

quering insomnia, and particularly that form denominated simple or idiopathic insomnia, not due to excitement or severe pain. It is, furthermore, possible for the wakeful patient to enjoy several nights of natural sleep after a single dose. The best results occur when the drug is used in insomnia due to nervousness, neurasthenia, hysteria, "spinal disease" or old age; next best when the causes are chronic alcoholism, alcohol excess, cardiac and bronchial asthma, pleuritis, phthisis, pericarditis, arterial sclerosis, organic heart disease, typhoid fever, gastritis, subacute nephritis, ascites, diabetes mellitus and in the morphine habit. It is less effective when wakefulness is due to tabes dorsalis, neuralgia, progressive paralysis, the excitement of insanity, cerebral softening with delirium, melancholia, chronic mania and acute mania. In these conditions, doses of from thirty to sixty grains are required, providing such doses are tolerated.

The drug is useless when the insomnia results from paralytic dementia, maniacal excitement or hallucinations, severe neuralgia or other pain, violent cough, distressing headache, delirium of cerebral apoplexy and from delirium tremens.

Even pain, when not acute, is often relieved, and the large doses necessitated are, by many patients, preferred to morphine. Chloralamid, in doses of from twenty to sixty grains, has checked the pains of thoracic aneurism, carcinoma of the stomach and liver, sarcoma of a rib, erysipelas, rheumatic fever, floating kidney, neuralgia, gallstone, varicose ulcer and alcoholic neuritis.

In chorea, a boy of eleven years of age was cured in five days by fifteen grains of the drug three times daily, and in like manner, a girl, after receiving no benefit from other forms of treatment, was afforded relief in eight days.

When administered in phthisis it was found that the troublesome night sweats disappeared.—Chas. H. Steele, A.M., M.D., in *Pacific Med. Jour.*

CIRCUMCISION.—In the *Archives of Surgery* Mr. Jonathan Hutchinson sums up his experience in regard to the sanitary advantages of the rite of circumcision. After premising that it is not needful to go on a search for any recondite motive for the origin of the practice, he says: "No one who has seen the superior cleanliness of a Hebrew penis can have avoided a very strong impression in favor of the removal of the foreskin. If not removed it constitutes a harbor for filth, and is, in many persons, a constant source of irritation. It conduces to masturbation and adds to the difficulties of sexual continence. It increases the risk of syphilis in early life and of cancer in the aged. I have never seen cancer of the penis in a Jew, and chancres are rare."—*N. Y. Med. Jour.*

THE PROGNOSIS OF INFANTILE PARALYSIS.—An opinion respecting the duration of the paralysis or permanent condition in anterior polio-myelitis cannot be given until the end of the first week or ten days, and then *only* by means of an *electrical examination*. Whatever muscles, at the end of that time, have lost faradac irritability, will certainly waste and remain for a long time paralyzed. On the other hand, if there is no loss of irritability at the end of the ten days, but it is apparent at the end of a fortnight or three weeks, the wasting will be slighter in degree, and considerable ultimate recovery may be confidently looked for even in the most affected part. Where there is no loss of irritability, the paralysis will pass away in the course of a few weeks, or at most, of a few months. Where irritability is lost tardily, there will be wasting and paralysis for several months. Where irritability is lost early, the wasting will be rapid and great, the paralysis will last for one or several years, and it is unlikely that perfect recovery will take place.

In the chronic stage the prospect of ultimate recovery depends on the rate which the wasting develops, on the *electrical reaction*, and on the duration of the case. Where the wasting is great and has been rapid, and the faradic irritability is entirely absent, although some recovery may occur, it is not likely to be complete, and if this condition exists a year after the onset it is improbable that more than very slight improvement will occur. On the other hand, if, at the end of one or two months, some faradic irritability can still be detected, although low in degree (*i. e.*, elicited only by a strong current), considerable improvement is probable, and actual recovery is possible at the end of six or eight months.—W. R. Gowers, in *Pacific Med. Jour.*

THE MICROBES OF PNEUMONIA.—"Dr. Queisner has examined the lungs of a number of children and adults dying from pneumonia, his results showing that the pneumonia coccus of Frankel and Weichselbaum is the usual bacterial cause of true croupous pneumonia. This coccus was also found in the majority of cases of broncho-pneumonia. In both children and grown-up people the sputum contained the coccus at the very commencement of the lung affection, and its existence appeared to form a very good sign of the invasion of pneumonia of one kind or another. In the lungs of ten children who had died of various forms of pneumonia, primary as well as secondary to measles, diphtheria, and tuberculosis, Friedlander's pneumonia bacillus was not once found, but the coccus was found in eight cases. In several instances it was impossible to distinguish between the catarrhal and the croupous form, as even in undoubted catarrhal cases a very perceptible quantity of fibrinous exudation was found."—*Lancet.*