

this period amounted to between 400 and 500 every year. On the other hand, during the past four years Dr. McNaughton has been called upon to intubate 142 times. He has been instrumental in saving 42 lives in four years, 1 but 22 in seventeen years, notwithstanding 33.33 per cent. of my cases recovered and but 29.5 of his." In other words, Dr. Pilcher was doing tracheotomy on an average of four times in a year, when the deaths from croup during the same period amounted to between 400 and 500.

Estimating from the deaths as given above, the total number of croup cases that occurred in Brooklyn during the seventeen years referred to was somewhere between 8,000 and 9,000, and out of this vast number the most celebrated tracheotomist of that city succeeded in saving the lives of only 22. This is a good example of the life-saving qualities of tracheotomy, an operation which the poorer classes, among whom croup principally prevails, seldom consent to, and if they did the skilled nursing so essential to the proper after-treatment would not be available. Intubation, on the contrary, is rarely objected to either by the rich or the poor, the ignorant or the intelligent, and no skilled nursing is required, the one and only requisite being trained operators. Outside of hospital practice there is, therefore, no room for comparison between these two procedures, the question as to whether, in a given number of cases, one operation may save a small percentage more or less than the other being one of scientific rather than of practical interest.

The difficulties and dangers of placing a tube in the larynx or removing it in the short space of time that is compatible with safety, are either great or small according to the practical experience of the operator. When this important fact shall have been more generally recognized, intubation will not be attempted by so many as heretofore, but will be left to those who have had some sort of preliminary training, if not on the cadaver, at least on a larynx, or on one of the smaller animals. By any of these means sufficient dexterity with the use of the instruments may be acquired to avoid at least some of the accidents inseparable from this operation in the hands of beginners.

NEURASTHENIA.

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(Continued from March No.)

Few diseases are, as far as symptoms are concerned, so richly provided as neurasthenia. This neurosis, as we said at the beginning, may affect any system or organs of the economy, simultaneously or separately, and will therefore exhibit the most varied symptoms. Hence it is indispensable that a choice of these symptoms should be made, to separate from this too intimate combination a certain number of signs rarely varying, forming a characteristic group. At the present time, the following are described: (a) Symptoms "of definition," or *stigmata*. (b) *Accessory symptoms*, or those of the second degree.

Mathieu includes in his classification a third category, that of the *objective symptoms* of neurasthenia; but the list of these symptoms is so limited (dynamometric test, characters of the sphygmographic tracing) and are on the other hand so void of conclusions, that we prefer to confine ourselves to the first two divisions.

(a) *Stigmata*. The principal manifestations of neurasthenia are *cephalalgia*, *vertigo*, *insomnia*, *cerebral depression*, *amyosthenia*, *rachialgia* and *gastro-intestinal troubles*.

1. *Neurasthenic headache* has been traced by Lafosse, who made it a special study, in 44 cases of neurasthenia, out of 45 cited by him. According to Bouveret, it is noticed in three quarters of the cases. Levillain says it can be ascertained in four-fifths of the subjects attacked.

Sometimes a genuine pain exists, sometimes a simple heaviness or compression; the patients feel the sensation of a leaden cap, of a heavy and close-fitting helmet (*Galeati*). The greatest centre of the pain varies widely; it occupies most frequently the frontal or occipital region, as if the bezel of an enormous ring pressed upon the forehead or the occiput. At other times, it is a horribly painful sensation of intra-cerebral void, or, again, the idea of water bubbling in the cranial cavity. The pain may be localized on one side of the skull; it is then the *hemicrania* of authors. *Hyperæsthesia* of the scalp is not uncommon.