

August, when he died. The dyspeptic symptoms disappeared in one week from its commencement, and he was enabled to take other kinds of food, but Koumis formed part of his daily diet till his death, and sometimes no other food was taken for days together. This authority considers it as a therapeutic and a dietetic agent invaluable, and admissible in all cases of dyspepsia, wasting diseases, with low assimilative powers, after shock to the system with gastric disturbance, in gastric fever, and perhaps in typhoid. Three facts appear to have been established with regard to Koumis: first, that under the use of one bottle *per diem* there ensues an appreciable augmentation of weight in the body; secondly, that all febrile symptoms disappear; and lastly, that refreshing sleep is induced, all of which will serve to promote recovery, and will assist the *vis medicatrix naturæ* in re-establishing a healthy or normal condition.

*The local use of Chloral Hydrate.* By CHARLES A. PEABODY, House Surgeon City Hospital, Worcester, Mass., U. S.

DEAR DOCTOR,—You will remember asking me about my experience with the hydrate of chloral, as to its external use. I have jotted down a few notes on the subject which I take much pleasure in sending you.

From all that I can learn I judge that this use of the drug is as yet comparatively limited, but I am of the opinion that it holds a valuable place and is worthy of extended trial.

I began to use chloral externally about ten months ago in Dispensary practice, experimentally. In this I was associated with Dr. E. Warner, also of the Dispensary staff.

I am sorry that I am not able to give you details of cases treated with this agent, but we did not keep a minute record of these cases, trusting rather to our impressions of its general utility to influence our choice of it as a cheap and efficient dressing for Dispensary use. Our purpose, you see, was practical rather than scientific.

It was first tried in a 5 grain solution, on a small unhealthy ulcer of the leg, with most gratifying result; the dirty unhealthy surface of the sore became clean, healthy granulations sprang up, and the ulcer was soon healed.

After this many ulcers of this kind were treated in this way, and with uniform success, they beginning at once to assume a healthy aspect and soon healing. It was found advisable, however, usually

to reduce the strength of the solution to 3 grs. to the ounce of water, after the first two or three days, as it seemed to be then too stimulating.

Encouraged by this success we began to extend its use to chronic eczema, one very aggravated case of which I have in mind, which was at once much relieved, and within two weeks almost entirely cured. In this case a three grain solution was used from the first, and no other application whatever was allowed.

I have also found it to be, in varying strength, a most excellent application in cases of offensive perspiration and offensive discharge. It has not the powerful and persistent odor of carbolic acid, and is in many cases to be preferred.

In hospital practice the chloral wash has not disappointed my expectations. I have in mind two cases where its good effects were very marked. The first case was an amputation of the thigh, performed for disease of the limb. The wound was dressed with carbolic acid; the flaps did not unite at all, but the cut surfaces assumed, after a few days, an unhealthy look, and became covered with patches of membranous character. Chloral 4 grs. to the ounce was applied, and the very next day all the membranous patches had disappeared; the wound began to look healthy, and granulations were seen springing up over nearly all its surface.

The other case is in hospital now: the foot was amputated through the metatarsal bones for R. R. injury. The healing process progressed slowly for a while, and then seemed to come to a stand-still, and for two weeks no progress whatever could be detected; but the surface of the wound assumed a dirty, unhealthy appearance. Then a 5 gr. chloral wash was applied with immediate good effect. The next day the wound looked healthy, and the process of repair seems now, after three days' use of the chloral, to be fairly started into activity.

Thus, I have briefly indicated the results upon which I base my very favorable opinion of chloral as an external application. Of course, if used indiscriminately and unskilfully, it may disappoint, but it has its place, and if intelligently and judiciously used will not fail, I think, of giving very general satisfaction.

There are a few points worthy of notice in which chloral in solution compares favorably with carbolic acid; these are as follows:—

1. It does not have the unpleasant smell of carbolic acid, while it is yet a very excellent deodorizer and antiseptic, it will even, in great measure, deodorize carbolic acid itself.