

“There has been no meaner and more unpleasant manifestation in all our public history than the feelings of envy and jealousy manifested toward Wood.” And then came a sentence pregnant with sad thought for the men of medicine—“and the foul assaults and attacks made on him, gentlemen, were largely because they grudged the fact that this admirable military officer should have been a doctor.” It is to be feared that there is herein too much truth. Why a physician should be graded military or civil success it is not easy to reason out, but the fact seems real. Perhaps it is a popular inheritance from past ages, when medicine was not a science and when physicians were enmeshed in superstition. To what else can such prejudice be laid? Certainly the educated medical man of the present affords no excuse for such a view of his efforts. However, we need not heed it. Constantly, as we improve ourselves in education and fitness, our position is advancing. The physician of the future again will be, in a rational way, the arbiter of men’s fortunes. The very words of the President are a step forward, and we should be grateful to him, not for seeing our plight, but for speaking loudly his dissent from the too-prevalent anti-medical prejudice. Surely, though slowly, we are moving forward, and for every aid are grateful. Not least among our friends and appreciators stands Theodore Roosevelt.—*Edit. Jour. of A. M. A.*

TREATMENT OF SLEEPLESSNESS AND PAIN.*

SIR LAUDER BRUNTON opened a discussion on the treatment of sleeplessness and pain at the recent meeting of the Section of Medicine, British Medical Association. He referred first to the physiology of the living cell and of the living nerve cell. In sleep there was probably a break in the continuity between the cerebral cells and those by which the organism was brought into relation with the outer world, situated possibly in the basal ganglia. This interruption was probably due to the accumulation of waste products in their vicinity. The influence of the circulation on sleep was discussed, both in relation to contraction of the arteries and to excessive cardiac action. Where rigid arteries were a cause of insomnia the use of massage and the administration of potassium iodide were of especial value; if the insomnia were due to high arterial tension, then aperients like blue-pill and magnesium sulphate were of special use, and this might be combined with the administration of nitrites, phenacetin, and other substances with like effect; if cold feet were the cause, cold affu-

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