but they may be altered in character so as to be altogether out of proportion to the stimulus which gave rise to them. Nerve fibres which convey impulses to and from the central nervous system are divided into afferent and efferent. Besides the nerves of special sense, the afferent nerves are those of touch, temperature, muscular sense, and of general sensibility, including those of pain. The efferent nerves are motor nerves to skililat muscles vaso-motor, secretive, viscero-motor, inhibitive, accelerative and tropic. Nearly all of these fibres terminate in the spinal cord and form synapses with the nerve cells and fibres which go to make up the numberless centres in the cord.

It was for a long time supposed that the sympathetic nervous system formed connecting links between the different parts and organs of the body, and by this means events occurring at one part influenced the function of the parts or organs more or less directly connected with it by means of sympathetic nerves. This view has been abandoned for several years by physiologists, as it has been clearly proved that the sympathetic ganglia are quite incapable of any reflex action, and that they serve as distributing points only for nerves coming from the brain and spinal cord.

It is the business of the vaso-motor nerves to provide the exact quantity of blood to each particular part of the body at the exact time at which it is required, and this is accomplished by reflex action, the tissues calling for more bone or less blood as may be necessary, and the uclus are filled by means of reflex mechanisms in the medulla and in the spinal cord.

Considering the great number of reflex mechanisms, and their extreme sensitiveness and complexity, it is surprising that more serious functional disturbances are not constantly occurring. It is, however, quite a common experience to find the gravest structural changes occurring without giving rise to any reflex phenomena. While a reflex neurosis may have its starting point in any part of the body, they are most frequently found to exist in connection with lesions at the orifices of the body and in the generative organs, more particularly in females, and in some cases the reflexes appear to follow their normal paths, as when a painful ulcer of the rectum causes spasm of the sphincter ani, or when an adenoid growth or a patch of congested mucous membrane in the naso-pharynx gives rise to a cough.

Cases, however, are not uncommon where a disturbance of function may exist for some time without any indication that it is reflex in character, until perhaps by accident the true cause of the difficulty is discovered.

Considering the disproportion that exists between the gravity of the cause and its effects in a large proportion of reflex neuroses we must conclude that the condition of the nervous system is at least frequently the chief factor of the complaint.

A condition of irritable weakness may be to some extent constitutional or natural to the individual in a given case. It may depend upon nervous strain, but it is probable that the most frequent cause is an abnormal condition of the blood, resulting either from auto-infection from the intestinal canal, or defective secretion, either internal or external.

The effect of ptomains absorbed from the intestinal canal is frequently noticed in cases of intestinal indigestion. As there are a great variety of bacteria frequently present in the intestines there must be a corresponding variety of ptomains. Some of them depress and some exalt the reflex excitability. Disorders of internal secretion have lately been receiving considerable attention, and it has been pretty well established that besides what are known as thero glands, nearly, if not quite, all of the other glands have an internal secretion, as disease or removal of any gland has an effect apart from what might be expected from the failure of its