

Although habitual impressions, as the "morning gun" on shipboard do not rouse the sleeper, the cessation of habitual impressions rouses at once, as at the end of a sermon. The instance often recorded of the signal lieutenant who could not be awoken by the loudest noise or most violent shaking, but started at once into wakeful attention when the word "signal" was whispered near him, illustrates the fact that receptivity as the sensorium is needed before a stimulus conveyed by the senses can rouse dormant consciousness.

Sleeplessness after prolonged study, due to passive dilatation or deficient tone in the cerebral vessels, is to be treated by those means that withdraw blood from the head—*e.g.*, warm water to the feet, cold splash of face, shoulders, etc., and vigorous friction, so as to draw blood to the rubbed skin and rubbing muscles. Prolonged wakefulness was shown to be a cause of deficient mental power, insanity, etc.

The lecture, which was profusely illustrated throughout, contained a description of some of the physiological and psychological phenomena of dreams, and concluded with a vigorous appeal to the audience to avoid the evil of the day, which is not so much overwork as undersleep.—*Medical Times and Gazette.*

#### TREATMENT OF HÆMOPTYSIS BY ERGOT OF RYE.

By HORACE DOBELL, M.D., Senior Physician to the Royal Hospital for Diseases of the Chest, etc.

Following the lead of Dr. Symonds and Dr. Kennion; I venture to give the following memorandum. In common with other physicians who, like myself, are connected with hospitals for diseases of the chest, I see every year a large number of cases of severe pulmonary hæmorrhage resulting from a variety of causes.

There is scarcely any complaint that gives such serious alarm to the friends of a patient as profuse hæmoptysis; and there are few occasions on which a consultation is so urgently requested, and so readily granted by the family doctor, as when a patient appears to be "bleeding to death." But every medical man of experience considers himself perfectly qualified to treat hæmoptysis; and it is almost the rule, therefore, that, when called to these cases in consultation, one of the first remarks of the doctor in attendance is, that "everything possible has been done, and every remedy tried, but in vain." It is assumed, in fact, that the only object of the consultation is to sanction the inevitable death of the patient. Yet, according to my experience, it is exceedingly rare for a patient to die of