

agine that, after severe physical and mental exertion, to which they may have been stimulated, they can be materially aided by an hour's massage on retiring at night. In reality they are burning their candles at both ends.

With very few exceptions massage should not be given in long treatments to neurasthenics, unless such person be kept in bed and it is used to take the place of exercise.

Indigestion, with the subsequent distension of the stomach or intestines, or both, is another source of nerve expenditure. As nature is constantly trying to compensate for deficient performance of function, and as a distended viscus is a weak one, one can see where there must be an extra drain on the nerve force to carry on digestion under such circumstances. Hence necessity for a diet that will be least apt to form gas and still be very nourishing. As cellulose is the substance most apt to form gas, its avoidance in early treatment of neurasthenia with flatulence is imperative. Its digestion is largely bacterial in the bowel, and it is split up into CO₂ and methaue. The former is absorbed and eliminated via the lungs, and the latter remains, distending the intestine until passed by rectum.

In these cases with flatulency, avoidance of fruit and vegetables is soon followed by diminution of gas.

The carbohydrates are supplied by well-cooked whole-wheat bread made from flour in a very fine state of pulverization. I find that coarse bread does not always answer well, and that if wheat be stone ground and bolted, we get a flour very finely ground, and still entire wheat. The rest of the diet may consist of beefsteak, mutton, lamb, fowl, bacon, eggs, fresh fish, milk, custards.

Perhaps the first thing to be done is separation of the patient from the environment which surrounded him when the trouble supervened. By constant association of ideas with surroundings the patient is unconsciously using up nerve energy, which is obviated by removal to a strange environment. This is very important, even in the less severe cases which may not have to be confined to bed for any length of time.

After treatment of this sort has been established for a time, and the patient has improved, an ocean trip may materially assist a cure. I do not advocate travelling for sight-seeing, but merely to go some place to sit down figuratively speaking.

Before a patient gives up with nervous prostration, they have been living at high tension for some time, and as soon as they