take nourishment, and hallucinations would usually pass away within from 24 to 48 hours. Hydrate of chloral produced sloop much more quickly, for which a dose given every two hours of 30 grains was usually sufficient. My own impression, however, is that it dose not remove the nervousness as efficiently as the bromide.

In the second class of cases delay in producing sleep has even proved fatal. While trying to get the patient quiet and asteep under use of bromide or sulphate of morphine, he is attacked with pneumonia or arremia and dies. With this second class of cases I have given as high as 120 grains of bromide every two hours for two days without producing sloop, and I believe it to be impossible to get them quiet by this means with a safe dose. Sulphate of morphia I have also given in very large doses by hypodermic injection, and though more efficient than the bromide it requires to be given in larger doses than are always safe.

Those of this second class of cases which I treated with hydrate of chloral, in sufficient doses to produce sleep at once, recovered in the shortest time. In obstinate cases a dose of 60 grains of hydrate of chloral was given, but other cases required 90 grains; in no case more. In less than two hours the patient usually went to sleep, and slept from four to five hours, and on awakening another dose of 60 grains was given with liquid food, milk or beef-tea. The patient would then go to sleep again, and on awakening the second time would probably be free from hallucinations and take food with a relish. During convalescence the bromide was frequently substituted for chloral, with good In many cases I gave the chloral after the ineffectual use of both bromide and morphine, with success, and in one instance succeeded with 90 grains of chloral in producing sleep. when I had given the bromide for 48 hours previously, in doses of 120 grains repeated every two hours. In no case have I observed any serious symptoms in consequence of the larger dose of chloral mentioned, but believe it should be given cautiously. Smaller doses often repeated do not have the effect of larger doses.

I believe that too much care cannot be taken in protecting the patient from irregularities of temperature. The sooner we get the patient to sleep and quiet the less liable he is to be attacked with complications. The blood and kidneys are already