

ride tested, one sample of the hydrochloride turned distinctly greenish at the expiration of about five seconds. It does not seem quite clear whether such a sample would pass the requirement of not turning greenish or blue at once. The other samples withstood the test for periods of time varying from 15 seconds to 2 minutes.

Conclusion: The foregoing comparisons prove that the requirements of the Pharmacopoeia regarding the purity of diacetylmorphine alkaloid and hydrochloride are by no means too severe and will be easily met by the manufacturers. All the samples most commonly found on the market to-day while showing some variations are of sufficient purity to pass the official tests.

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SODIUM CACODYLATE BETTER THAN SALVARSAN.*

It were a good thing if physicians could be made to understand that sodium cacodylate (dimethyl arsenate) will do all that salvarsan and neo-salvarsan can do, while being much safer to handle. However, several years of experience with this remedy, administered intravenously in a wide variety of conditions (and at first, it must be admitted, with many failures), have convinced me that our current dosage is too small. For some time my practice has been never to give less than 10-grain doses, and often even as high as 30 grains, repeating the dose in four days. Those cases that failed to respond to the 10-grain dose have cleared up quickly under the 30-grain dose, and I have never seen any constitutional arsenic symptoms arise from this large dosage.

In treating syphilitic lesions with cacodylates, we should employ mercury either before or conjointly with the cacodylates, otherwise we are likely to produce that spirochete-fixation often produced by the salvarsan preparations, and known as the arsenic-fast condition. In tertiary lesions, iodine should be prescribed in conjunction, inasmuch as iodine is a liberator of encysted spirochetes and the cacodylate an eliminator by way of the lymph and blood streams.

The cacodylates are valuable remedies for many pathologic conditions, including skin diseases, as well as for infections, while the tonic and alterative properties of arsenic are well known.

We should administer more remedies by the intravenous route. The administration of thousands of injections during the course of several years gives me the assurance that this is a rational and safe procedure to follow.

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