

taken three courses in Canada and one at Bellevue, N.Y., to present himself and he would be admitted. The committee also suggested that the Council take steps to have a representative on the Senate of the Toronto University, as such privileges are extended to other bodies, including the Law Society.

The following were appointed the Board of Examiners for 1887:—Anatomy, descriptive, Dr. Grasett, Toronto; Theory and Practice of Medicine, Dr. Irwin, Kingston; Midwifery, Dr. J. McArthur, London; Physiology and Histology, Dr. H. P. Wright, Ottawa; Surgery, Dr. J. H. Cameron, Toronto; Medical and Surgical Anatomy, Dr. J. Wishart, London; Chemistry, Dr. R. A. Reeve, Toronto; Materia Medica, Dr. H. McKay, Ingersoll; Medical Jurisprudence, Dr. D. S. Elliott, Orillia; Homœopathic, Dr. Evans, Toronto.

The proceedings were brought to a close at 10.30 p.m., and the Council adjourned *sine die*.

### Selected Articles.

#### NOTES ON THE CAUSE AND TREATMENT OF FUNCTIONAL INSOMNIA.

At a meeting of the New York Neurological Society, May 2rd, Dr. B. Sachs read a paper on this subject. Under the term he included cases of insomnia pure and simple, occurring in persons of the neurasthenic habit. He preferred to say neurasthenic rather than hysterical, for in his experience actual insomnia was less frequent in truly hysterical patients than in those suffering from cerebral or spinal neurasthenia. A number of typical cases were cited. The author thought that in the majority of such cases there was good evidence of disturbances in the cerebral circulation. As it had been found in animals that an increased activity of the cerebral circulation was accompanied by a deficient circulation in the peripheral parts, so in many cases of chronic insomnia cold extremities, pallor of the skin, and a scanty uterine flow pointed to a deficient peripheral circulation, and in many of these cases there was weakness of the heart, with a weak pulse. Special attention was called to the simultaneous occurrence of insomnia and headache, and to the fact that as a rule the headache was of the paralytic migraine type.

The treatment of migraine and that of insomnia were similar in many respects. The author wished particularly to insist on the point that continued hypnotic medication was worse than useless. The good results obtained by him had been due to close attention to matters of general regimen; to the treatment of anæmia; and to the strengthening

of the force of the heart's action by cold douches, by the regulation of exercise, and by the methodical performance of definite forms of active physical exercise, such as riding, rowing, and mountain climbing. Hypnotics were of use only at the outset of treatment; among these the reader mentioned chloral and bromides, to be given at night, or bromides alone, amorphous hyoscyamine, urethane, and paraldehyde. Their use should be discontinued as soon as a slight improvement was noticeable, and from that time onward general treatment was to be pushed vigorously.

Dr. Fisher thought that a very common cause of insomnia was anæmia, and he had seen considerable success in its treatment with cod-liver oil, cream, and other articles intended to improve nutrition. In some of the cases ordinary hypnotics had been administered without any avail. The patients might have the appearance of being well nourished while they were really anæmic. The mineral tonics were indicated, as a rule.

Dr. George W. Jacoby thought the paper was an exceedingly important one, especially in that it called attention to the fact that many patients with insomnia could be cured without the use of any medicines whatever. He agreed with the author that it was necessary to discriminate as to the cause of the wakefulness. He thought that in the majority of cases the cause would be found to lie in the circulation—not always in anæmia, but frequently hyperæmia. The cause being done away with, the sleeplessness would be overcome, but that which would cure anæmia in one case would not cure it in another. Active and passive exercise, particularly active exercise, were of benefit. For patients who could not go out, the muscle-beater was very useful. While he had not much faith in static electricity in the treatment of insomnia, he cited one case in particular in which a physician, who had applied it to one of his patients for another purpose, himself became sleepy under its influence. Perhaps the production of ozone by the instrument was the cause of this sleepiness, for it was well known that when we went into an atmosphere of ozone we were likely to become sleepy.

Dr. V. P. Gibney had noticed that static electricity tended to produce sleep. It was one of the few things that it had been found good for at the hospital with which he had formerly been connected. Dr. W. R. Birdsall thought, with the author, that we must adopt hygienic rather than purely medicinal measures for the cure of insomnia, but we were occasionally forced, as the author had said, to resort to some drug for temporary effect. For this purpose he had produced benefit without injurious effects—such as sometimes came from the use of the bromides, hydrate of chloral, etc.—with a drug first recommended to him by Dr. Seguin, namely, conium. This, given in large