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The treatment of insomnia is the treatment of a symptom; an important symptom, it is true, but still it is a symptom. I am in thorough accord with Patrick¹ when he says: "Insomnia is the result, not the cause, of cerebral affections, and it does not give rise to organic disease. It may be the earliest manifestation of otherwise latent brain disease, and the conscientious physician will search this out and treat it; not attempt to avert some indefinite and vaguely threatened disaster by attacking the insomnia." As for its relationship to other pathological conditions we know that it is a symptom of various habits, for example, alcohol, coffee, tobacco. Here prevention is essential, and hypnotics are only temporarily necessary. If study or business are taken into the hours of sleep, this insomnia, truly a simple insomnia, is to be treated antipathically—the habit of sleeping must replace the habit of sleeplessness. Measures other than drugs are required. If sleeplessness is the result of pain, another symptom, the cause of the latter must be sought out and relieved, either by the cause being removed, or if this is impossible, a narcotic, not a hypnotic, is indicated. If there are circulatory disturbances the condition of the heart and blood vessels needs investigation and hypnotics have but a temporary use. Should the patient be afflicted with goutiness, and Ewart deserves our thanks for coining a useful term, quite likely sodium phosphate, sodium salicylate, piperazine, or uricedine in this instance will prove to be a valuable hypnotic. Again, if we are dealing with kidneys in which arterial degeneration has taken place, systemic blood vessels are contracted and the wall of the left ventricle is thickened, the nitrites may relieve the insomnia. In the anæmia, or rather hydræmia, of the young woman, iron in organic preparation will be a true soporific. Instances might be multiplied.

It is essential that we have at our disposal safe, reliable, and pleasantly acting hypnotics. Sleep is as essential as food; the organism cannot dispense with either. They are of nearly equal importance. There is scarcely a morbid condition of which the prognosis does not become markedly worse if insomnia supervenes. Just so far as impaired nutrition militates against cure so far sleeplessness becomes an important factor.

Drugs alone are not sufficient; the cause of the symptoms having been ascertained and, if possible, removed, physical therapeutics should be employed. That portion of the subject has been entrusted to one