

over the upper end of the right tibia, with other syphilitic affections. Iodoform was administered in pills, and water-dressing applied to the ulcers. Rapid healing and subsidence of the swellings took place, notwithstanding that, when the dose of eight pills *per diem* had been reached and administered for three days, an outbreak of pyrexia, coryza, and iodic acne rendered it necessary to drop the drug completely for a short time. In three weeks, the patient left the hospital almost healed, and continued his treatment as an outpatient. Again, a lady who has during the last two years consulted me occasionally for intensely agonising pain in the head caused by syphilitic pericranial and cranial disease, for which a customary dose was thirty grains of sodium iodide three times daily, was at once relieved of pain by the iodoform pill taken three times daily, though on the third day, nausea became too urgent to allow the iodoform to be continued in that quantity; it was at first diminished till pain ceased, and then discontinued altogether. This small experience has satisfied me that in iodoform we have a very useful addition to our store of weapons for fighting syphilis. Further observation will enable us to apply it more exactly and when most suitable.—*Dr. Berkeley Hill, in Brit. Med. Journal.*

### CHLORAL-HYDRATE IN DELIRIUM TREMENS.

A short time ago, I was almost despairing of a case of delirium tremens. The man was most violent, and in a fearful state of excitement; and the remedies adopted appeared only to increase his activity and make him more and more unmanageable. The treatment had been Battley's solution in half-drachm doses; afterwards pure solution of the hydrochlorate of morphia by subcutaneous injection, as much as one grain repeated every two hours. There was no vomiting of the mixtures given on any occasion; these being, in addition to the liquor opii sedativus just mentioned, half-drachm doses of tincture of digitalis given every two hours, etc. After two or three days of the above treatment, and no improvement taking place, I determined to try the chloral-hydrate. Accordingly at 5.10 a.m. I gave him half a drachm (thirty grains), and the same quantity at 5.40. At 6.00, he had a subcutaneous injection of half a grain of morphia. At 6.10, forty grains of chloral were given; at 6.25, two-thirds of a grain of morphia were injected; and at 7.45 he was asleep. The man slept for eight hours, and awoke without headache or other unpleasant feeling except great thirst. He was now supplied with good nourishing food (beef-tea, etc.), and he was put out walking next day. The quantity of the chloral given was one

hundred grains, and of morphia one grain and one-sixth, in the space of an hour and fifteen minutes. Previously to the administration of chloral, the pupils were contracted to a point: an indication, of course, that the previous mixtures had been absorbed, but, as we have seen, with the effect only of increasing the excitement. Considering that the preparations of opium given previously had not conducted to somnolency, I attribute this condition to the chloral-hydrate chiefly, if not entirely. In another obstinate case of delirium tremens, in which the usual treatment by digitalis, morphia, etc., was ineffectual, I had recourse to chloral, repeated every ten minutes till one hundred and sixty grains had been taken. The patient then fell over, and, after sleeping for seven hours, was, on awaking, altogether a changed man.

I may add that, during the first two doses, there is always increased excitement, the patient becoming garrulous—indeed, *intoxicated*, to all appearance; but this soon gives place to thick speech, inarticulate mummings, and peaceful sleep—*Dr. J. Farrar in Brit. Med. Journal, Jan. 26, '78.*

### SLEEPLESSNESS AND ITS TREATMENT.

Dr. Ainslie Hollis, in writing on this subject, maintains that, although the quantity of blood in the brain is diminished during sleep, this diminution is not the sole cause of slumber, for we may have the former without the latter. An increase in the cerebral blood-supply, however, may produce wakefulness, as in the paresis of the cerebral vasomotor nerves from exhaustion. Sense impressions have the same effect by the continual stimulation of the higher nervous centres. An increase in the velocity of the blood-current through the brain is a frequent cause of wakefulness, as in the irritable and hypertrophied heart. The wakefulness of anemia is ascribed by Willemin to changes in the nervous elements of the brain, and a consequent modification of the circulation therein.

The treatment for wakefulness he classified under two heads:

1. The induction of natural sleep.
2. The production of narcosis, or artificial rest.

One of the most efficient means of inducing natural sleep is the application of mustard plasters to the abdomen. According to Schuler, this produces first dilatation, and subsequently contraction of the vessels of the pia mater; changes due to the constriction or dilatation of the peripheral current-areas of the skin. Preyer, of Jena, advocates the administration of a freshly made solution of lactate of soda, or of some milk, or whey, on the hypothesis that sleep may be induced by the introduction of the fatigue products of the body. Where the insomnia depends upon brain exhaustion, Dr. Hollis recommends the administration, just before