

epilepsy, especially of the nocturnal or *laryngated* or masked variety, which is often over-looked; yet by its enervating shocks not only does it pull the system down, but also keeps it prostrated when the mischief is done. A rigid enquiry on these points is of paramount importance in diagnosis of many cases. I am inclined to think that the abnormal mental conditions are always secondary, and that the primary trouble is in the sympathetic and spinal systems.

The constant complaints of unusual sensations in one or more of the abnormal organs are evidence of this. The heart's irregularity, the atonic dyspepsia, the obstinate costiveness, the kidney derangement, and the temporary dyspnoea, all point to these great nerve centres as the efficient causes of these derangements.

If we keep in mind that in the neurasthenic we have mostly to do with reflexes of the sympathetic system and the spinal cord, including all the organs to which nerve stimulation is given from these centres of influence and control, we can understand how varied must be the symptomatology of this generic disease. If we add to these disturbing causes a tendency to insanity, or at least find a nervous diathesis predominating, then, of necessity must our prognosis be less favorable. I have found that those who usually complain of pain in the back, show that the spinal nerve function is temporarily deranged. This fact is evident when we find the oxalates, the urates, and uric acid in excess. These are present only as results, and are not pathognomonic, as in oxaluria, because on a return of tonicity in the nervous system these abnormalities disappear. They are at first only signals of distress, which warn us of greater evils should the disease intensify and continue. The pathology of the disease is not yet fully determined. It may be a change in the *quality or quantity* of blood supply to the nervous system, it may be an impoverishment of nerve force, it may be bad nutrition from low power of assimilation; one or all of these causes, or others yet unknown, would account for the exhaustion, the positive pain, the unsteadiness, the fluctuating character of the morbid sensations and phenomena. Whatever may be the *cause* or causes they result in nerve starvation, the cry is for more food and for more reserve energy.

Let me summarize the treatment:

1st. Rest and cheerfulness for the anæmic.

2nd. Outdoor exercise and work for the plethoric and sedative.

3rd. Fresh air, substantial food and absolute cleanliness for both classes, as a rule.

4th. No chloral, no opium, no alcohol; in short, no artificial stimulant, soporific or narcotic, of any kind. Three hours of natural sleep or rest have in them more recuperative power than nine hours of stupor or drugged quietude. Such short cuts to rest only murder natural sleep and strangle the heroic efforts of nature to come back to normal conditions. Even when these stilts are used, it must be after serious and thorough deliberation.

5th. Any employment which will have a tendency to divert the mind away from self-contemplation and, in short, seeking relief by the law of substitution.

6th. I find the best remedies are such as the arsenites, cod liver oil, zinc phosphide, ferrum pyrophosphate, nux vomica, bromides with caffeine, zinc oxide with ergot, and such like.

These tonics and calmatives assist nature to seek again the old paths. Allow me to add a word of warning to the younger members of our profession. Sedatives, or narcotics, or stimulants are administered, it is well to mask them as much as possible. We all know their seductive power, and I have been told by dozens of victims to the alcohol, chloral or opium habit, that the first knowledge they had of the pleasurable potency of such drugs was received from the family physicians. After their visits ceased the remedy became a luxury, and the druggist was applied to for the material to inflict infinite injury to many a valuable life. My method has been to use some menstruum which would disguise the taste and smell of these drugs and to maintain a stubborn silence as to their presence in my prescriptions. This warning is given here, as there is a great temptation to use them in neurasthenic cases, in which are found insomnia, local pain, and mental distress.

PATHOLOGICAL NOTES FOR 1887 OF CLINICAL INTEREST.

BY DR. McCALLUM, LONDON.

Mr. President and Gentlemen:—The past year's work on Physiology and Histology having a Pathological and Clinical bearing is the subject of my paper. Let us consider the subjects under the following heads:

i. *Respiratory Physiology.*—In this field two