

7. In subacute rheumatism where pain was moderately severe.

The complete failures occurred in :—

1. Aortic aneurism where pain was a continuous symptom.
2. Lead poisoning where abdominal pain was severe.
3. In acute pneumonic phthisis with great dyspnœa.
4. Acute parenchymatous nephritis with dyspnœa.
- 5-6. Were in two of Dr. Gardner's cases (gynæcological), where pain was complained of.

The cause of the sleeplessness in seven of the above thirteen cases was pain of varying degrees of intensity. Where the pain was moderate the sulphonal had a slight action, but where it was severe the result was practically negative.

In the remaining six cases dyspnœa was the active factor in preventing sleep, and over which sulphonal was powerless.

In a case of aortic aneurism with great distress, the continuous use of morphine in doses of $\frac{1}{3}$ of a gr. two or three times during the day, and a xxx. gr. dose of sulphonal at night gave greater relief than much larger doses of morphia alone. This and the experience in many other cases show that sulphonal is not entirely destitute of analgesic powers.

The following case is a good illustration of the powerful hypnotic action of this drug, and also of its analgesic effects.

A highly neurotic subject was admitted to the Montreal General Hospital, complaining of pain in the abdomen, diarrhœa, headache and sleeplessness. These symptoms had been troublesome at intervals for years.

On July 14th he received 20 gr. of sulphonal, and fell asleep in an hour, which lasted till morning. He says it is the best sleep he has had since giving up morphia, three years ago. On the following night, no sulphonal—very little sleep. Next night, sulphonal gr. xx.—excellent sleep. Next night, no sulphonal—no sleep. The following night, sulphonal gr. xx.—within one hour he was asleep, and slept thoroughly well till the morning. The following night he had no sulphonal—no sleep. The next night 20 gr. of sulphonal was followed by a good night's sleep.