leagues withdraw from our specialty, realizing that the mental strain is greater than they can bear with impunity.

Probably it is true of most of us who have spent the best years of our lives in asylum work that we have consciously realized that from time to time we are liable to periods of sleeplessness, and of some degree of more or less profound mental depression. Into our lives periodically there comes a time when, owing to over mental strain, everything seems to go wrong with us.

Then for a time we lose the consciousness of that sustaining solace, which is usually the great happiness of our lives to realize, namely, the knowledge that our labour for the good of others is measurably successful, and that each day many eyes "mark our coming, and grow brighter when we come."

I believe that for this condition of unhealthy over-anxiousness there is no surer or readier remedy than the occasional use of the Turkish bath. It takes us for a time out of the desert of lunacy, it gives us the all-needful change and rest we need, it enforces cessation of all work, it takes us out of contact with our many causes of irritation, and it soothes and solaces us when weary and careworn.

In conclusion, my wish is that you may carry away two thoughts: first, that I *believe* that the Turkish bath will probably assist you in promoting the recovery of some of your patients; and, second, that I *know*, and *am sure*, that by its judicious use you may infuse additional happiness, solace, and brightness into the lives of some of those whom we know to be amongst the most sorely-tried of the members of the family of "suffering, sad humanity."

Notes on the Use of Sulphonal. By W. R. WATSON, L.R.C.P., Edin. Govan Parochial Asylum, Glasgow.

Judging by the numerous reports that have already appeared, this drug seems to be attracting considerable attention, and to us who are engaged in the treatment of insanity it has a special interest. During the past three months I have made a number of experiments, with results confirmatory of the favourable notices which have hitherto been published.

I venture to lay these observations before the Association as a slight contribution to the materials necessary for a correct estimation of the therapeutic properties of this substance. As its preparation and chemical constitution

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have been repeatedly described, it will be unnecessary to make any reference to them here.

The experiments were made upon 36 patients under my care, either in the Asylum or the Parochial Hospital, including cases of epilepsy with dementia, epilepsy with mania, melancholia, dementia, senile dementia, chronic mania, general paralysis, hemiplegia, strumous disease of joints, varicose ulcers of the leg, epithelioma, cardiac disease, and chronic rheumatic arthritis.

In 31 cases (86·1 per cent.) the results were very satisfactory. This may best be illustrated by brief details of a few cases :—

Case I.—J. S., male, age 53. Epileptic mania, sleepless, excited, and noisy, and had been so for some days. At ten p.m. he was ordered 20 grains of sulphonal; by two a.m. he had become quiet and drowsy and slept soundly till eight. On two subsequent occasions 25 grains were given with very satisfactory results.

Case II.—J. H., male, age 55. Melancholia with hallucinations of hearing; had passed several sleepless nights, shouting and talking loudly in answer to imaginary voices. He was ordered 25 grains of sulphonal; after an interval of two hours he fell asleep, and this continued unbroken for eight hours. Ten days after he was ordered 30 grains and slept the whole night.

Case III.—A. O'B., female, aged 21. Epileptic mania, very restless, would not remain in bed, noisy and violent. Temperature 102°. At eight p.m. she was ordered 30 grains of sulphonal; fell asleep at eleven and continued to sleep till eight a.m., when she awoke quiet and docile. Temperature normal. The excitement recurring, the same experience was repeated two nights afterwards.

Case IV.—J. M., male, aged 70. Admitted to hospital suffering from hemiplegia of some months' standing. His friends were in comfortable circumstances, but as he was obstinate, taking very little food, and had a pronounced alcohol habit, it was difficult to manage him at home. For the first two nights he slept very little, was talkative and made liberal demands for whiskey. As there were good reasons for supposing that he would refuse any medicine to cause sleep, a 30 grain dose of sulphonal was mixed with porridge he had for supper, and from this he obtained eleven hours of refreshing sleep. The sulphonal was repeated three nights afterwards with a like result. The whiskey meanwhile being reduced to one fourth, his appetite increased considerably, and he left the hospital after a residence of thirteen days decidedly improved.

Case V.—M. A., female, aged 41. Strumous disease of elbow joint; much reduced by pain, want of sleep, and profuse discharge. She was ordered 30 grains of sulphonal, which gave decided relief, and after a time she had nearly three hours of unbroken sleep.

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CASE VI.—M. D., female, aged 66. Varicose ulcers of the leg, from which she suffered great pain, depriving her of sleep. A 30 grain dose of sulphonal gave marked relief for five hours and a sound sleep for upwards of two hours.

CASE VII.—E. D., female, aged 67. Hemiplegia with pain in the arm and more especially the leg of the affected side, sufficiently acute to interfere very much with sleep. She was ordered 30 grains of sulphonal in the evening. This greatly relieved the pain and kept her drowsy during the night. The following day and night she slept nearly continuously, being roused at intervals for meals. Results somewhat similar, but considerably less marked, followed the administration of the drug on two subsequent occasions.

