

nucleus, cell protoplasm, and even the cell capsule when present, and of each there was a diminution in size and irregularity of outline. Recovery of individual cells was slow, thus, perhaps, demonstrating the fact that the process of recovery in neurasthenia is very protracted.

**Mosso's Theory:**—Mosso thinks that neurasthenic symptoms are possibly one to blood changes. He found that the blood of a fatigued animal when injected into an animal at rest produced in the latter the characteristics symptoms of fatigue.

**Gout and Neurasthenia:**—That there is a strong connection between gout and neurasthenia is clear, and I myself have had an opportunity of seeing a case where symptoms of both troubles were present. Urine of neurasthenics often contains uric acid in great excess. We are led to believe from the researches of Horbachzewsky that it represents the chemical disintegration of the nuclein constituent of cells and if this be true its presence in excess in neurasthenia and the relation of gout to neurasthenia acquires a new significance.

**DIAGNOSIS:**—With the group of symptoms before you, such as I have mentioned as given by Charcot and which I enumerated above, there ought to be no great difficulty in making a diagnosis. Yet a differential diagnosis is frequently required and we have to differentiate between neurasthenia and many other important nervous diseases especially from melancholia, hysteria, general paresis, bromism, locomotor ataxia in its early stage, and hypochondria.

Carter Gray (9); gives some interesting facts in arriving at a correct diagnosis. The main diseases to differentiate are the following:—

Melancholia is characterized by obstinate insomnia, by some curious sensations as a pressure, a creeping ache up or down the back, or actual pain in the back and neck, sometimes running far down the spine and sometimes as far up as the vertex of the skull, by a characteristic melancholic facies, nervous and melancholic agitation or absolute silence, with or without cataleptic symptoms. None of these symptom groups are present in neurasthenia.

Von Hösslin has given an admirable differential diagnosis between hysteria and neurasthenia. And it is as follows:—

<i>Hysteria.</i>	<i>Neurasthenia.</i>
Occurs chiefly in women and always in adult life.	As frequent in men as in women.
Marked by its sudden onset perhaps with some sort of fit.	The onset, unless traumatic, is usually gradual.
Has a capricious irregular course.	Course is more or less monotonous.
Hallucinations.	Absent.
Clavus, clavus hystericus a localized pain in head in hysteria.	Absent.