

Regarding the insomnia, Levinstein says, "sleeplessness, which is generally protracted up into the fourth week, is very distressing." For reason before given, his assertion is not surprising. Our record differs. Wakefulness is an invariable sequel and requires soporifics for a time, but is not so prolonged and does not resist treatment. We have known a patient able to dispense with hypnotics in five days: others in eight, and nearly all within a fortnight. Sometimes, they are longer required. Two patients, both physicians, during the last year, did not regain natural sleep for three or four weeks, but this is quite exceptional.

This insomnia is of two kinds. Most patients, after the acute has been passed, soon secure sleep on retiring, but waken early, two or three o'clock, and fail to get more. Others remain awake nearly all night before slumber comes, and these are the ones who usually require soporifics the longer.

For relief of this, cannabis indica or chloral with bromide, in full doses, serve our purpose. If, as rarely happens, the wakeful state is so pronounced or prolonged, despite treatment, as to distress the patient, we never hesitate to give a full opiate sub rosa, and always with good result. In all cases drugs should be dropped soon as possible, and sleep secured by a fatiguing walk, or other exercise, an electric seance, a Turkish, or half hour's warm bath with cold douche or shower, a light meal or glass or two of hot milk, one or more of these before retiring.

Patients whose slumbers end early often note a peculiar depression on waking, and when such is the case, a lunch, milk, coffee, coca, or Murdoch's liquid food should be at their command.

It may be well, in passing, to refer to certain minor sequelae and their treatment. Occasionally a patient complains of dyspnea, or palpitation. We have never noted them but twice, both ladies. A stimulant, coca with capsicum, or Hoffman's anodyne with aromat. spts. ammonia will promptly control.

Some patients are at times annoyed by aching pains in the gastrocnemii, that may recur during several days. fld. ext. gelsemium, in full doses, strong galvanic or faradic currents, massage, local hot baths, and topical use of chloroform or ether will relieve.

Others mention a peculiar burning in the soles of the feet which mustardizea pediluvia and full doses of quinine usually control.

Sometimes, a dry hacking, paroxysmal cough, more marked at night, may discomfort a patient for a time. It can be relieved by nitrate of silver spray 10 to 20 grs. to the ounce; a bromide of sodium gargle, 60 grs. to the ounce, or a small blister to the sternum.

Returning sexual activity, as shown by nocturnal emissions and erections, as a rule, requires no attention. We once noted, however, a case where the awakened virile vigor was so marked that repressive measures were demanded.

The periodical function of females, which, usually, is irregular or suspended, has, so far as we have observed, required no special after-treatment.

Along with what has been suggested, should be such other general hygienic measures as will add to the good secured. Patients *must* be given attractive surroundings, cheerful society, diverting occupation and amusement, and freedom from care or worry of body and mind, in fact anything, everything, that will aid in the effort to secure a return to pristine health and vigor. That the management of these cases *subsequent* to the need of *active* professional care, is of great importance, enlarged experience increasingly convinces. Neurotic or other disorders noted prior to addiction, whether genetic or not, must be relieved or removed. So, too, with those that may first appear after the opiate disusing: and when none of these are met, when there is merely a lessened power of brain and brawn, ample time, months or years, if need be, must be taken in which to get thoroughly well, if the chance of a relapse would be brought to a minimum.

It is not to be supposed that a system shattered by opiate excess will regain its normal status within a week or a month, nor that a premature return to mental or physical labor will not imperil the prospect of permanent cure. The importance of this must be insisted upon. To medical men, who compose so largely the better class of habitues, it is especially commended. Professional work must not be resumed too soon. The frequency of a narcotic return is in reverse relation to the length of the opiate abstention, and, as favoring this abstinence, prolonged rest, change of scene, foreign travel, sea voyages, all have much promise of good.