

those of the spectrum, blend into one another so imperceptibly that no boundary between each shade can be located, so it is often difficult to know by observation, or to define in language, where the dividing line, in many cases, is between it and the disease we call insanity; nerve-starvation is not, however, *a fixed physical disease and does not affect and control abnormally the language and conduct of an individual*, as in insanity. The physical condition is not to be overlooked. We often find abnormal dryness of the skin and mucous membranes, tenderness of the spine in circumscribed places, as, we often find in hysterical women. Complaints of feeling heaviness of the loins and limbs; shooting pains simulating those of ataxy, irritable heart-action, best known by a tremulous, variable pulse accompanied by palpitation and it may be intermissions of beats, mostly the third and fifth beats; convulsive movements, especially on going to sleep, which have often been mistaken for nocturnal epilepsy; localized hyper-æsthesia; sudden giving out of general or special functions; temporary paresis, or it may be paralysis, and *generally a feeling of profound exhaustion unaccompanied by positive pain*. Some graphically say: "They have a feeling of *goneness*."

It need scarcely be added that these signs and symptoms, as a whole, are not to be found in any one patient, nor are all enumerated in the above recital. When the imagination has full sweep, based upon feeble or no impressions, then has it "no pent-up Utica." The usual diagnostic and differential skill will enable any one readily to distinguish this disease from either hysteria or ordinary anæmia. It is not chiefly found to exist in naturally nervous persons.

A patient may be plethoric and muscular—not necessarily anæmic, and yet have impoverishment of the nervous system. *Neuratropia* exists chiefly in patients between the ages of 25 and 50 years. Its existence does not depend on any important recognizable organic disease. I have found in a majority of cases a full, normal pulse, but sometimes it is very rapid, or abnormally slow with a fluttering feeling under the finger. There is no cardiac disease present in most cases, and the face may look the picture of health. The patients will often apologize for their satisfactory appearance. In spite of apparent strength such are easily

fatigued by mental exertion, and complain of giving out long before the usual time of resting. The memory is often temporarily weakened; consecutive thinking, intense attention, or sustained mental activity of any kind, is found to be impossible, even when there is no muscular fatigue. It is at this stage, when insomnia is complained of, usually to be followed by mental depression and by distressing forebodings of some impending calamity, which they cannot define. It is a general sense of ill-being and ill-happening. It is common to both sexes, but is more common in the male sex. A frequent mistake is made by medical men in attempting to lecture such patients out of their notions about themselves. This will only deepen the morbidity and intensify the evil. It is best to accept the evil as a fact, but to raise hopes for the future in a *sunshiny* way. This is mental therapeutics.

No two cases can be treated alike. If it is a case merely of brain exhaustion, then our main reliance must be upon vigorous out-door exercise and light mental exertion. The muscular and organic life can do much through activity in bracing up the nerve centres. If we have an anæmic case, or one in which there is evidently exhaustion of the cord, especially in chlorotic women, then absolute rest and quiet are indicated; digestive power and hygiene are our auxiliaries. I am a great believer in the "gospel of fatness," or alimentation—not over-feeding, but what the system can fully assimilate. It is nerve nutrition which we have to do with, hence the necessary pabulum must be provided. Such usually recover but gradually, and so slowly as to discourage patient, friends and physicians. The fact is, that all nerve deterioration needs a protracted time to recuperate, and it is well to set out in treatment with this understanding by all, that this depressing condition has invaded the nervous system by slow approaches, and that it will leave the seat of disease with reluctance, under the most favorable circumstances. It is necessary to start out with a large stock of patience in treating such cases.

A close catechising of a number of young persons has led me to believe that this abnormal condition is often brought about, or at least intensified, by the vicious habit of self-abuse, or from syphilis. It is also well to make minute enquiry as to the existence of the mild form of