solution: a white precipitate results, soluble in 5 cc. of ammonia water. Boil 0.5 Gm. with 5 cc. of a 25 per cent sodium hydroxide solution: it is decomposed with the evolution of ammonia. Dissolve 0.1 Gm. in 1 cc. of sulphuric acid: the liquid assumes a yellow color, changing slowly to a brownish red, finally to a dark red. Place 1 Gm. in a 25-cc. glass-stoppered cylinder, add 10 cc. of water, shake for one minute, filter through paper and divide into two portions; to one portion add 0.5 cc. of a saturated bromine water: an immediate discoloration occurs; to the other portion add 0.1 cc. of tenth-normal potassium permanganate: a yellow color appears immediately.

Boil 0.5 Gm. of dial-Ciba with 50 cc. of water for two minutes: no odor develops; cool and filter: separate portions of 10 cc. each of the filtrate yield no opalescence with 1 cc. of diluted nitric acid and 1 cc. of silver nitrate solution (*chloride*); no turbidity with 1 cc. of diluted nitric acid and 1 cc. of barium nitrate solution (*sulphate*); no coloration or precipitation on saturation with hydrogen sulphide (*salts of heavy metals*).

Incinerate about 1 Gm. of dial-Ciba, accurately weighed: the residue does not exceed 0.1 per cent. Dissolve about 0.5 Gm., accurately weighed, in 25 cc. of previously neutralized alcohol; dilute with an equal volume of water and titrate with tenth-normal sodium hydroxide solution, using thymolphthalein as an indicator: the amount of tenth-normal sodium hydroxide solution consumed corresponds to not less than 98.5 per cent, nor more than 101.5 per cent of diallylbarbituric acid.

From *Jour. A. M. A.* for March 23, 1929.

LENIGALLOL.—Pyrogallolis Triacetas.—Triacetylpyrogallol. $C_6H_3(CH_3CO_2)_3$.—Pyrogallol triacetate, obtained by replacing the hydroxyl groups of pyrogallol with acetate groups.

Actions and Uses.—Lenigallol as such is said to be nonpoisonous and nonirritating, but it produces a mild and painless corrosive effect by the gradual liberation of pyrogallol. (See note under Creosote and Guaiacol Compounds.)

It is introduced as a substitute for pyrogallol in psoriasis, lupus, acute and subacute eczema of children and other skin diseases.

Dosage.—In 5 to 10 per cent ointment with zinc oxide.

Manufactured by Knoll A.-G., Ludwigshafen a.Rh., Germany (E. Bilhuber, Inc., New York, distributor). No U. S. patent or trade-mark.

Lenigallol is prepared by boiling 10 parts of pyrogallol, 1 part sodium acetate and 25 parts of acetic anhydride for two hours, and washing the crystalline product on a filter with water.

It is a white, crystalline powder, melting at 165° C. It is insoluble in water, but soluble with decomposition in warm aqueous alkalies.

Lenigallol is incompatible with alkalies, strong acids and oxidizing agents.

BISMUTH SODIUM TARTRATE-SEARLE

(See THE JOURNAL, June 30, 1928, p. 2103).

The following dosage form has been accepted:

Solution Bismuth Sodium Tartrate-Searle, 1.5 per cent: An aqueous solution containing bismuth sodium tartrate-Searle 0.015 Gm., benzyl alcohol 0.02 Gm., and sucrose 0.25 Gm., in one cubic centimeter.

From *Jour. A. M. A.* for April 6, 1929.

SODIUM THIOSULPHATE IN MERCURY POISONING.

T. E. McMurray and G. G. Gibson (*Med. Jour. and Record* (May 1, 1929), 519) record five cases of mercury poisoning, not to prove that sodium thiosulphate is the only important antidote for this condition, but to show that, owing to its low toxicity, it may be advantageously used with other routine measures. One patient had taken three mercury bichloride tablets, another had swallowed four, two had each taken two tablets, and the last patient only half a tablet. The cardinal symptoms of mercury poisoning were present in all these cases. The administration of sodium thiosulphate gave much relief within a few hours, and all the patients recovered. The treatment employed was gastric lavage with white of egg and sodium bicarbonate solution, followed by 10 per cent solution of sodium thiosulphate, some of which was left in the stomach. One ounce of the 10% solution of the drug was given intravenously three times a day for two days, and 2 ounces by mouth every two hours for the first day, then three times a day for four days. In one case a high enema of 300 cc. was given on two successive days, and in another case two high enemas, each of a pint. Supportive treatment was instituted and catheterization performed when necessary. The authors state that bowel and kidney lesions clear up more rapidly under the sodium thiosulphate treatment, and that very large doses of this salt can be used with impunity, and seem to have more effect than smaller ones.—Through *British Medical Journal* of July 13, 1929.