

The Treatment of Insomnia.—WILLIAM BROADBENT (*The Practitioner*, 1906, No. 1, p. 1), in discussing this subject, states that one of the most frequent causes of insomnia is gastrointestinal derangement, especially when associated with flatulence, and while distention of any part of the digestive tract may give rise to dreams and broken rest, or definite wakefulness, it is gastric dyspepsia which gives nightmare, and dilatation of the stomach which produces the most obstinate sleeplessness; consequently, the treatment of insomnia due to these causes should be directed to the etiological factor and all digestive disorders should be rectified. The diet should be simplified and the stomach must never be distended. The amount of bread and of other farinaceous foods, of green vegetables, and of liquid with meals should be restricted, water, hot or cold being drunk every morning. One or two tablespoonfuls of brandy or whiskey in a claret glass of hot water as the only drink at luncheon and dinner will often be useful in dislodging gases. Treatment should be directed to the prevention of gastric or intestinal fermentation, for which purpose salol, naphthol, creosote, carbolic acid or sulphocarbolates may be given, not forgetting calomel or other mercurial, usually a very important consideration. In old persons vascular degeneration may have gone so far that no physiological state of the cerebral circulation conducing to sleep may be attainable; functional derangements, destruction of sleep, may be due to structural changes which cannot be modified; or an idiopathic condition of restlessness may be established; here, after palliatives have been tried, we may give sedatives without hesitation. Late in life there is no danger of inducing a drug habit, and a moderate dose of an opium preparation may conduce to the comfort of the patient and even prolong life. The chloral group is less to be relied upon than opium; the latter may be given nightly with colocynth and hyoscyamus to prevent constipation. In the young, caution is necessary; opium should be avoided and the patient should never be allowed access to sedatives at will. When the sleepless habit has become established sleep may be induced for three or four nights from time to time by one or other of the chloral group with a view toward breaking the habit, or if the patient's self-control is not to be relied upon, paraldehyde may be substituted. Broadbent believes that such drugs as sulphonal, trional, and veronal are doing incalculable harm.

The Physiological Action of Tea as a Beverage.—LAUDER BRUNTON (*Quarterly Journal of Inebriety*, 1906, No. 2, p. 19) sums up a paper with the following statements: Tea when properly prepared and taken in moderation is both useful and agreeable. When taken in too great quantity, or along with butchers' meat, when too strong, when infused too long, or still more when boiled and stewed, it is apt to produce digestive troubles. When taken in excess it may produce nervous symptoms of the most serious character, and facilitate, if it does not actually produce, mental degeneration.

Expectorants.—H. EICHHORST (*Deut. med. Woch.*, 1906, No. 17, p. 649) considers that the irritating cough of tracheitis may be best relieved by 10 drops, three or four times daily, of codeine phosphate $4\frac{1}{2}$ grains and bitter almond water $2\frac{1}{2}$ drams. If the attacks of coughing are associated with nausea or if the appetite is poor he prescribes a mixture