

These patients are lithæmic and not neurasthenic. The nervous system is strong enough, and would give no trouble were it not poisoned by the abnormal products of digestion that enter the blood and circulate through every tissue of the body.

But realizing the existence of true neurasthenia, it is of the greatest importance, he says, that we make the differential diagnosis between it and lithæmia or functional disturbance of the liver. In a case referred to, complaining of neurasthenia, Rockwell found evidence of intestinal and liver indigestion and an abundance of uric acid in the urine. She had for years taken but little exercise and indulged her appetite without restraint. Under a reversal of this condition in treatment many of her worst symptoms disappeared. [Probably the historic case of the patient of the late Dr. John Brown, of Edinburgh, who, whenever the bowels became torpid, becoming very anxious concerning her soul's salvation, would send her servant at all hours, stating to the doctor how ill she was, was a case of this kind. "Rax me down yon pill-box, John," was his answer to John's statements regarding the condition of his mistress on one occasion when John was introduced to Brown's bedside, and "tell your mistress to take twa and I'll come to see her the morrow's morn."] And the illustration is given from two cases, indicating the close similarity between the two diseases.

Mr. O consulted him for symptoms that for five or six years had greatly interfered with his happiness and capacity for work. Was well formed, well nourished, and intellectually above the average. He had for years with few intervals of rest devoted himself to the details of a mercantile business. He complained of a settled melancholia, with a morbid and baseless fear of financial ruin and yet not ill-natured or irritable. On the contrary was more or less a model of dignity and gentle demeanour. Pulse was more or less irregular, making him fearful of heart disease. Appetite fair, weight varied but little. He looked strong, yet was easily exhausted mentally and physically. Constipation was troublesome. He possessed no reserve force with any undue exertion showing the hyperæmia due to enervation. His previous medication had been chiefly devoted to correcting the function of food assimilation but without marked effort. He was induced to temporarily give up business, he journeyed to the west, doing the Yellowstone

region, was absent some eighteen months and returned a well man. This, said Rockwell, was neurasthenia pure and simple. Whether such is to become permanent will depend on whether the temporary acute or functional neurasthenia is allowed to become chronic causing finally changes in nerve tissue.

Mr. N, a stout gentleman with sallow complexion, consulted Dr. Rockwell for what he believed were neurasthenic symptoms and had been taking nerve-tonics. He suffered from periodical attacks of constipation making him irritable and disagreeable. He took salines, but paid little attention to diet, eating freely. No uric acid was present in urine when bowels were free. He consented to a limited dietary and to an increased exercise. No medication throughout the whole treatment was attempted except an occasional glass of Rubinat water. With the relief of constipation all his symptoms disappeared.

Functional diseases of the nervous system are probably more important perhaps than those that are organic or structural. Long experience has taught us how very little all our boasted therapeutics amounts to in dealing with any progressive degeneration of nerve-tissue.

The most obvious diagnostic difference, Rockwell thinks, is in the mental phenomena. Both suffer from mental depression and a profound sense of misery. While, however, the neurasthenic may imagine himself heir to a thousand ills, he becomes the victim as a rule of no such irritability as the man whose blood is habitually poisoned with the products of indigestion. His irritability is likely to be more passive than active. The touchy mood of the lithæmic may on the contrary last for weeks, due to actual toxæmia to be after relieved by a cholagogue. In neurasthenia cold hands and feet are not usually complained of, but the tonic spasm of arterioles due to irritation from nitrogenous waste in the system results often in cold hands and feet so bitterly complained of by sufferers from lithæmia. The tongue in lithæmia is coated far more commonly than in neurasthenia. Often in lithæmia, where apparently clean, a close inspection reveals a brownish coating. The pulse in lithæmia is rather slow than fast as in neurasthenia. If we recognize the destructive differences between the two diseases our knowledge of our food and drink will enable us to treat those differences with satisfactory results.