SULPHONAL."

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This paper† is based on observations made in 52 different cases, where sulphonal was administered to induce sleep. In nearly every case, before administering the drug, the precaution was taken to confirm the statements of the patient that there was actual insomnia. Such a precaution is especially necessary in hospital patients and those suffering from neurasthenia in its varied forms.

Where the drug induced a sleep of from seven to ten hours duration, the effect is described as a marked action. A three to five hours sleep is referred to as a moderate action, while a sleep of less duration than two hours is classed under the heading of negative results.

Out of the total of 52 cases, the drug had a marked action in 39 cases—i.e., in 75 per cent.,—a moderate action in 13 per cent. and a negative action in 11 per cent. of the cases.

In a large proportion it was administered on several different occasions with the almost invariable result that, if it induced sleep on its first administration, the same result followed subsequent doses.

The cause of its partial or entire failure in 26 per cent. is clear when we consider the cause of the sleeplessness.

The seven partial failures were in the following series of cases:-

- 1. In chronic interstitial nephritis with dyspnœa, and restlessness in an alcoholic subject.
- 2. In chronic interstitial nephritis with dyspnœa due to lead poisoning.
- 3. In acute parenchymatous nephritis with Cheyne Stokes respiration.
 - 4. In mitral incompetence with great dyspnœa.
 - 5. In typhoid fever with peritonitis.
 - 3. In chronic myelitis with distressing girdle feeling.

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