

end of the colon. Breathe deeply and resist firmly the inspiration. Follow the colon in this way around to its sigmoid flexure. The patient should be instructed to do this daily lying on his back with his knees drawn up.

Another method we adopt in our hydrotherapeutic room is to apply a jet douche at temperature of 100 deg. with the force of one to one and a half atmospheres in a circular method all over the abdomen. Still another way is to stand the patient over a perineal hot douche, and let the water strike the anal orifice for two minutes at 100 deg.

It should not be forgotten that suitable dieting will do much towards the relief of the constipated habit. Enemas may have to be resorted to in extreme cases, but should not be continued as a routine treatment. Strong cathartics are harmful.

Rest in bed until noon during the early treatment, especially when general weakness is complained of. It is an effective hand-aid to other methods in controlling both the restlessness and fatigue so manifest in the neurasthenic.

Any exercise advised should be mainly loafing in the open air, moving along at two or three miles an hour gait, accompanied by a cheerful nurse. He may participate in light games like bowling on the green, or billiards, just so long as it does not fatigue him. Later on a light occupation, or exercises in a gymnasium, may be followed.

Do not specifically treat, or even discuss, his headaches, or any particular symptom. Tell him they are only part of the whole depreciated condition, and will disappear as he improves in health. Headache tablets and powders do him decided harm, and only postpone his recovery.

The management of insomnia requires judicious handling. The bed-room should be well ventilated. He should retire at a regular hour. Try the hot tub-bath for ten minutes before going to bed, and when in bed he should be given a hot glass of milk, or a glass of cold milk with half a teaspoonful tincture of capsicum. Give him to understand that four hours' natural sleep is better than eight hours' drugged sleep. If these simple measures fail the cold wet pack may be tried, or a small quantity of bromide an hour before retiring.

All that you have done may be unavailing, and a persistent sleeplessness still exists. You have to do something to overcome this. It is imperative to break the run of insomnia. You have at your disposal an array of hypnotics appalling to the novice in medicine. From experience we have eliminated them all from our category, with the exception of two, viz., medinal and