

normal, slowing and weakening of reflexes, disease of red blood corpuscles, stagnation of white corpuscles in lymph channels, capillary hæmorrhage in brain, and an abnormally dry and anæmic state of the spinal cord. Whatever may be the cause, the disorders of sleep play an important part in the genesis of nearly all cases of acute mania, and every alienist is sufficiently alive to the fact that a few hours of normal sleep are of more importance to his patient than anything else. These few hours of normal sleep generally mark the first step towards recovery, and it is during these hours that the over-wrought nerve cells made their first effort at repair. Cytothetic changes commence, and very frequently go on, under judicious management, until complete cytothesis is established. Now, how shall we secure normal sleep, or even an approach to normal sleep, in such patients? In private practice, without the aid of skilled and capable nurses, the question is oftentimes unanswerable, and we are perforce driven to the adoption of methods we should be quite willing to avoid under more favourable circumstances. We have our choice of a long list of drugs, ancient and modern, and in this day of chemical marvels very few months pass without a new claim for the discovery of a perfect hypnotic. It is interesting to turn up the back numbers of medical journals and read of the discovery of the numberless hypnotics, each just a little better than the one previously added to the list, and each with its band of enthusiastic admirers, willing to add testimony to the virtues of the drug. I am afraid that I cannot claim to have gone thus far in life without little enthusiasms of my own for promising drugs, enthusiasms developed by some favourable results; but in the end there has been disappointment in the search for the hypnotic panacea—chiefly, I fancy, because it is difficult to find any particular drug likely to meet all the physiological requirements. If, as is claimed by Maurice de Fleury, attacks of insomnia are generally caused by either increase or decrease of arterial pressure, the failure of one particular drug to meet all cases can easily be understood.

In the sleeplessness associated with acute mania, drug treatment is at times extremely valuable in the early stages, but my experience has been that, if marked beneficial results do not occur almost at once, they will not appear at all, and harm will result from the drug treatment. It is doubtless true that some of the modern hypnotics are better than others, and the value of these in particular cases will no doubt be brought out clearly by those who follow me in this discussion; but I am strongly impressed with the advisability of substituting other treatment when possible, such as effusions easy of application, massage, etc. Without drugs and by simple physical