

Under new remedies we find the *thyroid gland* mentioned, only to be discarded, except in the insanity of myxœdema. Among sedatives *paraldehyde* is stated to be "the most valuable and safest hypnotic," though he finds it unavailing in the excitement of general paralysis and in senile alcoholism. In these latter, he has recourse to chloral. As to sulphonal and trional, Dr. Havelock gives words of warning—the latter he finds less prone to excite hæmatoporphyrinuria, but not to be free from this danger. Hyoscin he finds useful only in exceptional cases of extreme urgency, dormiol and chloralamide of doubtful utility.

HARRINGTON SAINSBURY.

Three and a half years' Experience of Faradisation of the Head on Scientific Principles in the Treatment of Chronic Insomnia and Associated Neuroses, comprising a Series of Forty-six Cases. (Glas. Med. Journ., Aug., 1901.) Sloan, S.

This paper gives a complete record of all the cases without exception. The results are arranged under five heads:

1. Cases in which the patient (he or she being judge) has been cured.
2. Cases in which the improvement has been marked.
3. Cases in which the improvement has been slight.
4. Cases without appreciable result.
5. Cases in which some harm was done, though this was of a temporary nature.

Forty-five *per cent.* of the cases come under heading 1; 32 *per cent.* under 2; 11 *per cent.* under 3, the result being not worth the trouble; 9 *per cent.* under 4; 2 *per cent.* under 5, though the distress caused was for a limited time only. These results are brilliant, and Dr. Sloan is justified in summing them up in the following words:—"that there is no remedial measure at present known to the profession, other than a prolonged holiday, which will give such immediate and more or less prolonged benefit."

Dr. Sloan wisely refrains from any serious speculation as to how the current produces its results, and after a short description of the exhilarating effects of the treatment which, independently of the action upon the sleeplessness, he has observed, he passes to his *modus operandi*. The séance is of 10 to 20 minutes' duration, on an average 15 minutes. A large electrode of 15 square inches is applied to the brow, and one of 10 square inches to the nape of the neck. A current of $\frac{1}{2}$ to 1 milliampère is applied, and at the end of the sitting the current is gradually reduced, and then shut off, the patient being allowed to remain quietly sitting for a few minutes longer, this latter being an important detail. Dr. Sloan uses a secondary coil of much greater length than that usually employed, containing some 8000 to 9000 turns. It is evident that the employment of this treatment depends much on attention to minute detail, the avoidance of any loose connection, etc., and for these we must refer to the original paper.

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