

means it is easy in many cases to restore normal arterial tension and cause sleep. In the insomnia of acute mania the warm bath is oftentimes of the greatest value. Our custom is to use water at a temperature not exceeding 104° F., and this is continued for twenty minutes or more while cold applications are made to the head. The bath at 104° F. is certainly much safer than one at 110° F., as advised by some authors, and there is less danger of inducing collapse, a danger never absent in a case of mania. Of course the warm bath is contra-indicated where heart failure is threatened or where organic heart trouble is present. Those who have seen excited patients actually fall asleep in the warm bath can easily believe in its advantages. Its good effects can be understood when we study the physiology of sleep, and the whole procedure is devoid of the objection which so frequently applies to drugs, namely, that the bodily functions, particularly the assimilative powers, are impaired. That this frequently occurs with the continued administration of hypnotics has been proved time and again.

The danger of collapse during or after the administration of hot baths has been referred to ; but certainly it is not greater than to be feared from even such apparently innocent drugs as trional and sulphonal. Van Schaik states that trional has an inhibitory action upon the secretions, seems to possess a stimulating effect, is well borne by the stomach, is easily absorbed by the rectum, and fails to produce unpleasant after-effects. It certainly possesses many virtues, but at times is borne very badly, and a case of poisoning recently reported would go to show that even trional is not always safe. In this case 20 grains had been given daily, and as a result there were hebetude, ataxia, tremour, transposition of words, psychic depression, and weakness and incontinence of urine. In my own experience I have seen unpleasant results follow the administration of even small doses of trional. Perhaps, I have laid too much stress on sleeplessness in acute mania, but to my mind it is a very important subject, and so frequently defies routine treatment. Sometimes, too, it is surprising how quickly the sleeplessness yields. Within the last few weeks I have seen persistent insomnia in a maniacal case in which there was extreme restlessness give way before nothing more complicated than rest in a hammock slung under shady trees all day long.

Sometimes the time-honoured cup of hot milk at bedtime induces the sleep habit, and where a stimulant is indicated a hot toddy is oftentimes worth a dozen doses of choral or its equivalent.

Insomnia occurring in neurasthenia is possibly one of the most difficult and unsatisfactory forms to deal with, but a study of the arterial