

vasomotor fibres and that the volume of circulation through them is regulated by the variations of arterial pressure in other parts of the body, or believe with others, that vasomotor fibres exist in these brain vessels, it makes no difference in the way of treatment. Germain Sée's classification of insomnia seems to be very generally adopted, and for those who are not familiar with this I might say that it is as follows :

1, Dolorous ; 2, digestive ; 3, cardiac and dyspnoeal ; 4, cerebro-spinal and neurotic (general paralysis, acute and chronic anæmia-hysterio-hypochondriasis) ; 5, psychic insomnia ; 6, insomnia of physical fatigue ; 7, genito-urinary ; 8 febrile and antitoxic ; 9, toxic.

It is beyond the scope of this paper to discuss the diagnosis of insomnia in general, but it is with the cases coming under the heading cerebro-spinal and neurotic we are chiefly concerned : and in regard to these there is the greatest difference of opinion as to treatment. Long ago, when a student under the revered Dr. Joseph Workman, it was pointed out to me in the so-called cases of cerebro-spinal and neurotic insomnia there was little to hope from the protracted administration of hypnotics, sedatives, and narcotics, but, on the contrary, we might look for results the opposite of satisfactory. In those days chloral and bromides were the fashionable remedies, and chloral claimed its victims by the hundreds, and nearly every case of acute mania admitted to the wards of the hospital had been given chloral to excess, with most harmful results. In a general way the conclusions reached by Dr. Workman were quite correct, although capable of certain modification, and possibly, as pointed out by Brush, of Shepherd Asylum, the great danger in all these cases is the routine practice of giving hypnotics in insomnia. Those of us who have been in the habit of receiving large numbers of acute cases of insanity for treatment have had ample opportunity to form well-defined opinions on this subject, as the general practitioner seems forced, when there is delay in obtaining admission for a patient to an institution for the care and treatment of such cases, to adopt the routine administration of hypnotics, not only with the hope of cure, but also as a means of keeping a restless patient quiet. We are all alive to the fact that in a sense loss of sleep is more quickly fatal than loss of food. This point has been well illustrated by De Manassein, who has shown that while dogs could be saved after twenty or twenty-five days' starvation, absolute loss of sleep for 96 to 120 hours was certainly fatal. While in the former case the brain was almost normal, in death from loss of sleep it was the predilection spot of severe and irreparable lesions. Sée noted also rapid fall of temperature ( $6^{\circ}$  to  $8^{\circ}$ C.) below