

physician to think the case over well before attempting its relief—to strive to discover the underlying condition in order to direct treatment to it, and, always remembering the possibility of establishing a habit for certain drugs, to avoid such agents whenever possible.

Many notable physicians of to-day manifest an inclination to cry down the class of drugs known as hypnotics. I share this inclination only to a slight extent, feeling assured that in many instances drugs have been blamed for bad effects which should have been attributed to the ignorance or carelessness of the prescriber. But I quickly join with those authorities who urge, for hypnotic medicines, a careful, rational use, and use only in those conditions where other measures—of hygienic rather than of strictly medicinal nature—are unlikely to prove of service. Frequently nothing short of a full dose of an active hypnotic will avail, but much more frequently will the persistent, intelligent maintenance of a suitable regimen prove quite sufficient to bring about restoration of the normal condition.

Sleeplessness may, in a general way, be said to be due to pain, to emotion, or to some disturbance of brain nutrition. The pain may be that which follows injury, or which is associated with acute or chronic disease processes. It need not necessarily be very severe. Sometimes a dull, teasing pain may be quite as efficient in preventing sleep as sharp, intense suffering would be. The annoyance, which scarcely amounts to pain, caused by cardiac palpitation or by the coughing which so frequently comes on when the position for sleep is assumed, is often enough to prevent rest.

When pain or physical distress of any kind is the cause of sleeplessness, it is generally a necessity to fall back upon opium or one of its alkaloids. The drug is prescribed rather for the purpose of relieving the pain than for its narcotic effect, and it should be administered in doses sufficiently large to produce its analgesic action *but not larger*. If it is found that so small a dose has a tendency to produce mental excitement rather than repose, it is well to combine it with small doses of chloral. Chloral by itself is of little use in the sleeplessness of painful conditions, but it materially aids the action of morphia in many cases—the drugs being combined in much smaller doses than would be required if either agent were used singly. The morphia in this combination materially diminishes the danger which attends the administration of chloral to patients who have weak hearts, and on the other hand the chloral lessens the likelihood of gastric disturbance following the use of morphia. A small dose of either morphia or chloral given singly, frequently brings