

The author has experimented with chloralose in various diseases, but he has given his chief attention to its action in consumptives, in whom, with some rare exceptions, it has produced great improvement in regard to both the insomnia and the night sweats. In a number of cases of other chronic pulmonary diseases, however, such as chronic bronchitis, with dilatation of the bronchi and foetid secretion, accompanied by profuse sweating, he has found the action of chloralose almost identical with that observed among consumptives, and it seems to have been this observation which led him to the surmise that the remedy might act by virtue of some modification of the infectious processes going on in the lungs.

With regard to the administration of chloralose, in order to avoid toxic effects, the author begins with the use of capsules, each containing three-quarters of a grain. One of these capsules is to be taken, and, if at the end of half an hour sleep has not been induced, another may be given, and two more, if necessary, at intervals of half an hour. When the insomnia is very obstinate the dose may be increased to a grain and a half, but not more than four such doses should be given in the course of a single night. Moreover, in such cases it is sometimes advisable to give capsules containing, each, three-quarters of a grain of chloralose and from two to three grains of sulphonal, and, if there are febrile movements toward evening, it is well to add a small quantity of quinine. The author has experimented largely with these combinations, and has observed good results from them. As chloralose is almost always given in small doses, he says, it has rarely given rise to accidents, and when these have occurred they have not been of a very serious nature. Moreover, the small size of the dose required admits of the continued use of the remedy for days together, according to the persistence of the symptoms that indicate its employment. Finally, M. Sacaze thinks that chloralose seems worthy to rank with atropine, ergot, and agaric in the treatment of the night sweats of consumptives, and all the more from the fact that it answers two indications at the same time, that of overcoming sleeplessness and of mitigating the sweating.—Ed. *N. Y. Med. Jour.*

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#### MEDICAL NOTES.

Almost invariably, Professor Keen says, a *Cold Abscess* will be found to be tubercular in character.

Professor De Schweinitz says, in cases of *Corneal Ulcer* always search for the presence of a foreign body.

Professor Parvin thinks that the time at which

*Impregnation* is most likely to occur is at the decline of menstruation.

The administration of quinine, Professor Hare says, should always be preceded by the administration of a *Cholagogue*.

One quarter of a drop of carbolic acid every hour for a few hours, Professor Keen says, will often stop vomiting coming on after etherization.

The period of incubation of *Syphilis*, according to Professor Horwitz, is from 10 to 98 days, but in most cases the disease makes its appearance in 21 days.

If a person's *Temperature* should be found to persist above 100° without any apparent cause, Professor Keen says tuberculosis should be suspected and sought for.

One per cent. of common baking soda put into the water in which instruments are boiled, in order to sterilize them, Professor Keen says, will, to a very great extent, if not totally, prevent rusting.

Professor Wilson says the *Tympany of Enteric Fever* often can be favorably influenced by repeated rectal injections of from five to six ounces of ice water, retained for some time in the bowel.

Professor Hare says *Aconite*, as far as is known, is the only drug which in poisonous doses will cause numbness of, and tickling of, the first of the mucous membranes with which it comes in contact, and then of the extremities.

Professor Parvin says that *Very Fat Women* will often be found not to menstruate, nor will they become pregnant, but if some of their adipose tissue be gotten rid of they will not only begin to menstruate, but will also be able to be impregnated.

Professor Parvin favors the use of an *Anæsthetic* in almost all cases of labor; and when the assistance of no one can be obtained who understands the administration of an anæsthetic, he favors the use of ether; otherwise he prefers chloroform.

Professor Keen says that if during the time that a patient is suffering from an attack of *Appendicitis* he experiences a sudden diffuse pain and presents the other evidences of shock, it is almost certain that an ulcer of the appendix, or abscess consequent upon the appendicitis has ruptured into the peritoneal cavity.—*Coll. and Clin. Rec.*

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FOR CHRONIC ECZEMA OF THE LEGS :

R.—Unguenti Zinci, . . .  
 Unguenti Hydrargyri,  
 Unguenti Plumbi Acetatis, . . . Partes æquales.  
 Misce et fiat unguentum.

*The Practitioner.*