

Acting upon this idea I should like to say a few words upon functional nervous diseases. I need not define the term to this audience, but would remind you that the list of these diseases was a few years ago much longer than it is now. Chorea, for instance, and general paralysis of the insane, have a fairly well-determined pathology of their own, so with locomotor ataxy for many years past, some of the tics, Raynaud's disease, and even exophthalmic goitre. If one were to substitute for functional disease the term, "nervous disease without known anatomical basis," one would be more accurate, and the grouping made by Church and Peterson will, perhaps, stand quotation here:

1. Trophoneuroses, of which exophthalmic goitre, Raynaud's disease, acromegaly, scleroderma and angioneurotic œdema are common examples.

2. Infection neuroses (usually with marked motor disturbances), such as tetany, tetanus, chorea and rabies.

3. Motor neuroses, such as Huntingdon's chorea and Thomsen's disease.

4. Fatigue neuroses, such as writer's cramp.

5. Psychoneuroses, such as hysteria, neurasthenia, epilepsy, migraine, and some of the tics, not the true tic of the fifth nerve, but such as are accompanied by echolalia, coprolalia, etc.

6. Traumatic neuroses, either of hysterical or neurasthenic type.

Of all this imposing list, the typical functional forms are neurasthenia and hysteria, and it may be of use to collate their symptoms for the purpose of distinction. It is interesting to note the disappearance of the old term hypochondriasis, the cases formerly grouped under this head being now distributed between neurasthenia with marked melancholic tendency and true incipient melancholia or other form of insanity.

A few important points of difference may be stated as follows: Hysteria is essentially paroxysmal, not that in this country the true hysterical "fit" is very common, but that seizures of some kind occur frequently, and in the interval the patient is for her normal, not introspective, fond of amusement, flighty and unsteady from the psychological point of view, grave and gay by turns with little or no cause, with no stability of will or marked force of character, but none of the mental exhaustion, chronic inability to concentrate thought, irritable temper, and usually introspective mildly or acutely melancholic turn of mind of the neurasthenic. The old phrase, "irritable weakness," has not, I think, been improved upon in seeking to define the condition of the neurasthenic. It is a familiar physiological fact that nervous debility and exhaustion mean increased irritability of nerve tissue, i.e., a readiness to respond too readily and violently to less than normal stimuli, and so we find Osler saying that