

temperature was normal. The following day the fever returned and in a high degree, followed by rapid decline and copious perspiration. A few large doses of quinine were given and no other paroxysm occurred. Some might say this was a bilious fever or perhaps gastric remittent, but it seems to me to have been one where the usual course of an intermittent was influenced by the gastric intestinal derangement. I have heard of some cases beginning as remittent and developing into typhoid. The usual course of a typhoid is to begin with a low temperature and gradually increase until a certain stage of the disease; but sometimes a patient in the early stage of typhoid will continue at his usual occupation until so prostrated by the poison that he is obliged to go to bed and call his physician; in such a case the fever may be so high at the outset as to simulate malarial poisoning; after a few days rest in bed without any anti-malarial remedies the fever subsides; if quinine is given, of course the same results occur, and to a physician whose mind recognizes the influence of malaria in such cases, this apparent result will confirm the idea. Again in the early stages of typhoid we sometimes find that chills, high fever and sweating will take place; but when we consider the morbid processes in typhoid it is easy to find an explanation of these febrile exacerbations without involving malaria as a cause; and the small effect of quinine in checking these phenomena justifies us in doubting such an influence. It is certainly incumbent upon us as practitioners of medicine to study carefully the cases we treat and avoid being led by the supposed presence of malaria into errors of diagnosis and the heroic administration of anti-malarial remedies which are not always harmless in their results. I need scarcely say that I do not think the whole truth regarding malaria has been presented; such is impossible for anyone forming his opinions in the narrow sphere to which individual observations are confined. We shall have a more correct view when we obtain the results of the observations of the members of this Association.

#### NEURASTHENIA

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THE name *neurasthenia*, or *neurastropia*, is as good as any term we can use to describe this nervous disorder. The class of patients to which this

formidable word can be applied is very large, and is growing larger day by day in this nerve-exhausting age. The patient's mind is "centred all in self." The woes and aches and pains—real or imaginary—such endure and which are recited to the physician with wearisome reiteration, are legion. The old story is to such ever new. The history of these multiform afflictions becomes an old friend in its familiarity. The weary doctor in his rejoinder can only *encore* his previous homily to relieve the recurring distress. The sad recital is repeated from week to week, and from month to month, until recovery or insanity has taken place. The concentration of thought on all the varied moods and feelings which the patient may possess intensifies the mental pain and aggravates the nervous condition. We know in our own experience how much mental anxiety or anguish depresses physical function. Fear is more distressing than pain, and tugs at the heart-strings with greater intensity. Out of this class come the many suicides who are not insane, and who leave behind them sensible but woeful epistles to friends or acquaintances.

In medical literature this complaint has been given many names, such as *cerebrasthenia*, *brain exhaustion*, *general debility*, *nerve starvation*, "run down," *poverty of blood*, *spinal irritation*, and other terms "too numerous to mention." This disease is not to be confounded with *hypochondria*, *hysteria*, or *insanity*. Each of these conditions is well marked and easily discerned by any observant physician. The morbid fears of insanity are usually definite and permanent, and accompanied by delusions, which are fixedly believed in by the insane patient. The *neurasthenic*, on the other hand, will tell you how unfounded are their extravagant ideas, and that they can temporarily banish these vagaries, but only to return again, like the swing of a pendulum. These ever-recurring whims pull down the physical energy, and the bodily depreciation reacts on the mental until the nerve masses and the physical activity are mutually put out of gear for the time. The functional want of harmony is bordering on the pathological.

The morbid fears of people thus nervously unstrung are as varied as are the individuals. The list of their fancies and wild imaginings is endless. All are based on some groundless alarm in respect to themselves or in their relation to others. Men full of energy and push succumb to the depression.