

not a pathological entity, but a physiological anomaly, most probably produced by an awakening of the latent tendency to revert to ancestral types, a tendency inherent in all living organisms, and too well established to be refused most serious consideration.

SULPHONAL AND TRIONAL COMPARED.

BY S. G. WEBBER, M.D., BOSTON.

DURING the last few years several hypnotics, differing in value, have been introduced to the profession. Among the drugs of this class two, sulphonal and trional, deserve especial favor; and it may be interesting briefly to compare them, as they both give good results, yet differ so much in their effect that it is well to know to what class of patients each is the more suitable.

Sulphonal is sparingly soluble in cold water, and is slow in its action. Sometimes as long as two or three hours are required for it to induce sleep. So slow is it at times that patients become impatient waiting for its effect, hence it is better to give it in the evening a while before bedtime. I have sometimes thought that the slowness of its action interfered with the induction of sleep, the patient becoming so nervous waiting for sleep that he was thoroughly aroused. The effect of a full dose, however, continues long; and it will often produce sleep the second night, and in a few cases even the third.

Trional is much more soluble. It produces sleep much more quickly, within a few minutes. In one case the drug was taken before preparing for bed, and its effect was felt so soon that it was an effort for him to get into bed. Its action is less prolonged than that of sulphonal. I have never known it to produce sleep on the second night as markedly as sulphonal, though patients may sleep well the night after taking it, but not from its direct effect.

The day after taking sulphonal there may be great drowsiness during the day. This is less likely to occur after a dose of trional, and if it does is much less intense.

In consequence of the more rapid action of trional, some patients much prefer it to the more slowly acting sulphonal. This is especially true of those who have difficulty in getting to sleep when they first go to bed. Those who suffer from this form of insomnia become impatient at their inability to sleep, and each minute finds them more restless; indeed, it is in part owing to this restless nervousness that they are unable to get to sleep, and for this reason they are desirous of seeing an early result from any medicine they take. To such patients it may be well to give trional.

Another class of patients have no difficulty in going to sleep when they first go to bed; but they wake in a short time and lie awake two, three or four hours, or may have no more sleep that night. To this class sulphonal is the better drug, as it does not interfere with the first early sleep of the night, and acts later so that the patient does not wake at midnight as usual.

The effects of trional do not continue so long towards morning as sulphonal. It gives good refreshing sleep for four or five hours, or perhaps six; then the patient wakes and does not sleep again. In such cases it is possible that the next time a larger dose will produce a longer sleep. The effects of sulphonal

are more likely to continue through the whole night until morning.

The dose of either of these drugs is ten or twenty grains. In many cases ten grains are sufficient, but where there has been obstinate wakefulness it is better to give more, fifteen or twenty grains. I have only very rarely given thirty grains of sulphonal. I have never had occasion to give more than twenty grains of trional; possibly not having tried it in such obstinate cases as the other drug. In the case of either drug it is better to give one sufficient dose than to give two or more insufficient doses.

After taking sulphonal there is not infrequently more or less cerebral heaviness and distress the next day. In a few cases the discomfort has been so great that patients have objected to taking the medicine, and preferred to get along with less sleep. I have found much less of this unpleasant effect after trional. One patient, who refused to take sulphonal on account of this after-effect, had little or no discomfort after a dose of trional.

After fifteen or even ten grain doses of trional, I have known slight vertigo or dizziness to be felt before sleep was induced, if the patient rose from bed, lying down caused this to cease; but for a short time it was somewhat distressing. I do not remember this after the ingestion of sulphonal. It may be well, therefore, to warn some patients not to rise after taking trional, to wait until fully ready for the night before taking it, and then to stay in bed without getting up so as to avoid this unpleasant experience.

Sulphonal may be given in small doses, not more than five grains, to quiet restlessness in neurasthenia, hysteria and mania; given three times a day and, if necessary, during the night, it will often have a most soothing effect. I have not tried trional in this way, but should not expect such an effect, as it acts so much more quickly and its action it so much less lasting.

It will be readily seen from this comparison which of these two drugs to choose in combating insomnia; but it must be remembered that neither is a certain cure for this distressing symptom, and that the treatment must be directed to the patient's condition and not simply to the symptom insomnia.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

J. G. MUMFORD, SECRETARY.

REGULAR Meeting, Monday, March 4, 1895, the President, DR. C. J. BLAKE, in the chair.

DR. J. J. PUTNAM read a paper on

PSYCHICAL TREATMENT OF NEURASTHENIA.¹

WILLIAM JAMES: I did not come here prepared to say anything, nor have I anything that I could say before such an assemblage as this. All I know of the subject is derived from books, but the facts which these books contain seem to me to form a body of phenomena which certainly impresses me, and I have been much pleased and interested to see that Dr. Putnam has taken them up seriously. It would seem if these are a natural class of phenomena that they must

¹ See page 505 of the Journal.