

I hope in a future lecture to take up the treatment more in detail.

The main factor in the treatment of the disease is rest, mental and physical. The more pronouncedly typical of hysteria is the case, the more necessary is it to have isolation and complete rest; while in neurasthenia, rest, associated with a certain amount of cheerful surroundings and pleasurable occupation, is advisable. The patient, as before mentioned, may be bright and active, and he may be healthy and robust in appearance. For that reason his friends cannot understand, nor are they inclined to be tolerant of, one who does not show any tangible local disease, or notable derangement of function, but is full of complaints, professing incapacity to do many things. They think the patient is shirking his work, and duties, and even pleasures in which he could well take his share. But the incapacity is very real, and if the relatives or physicians do not fully appreciate this, but urge the patient to throw aside his trouble and try to perform the duties he is unable for, the kindly relations between them will not only be upset, but the malady increased. Herein lies the value of isolating those patients from their friends and relatives.

As we saw in the early part of this paper, neurasthenia or hysteria may occur alone; yet it is also frequently an accompaniment of organic disease, such as tuberculosis and rheumatism. Being so, it is not hard to understand that, with organic involvement of the nervous system, functional diseases are still present in a much larger proportion. We also saw that functional disease is largely congenital, this going to show that the nervous individual is abnormal in the respect that he is more easily fatigued and, therefore, more liable to encroachment of organic disease. If function, therefore, be long disturbed, nutrition will be subsequently affected; and if this is so, we can see the nucleus or beginning of true alteration taking place. Bearing this in mind, we may be able to obviate many serious conditions in patients who come under our care.

Last week, while paying a visit to the neurological clinic at the Massachusetts General Hospital, in Boston, under the care of Dr. Walton, I saw a number of tabetics being treated after the method recommended by Frankel. I enquired whether he was obtaining good results from the treatment. He said that many of the patients had become considerably improved. No doubt the improvement was, in some cases at any rate, largely due to relief of some of the functional troubles present in tabetic cases. In connexion with functional troubles associated with tabes, I remember well Prof. David Ferrier, of London, relating to me some two years ago, the history of a patient suffering with tabes dorsalis.