

or palliated. Nor, indeed, is it well at the outset to employ hypnotics without trial of other measures. Aside from the removal of somatic causes for sleeplessness, various general methods may be employed. One of the best is a bath at 104 F. for five minutes. The general cutaneous vascular dilatation, increased by rubbing with a coarse towel, is frequently followed by a good night's rest. Warm liquid food, as a glass of hot milk, a bowl of soup, will often give satisfactory results. In fact some of the hypnotics which, on account of their insolubility, must be given in considerable quantities of hot liquids, owe not a little of their reputation to the vehicle in which they are administered. In debilitated individuals, a glass of stout or whiskey in hot water (hot Scotch) may work wonders. In tired subjects, strychnine sulphate in moderate dose acts as a hypnotic, not because it makes a too-tired individual just tired enough to sleep, as a distinguished professor of medicine would have it, but because strychnine dilates arterioles. Sometimes stimulation of the emunctories, as by sodium sulphate, again in hot water taken at night, will be followed by sleep, particularly in gouty subjects, not because it is hypnotic, but on account of its action on liver, intestines and kidneys. Methods which relieve pain—position, topical applications—are hypnotic.

Sleep is accompanied by cerebral anaemia and systemic cutaneous vascular dilatation. Any method which produces these effects will tend to the production of sleep. When these all fail, and often they do, hypnotics must be resorted to. The safest only should be chosen; they are chloralamide, pellotine, paraldehyde and trional.

The abuse of hypnotics comes from two sources: (1) careless and ignorant physicians, and (2) conscienceless prescribing druggists. The careless physician prescribes for the symptom insomnia, little caring whether it be due to cerebral degeneration, organic cardiac disease, obstructive pulmonary disease, latent gout, functional intestinal derangements or hysteria. The ignorant physician uses opium or its alkaloids, not knowing that these are narcotics, clubs a patient into insensibility and calls it sleep. Here commences the opium habit, or, not believing in "new-fangled" remedies, he keeps closely to chloral, and either adds to the list of chloral fiends or terminates the life of one who is suffering from an unrecognized heart lesion, the cause of the insomnia. Or, again, he may be a therapeutic nihilist—a polite name for the therapeutic ignoramus—and finding that drugs when administered by him have but slight beneficial effect, concludes that they have none at all, launches out with a combination of drugs, and succeeds in making his patient sleep because, with all