These cases suffice to show the influence of the drug; it would be needless to multiply instances where it has been equally efficacious.

In two cases (5·5 per cent.) a partial success only was obtained. The patients, one the subject of general paralysis, the other of chronic mania, had for a number of nights been restless, talkative, and noisy.

Under the influence of sulphonal they became quieter, although they had no prolonged sleep, and this improved condition lasted during the night. Similar effects followed a repetition of the trials.

The results were absolutely negative in three cases (8·3 per cent.).

CASE VIII.—H. C., female, age 56. Epilepsy with dementia, very noisy, sometimes screaming the whole night. She was ordered 30 grains of sulphonal in the evening, and the dose was repeated in the morning without producing the slightest effect. Paraldehyde had previously been tried in large doses. A transient quietness followed the administration of 3 drams, but to procure a sound sleep of some hours even this dose had to be repeated.

CASE IX.—J. T., female, aged 73. Senile dementia, sleepless, with incessant desire to get out of bed and move about. Sulphonal had no effect, and paraldehyde in doses as large as those mentioned in the last case was equally powerless in causing sleep.

CASE X.—E. K., female, aged 62. Epithelioma, suffered great pain, and sleep was obtained by the occasional use of morphia given hypodermically, or Battley's solution of opium in full doses. Sulphonal had no influence either in relieving pain or inducing sleep.

In such of the articles upon sulphonal as have come under my notice, I find but scanty reference to it as a remedy for the relief of pain. But undoubtedly this result was obtained

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in several of the cases to which I have already referred where pain was a prominent symptom. The first effect of the drug was a gradual cessation of pain, and after a period of variable length, sleep came on. In Cases V. and VI. the analgesic effect was much more pronounced than the hypnotic, sleep in both cases being of but short duration. In Case VII. there was a marked relief of pain, followed by drowsiness, and it was not until the next day that the patient had sound, refreshing sleep. To these I have to add two cases of chronic rheumatic arthritis, where very decided benefit followed the administration of 30 grains of sulphonal. The dose was given at night, and one of the patients especially expressed herself as feeling more comfortable than she had been for a long time. Towards morning sleep came on, and a feeling of drowsy comfort continued during the following day.

From these few instances one could not certainly say that sulphonal is a trustworthy analgesic, but I hope enough has been shown to encourage further trials in this direction.

Although sulphonal is nearly tasteless, it is, owing to its insolubility, not always easy of administration. If the patient is docile, a convenient way is to give it in wafer paper, or it may be suspended in water, having previously moistened the powder with a few drops of alcohol. Where it is necessary to deceive the patient, it can be put into his food, as in Case IV., or if he is refractory and refusing food altogether, it may be suspended in a thin custard and given by the œsophageal tube and "Yellowlees' bottle."

When an average dose (30 grains) of sulphonal was given, sleep came on in the successful cases in a period varying from thirty minutes to four hours; the average being rather under two hours. The duration of the sleep obtained varied from two to eleven hours, average about seven and half hours.

In a number of instances the effects continued much longer, that is, there was a feeling of sleepiness the following day, and occasionally sound sleep was obtained the following night.

The respiration, pulse, and digestion seemed unaffected, and no bad after effects were observed.

From these limited observations I am inclined to believe that we have in sulphonal a valuable remedy for insomnia—possibly also an analgesic of some value—and its present comparatively moderate price brings it within the list of ordinarily accessible remedies.

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In these trials of sulphonal I used that manufactured by Bayer, of Elberfeld (Sulfonal-Bayer), one of the makers who guarantee the purity of the drug.

Since the foregoing was written I have, by the kindness of Dr. Conolly Norman, of Dublin, received a copy of his paper upon the same subject, read at the Quarterly Meeting of the Association held in that city in November last, and I am gratified to find that the results I obtained correspond so closely with those he has published.

CLINICAL NOTES AND CASES.

Case of Attempted Suicide. By Dr. URQUHART, Murray's Royal Asylum, Perth.

The following case presents unusual features of interest, and is placed on record towards a better understanding of these unexpected developments in patients apparently more careful to save their lives than to destroy them. I trust that it is not too sanguine to express the hope that the physician may yet arise who will show us a more excellent way of determining the suicidal tendency than we at present possess.

During the nine years of my service in Perth Royal Asylum we have had no fatal accident of this nature, but several very determined attempts have been made. Among these was a particularly difficult patient, who was transferred to Dr. Turnbull's care after several months passed with us in the constant endeavour to put an end to her existence by swallowing every possible material, by strangling, by suffocation, etc., etc. But in such a case the precautions taken and the obvious responsibility laid on the staff eventuated in the prolongation of life until a pneumonia carried her off. It seems to me that, however great may be our difficulties in dealing with patients of pronounced suicidal tendency, the *indications* of treatment at least are simple enough as far as regards the constant care that must be provided. The case to which I would specially refer to-day, belonging to a group with which we are only too fatally familiar, presents difficulties apparently insurmountable, and adds to the responsibilities of asylum life a horror that requires all our philosophy to combat.

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