

easion nutritional changes in the nervous system sufficiently profound to lead to alterations in the reflexes that are indistinguishable from those produced by organic disease?

Time will not permit me to discuss this matter in the way that its importance demands. Let me but say that from the practical standpoint it matters but little, for the majority of cases of neurasthenia present no such difficulty in diagnosis, and if such a condition of things as has been suggested be possible, there would be every reason to regard with as much concern the nervous system of such a patient as that of one suffering from some known organic disease, for such a condition cannot but be attended by grave consequences if unchecked by treatment.

2. THE DIAGNOSIS OF ONE ORGANIC DISEASE FROM ANOTHER.

Let us take a common example. A patient experiences difficulty in walking, owing to the inco-ordinate condition of his lower limbs. Two of the most common diseases likely to be responsible for this are *tabes dorsalis* and *disseminate sclerosis*.

How quickly it can be determined which of these diseases exists! No knee jerk, no ankle jerk, and the plantar reflex not altered to the extensor type in *tabes* make striking contrasts to the exaggeration of the knee jerk; exaggeration of the ankle-jerk, amounting, it may be, to clonus, and the plantar reflex of the extensor type in *disseminate sclerosis*.

Even if, in the latter disease, the knee and ankle-jerks fail us by being absent instead of being exaggerated, the plantar reflex is not likely to play us false. And if it does, is there not still the pupil reflex on which we can fall back for assistance? The pupil which fails to re-act to light while it preserves the possibility of re-acting on accommodation, is a phenomenon sufficiently rare in *disseminate sclerosis*, and common in *tabes*, to make it a further point of contrast between these two diseases.

Take another example. The patient has atrophy of the small muscles of the hand. One of the first things we are anxious to know is whether or not the reflexes are altered, for much depends on whether they are, both in regard to diagnosis and prognosis. Exaggerated knee-jerks, ankle-clonus, and the extensor plantar reflex tell their tale, for it is clear from them that the spinal cord is involved by the morbid process that is responsible for the muscular atrophy. Thus, by testing these reflexes, we at once glean information that is of the greatest import. By testing the arm-jerks and the jaw-jerk, the diagnosis may be carried a stage further, for in the presence of an exaggerated jaw-jerk or clonus there is little likelihood that any condition other than *amyotrophic lateral*