

the post ethmoid region, and occluding the right posterior naris. The left side was normal. The following day she submitted to an operation which consisted in the removal of the large polyp and a number of smaller ones, together with the ethmoid cells, which were found to be diseased. A week later, she reported at the office. Her color was noticeably improved, her carriage more alert, and her face had lost its anxious look. She said she was feeling fine—better than in a year. Her mouth was no longer sore and her appetite was good.

The symptoms in this case were exaggerated, but I know of no class of patients that are more appreciative than those relieved of ethmoidal obstruction in the nose.

Utica, N.Y.

H. FARRELL.

NEURASTHENIA

Read before the Medico-Chirurgical Society, Ottawa.

Mr. President, and Gentlemen:—

The subject for discussion assigned me to-night is neither new nor rare, but rather old and common. Unconsciously, our first impulse is disgust and displeasure, for we all admit that, when by the shifting changes that equalize the grist to our various professional mills, a neurasthenic patient is shuffled on to us, we are far from having feelings of inspiration and delight, but rather of hatred and chagrin.

We know at once the dose we have to sit quietly and take—of blue, depressing questions and sentiments—of sadness and heart-ache; imaginary generally, but real to him; repeated over and over again.

And this is not the worst, for we are robbed of the inspiration and delight which buoys us up and emulates us to undertake great things, because we know we are not soon going to cure this patient; and that the murmurings and bubblings will return again, again and yet again: except our fees are too large or our sympathy too small.