

receive support from the history of several of these cases. The effect of sulphonal was particularly fortunate in the cases of those patients who had previously been addicted to the use of opium and of other hypnotic drugs, or were suffering from insomnia due to the withdrawal of these remedies.—*New York Medical Journal*, Dec. 15, 1888.

The Superintendent of the Richmond Asylum, Dublin District, Mr. CONOLLY NORMAN, has used sulphonal in about thirty cases, of which he reports twenty-two. In only two persons were any bad results noticed; these were especially unfavorable cases and where other sedatives had failed. No gastric or intestinal trouble was observed. The drug appeared to lessen the tendency to self-abuse and erotic excitement. In some recurrent cases it appeared to shorten the attack.

In comparing sulphonal with other medicines having similar effects, it is needless to refer to the products of opium or to chloral. Of the more modern drugs, paraldehyde is, perhaps, the most used. Its great disadvantage is that it requires constant increase in the dose. This does not seem to apply to sulphonal. Paraldehyde long continued is also stated by Frölicher to cause destructive changes in the blood corpuscles, while Kraft-Ebing points out that it occasionally produces symptoms resembling alcoholism. Urethan, of which pretty extensive trial was made, is uncertain and of no great strength.

Amylhydrate is uncertain and dangerous, as Schlös's cases prove (*Jahrbuch der Psych.*, viil. 1 and 2). Methylal is liable to the same reproaches. Amylhydrate, methylal, and hyponone are so abominable in taste and smell, that it is impossible to get patients to swallow them, and they all upset the stomach.

The advantages of sulphonal are: that it has no odor, is almost tasteless, and produces no gastric derangement and no troublesome head symptoms. It does not affect the appetite and the sleep is relatively "natural." Its disadvantages are its bulk and insolubility; its action is slow. Other observers have noticed a slight degree of giddiness and unsteadiness, with a sense of weariness on the following morning. Vomiting and slight diarrhoea soon passed off, though the drug was continued.

Probably unpleasant and even injurious results will be found to occur after the injudicious or continued use of sulphonal.—*Dublin Journal of Medical Science*, Jan. 1889.

---

#### POISONING BY SULPHONAL.

In the *Deutsche Medicinal Zeitung* of Nov. 26th, Dr. BORNEMANN gives an account of the case of a physician, fifty-three years old, a victim to the morphine habit, to whom sulphonal was given. On one occasion sixty grains were given shortly after nine o'clock in the evening and thirty grains more an hour after midnight. Sleep did not follow promptly, but the patient shortly showed symptoms of muscular incoördination of a decided character. It took six days for the ataxia to subside entirely, and during a portion of that time there was great mental depression.—*New York Medical Journal*, Dec. 29, 1888.

---

#### JUNIPER BERRIES AS A DIURETIC.

The inspissated recent juice of common juniper berries is highly praised by Dr. GOLDSCHMID, and it is recommended by Prof. VOGL, of Dorpat,

as the best diuretic for children. While being most effective, the remedy is exceedingly mild and altogether free from any unpleasant accessory effect. Two or three teaspoonfuls should be given daily, diluted with water and sweetened with sugar. Young patients take it very readily.—*British Medical Journal*, Jan. 12, 1889.

#### COCOANUT AS A VERMIFUGE.

PROFESSOR PARESI, of Athens, when he was in Abyssinia happened to discover that ordinary cocoanut possesses vermifuge qualities in a high degree. He took, one day, a quantity of the juice and pulp and shortly afterward felt some amount of gastric disturbance, which, however, passed off in a few hours. Subsequently he had diarrhoea and was surprised to find in the motion a complete tænia, head and all, quite dead.

After returning to Athens, Professor Paresi made a number of observations which were most satisfactory, the tænia being always passed and quite dead. In only one case was the head wanting. He orders the milk and the pulp of one cocoanut to be taken early in the morning fasting, no purgative or confinement to the house being required.—*Lancet*, August, 1888.

A correspondent of the *Times*, of India, writes that the cocoanut has been used as a vermifuge in India for probably forty generations by the beef-eaters of the country, and is so well known there as a means of expelling the flat worm, that he cannot conceive how information of the fact has not reached England before. When properly prepared and intelligently administered, so says the writer, the cocoanut is equally efficacious with male fern oil, kousso, pomegranate root, or turpentine, while it is as pleasant to the palate as they are offensive.—*Pharmaceutical Journal and Transactions*, Nov. 3, 1888.

#### THERAPEUTIC AGENTS IN SHOCK.

PROFESSOR CHEEVER published in the *Boston Medical and Surgical Journal*, vol. cxix, p. 293, for 1888, an excellent paper on shock, which, although most terse and clear, is too long to be reproduced here.

Among the ways of preventing it, he insists that the mental shock should be calmed by a cheerful word and personal presence. The anaesthesia should be of short duration; it should not be begun until everything is ready, and it should be discontinued early, keeping in mind the fact that consciousness returns tardily. The operation and the dressing should occupy no more time than is necessary. Throughout all care should be taken that the patient is not chilled. To promote the reaction after the operation, persistent and carefully applied dry heat should be employed, with especial care to avoid accidental burns. Liquid nourishment, with a stimulant and a little laudanum by enema; aromatic spirits of ammonia, black coffee, and brandy by the mouth, quiet, and a horizontal or more than horizontal position and sleep are also serviceable.

In commenting upon Professor Cheever's article, *The Therapeutic Gazette* of Dec. 13, 1888, suggests that the physiology of this condition is failure of the circulation, as shown by the great loss in force of the pulse, diminished arterial pressure, and extraordinary fall of the bodily temperature. Further, that vaso-motor paralysis is the chief cause of heart failure and of the above con-