

function in the kinæsthetic area. On the rapid removal or non-removal of the causes of implication of the cells of the Rolandic area, depends the issue of the case—recovery or prefrontal atrophy." This prodromal stage with its results is precisely to what I desire to direct attention, as I believe that this stage corresponds in many cases, to what we term neurasthenia, and that proper treatment at this period would avoid the disastrous results which would otherwise follow. A consideration of insanity shows that in nearly all cases prodromal symptoms must in some stage of its development have been present. As cases of insanity are described by the alienist under whose care the case comes, only when fully developed, the transition stage between mental health and insanity has been but little discussed, and in consequence a fertile field has been left uncultivated. These cases of neurasthenia are given an additional interest by the fact that they comprise cases on the border-land, where one or more of the faculties may be affected, the remainder remaining normal. Hence in an early stage, when the approach of the coming storm is heralded only by such symptoms as restlessness, intense and unreasonable anxiety, loss of or deranged memory, inability to do any prolonged mental work, disturbed emotions, worry over trifles, irritability, etc., with loss of sleep, the treatment of these cases would show most satisfactory results, whilst in no class of cases are the consequences of delay more serious.

Of the beneficial effects of treatment, none are more marked than in the removal of the patient from the surroundings in which the neurasthenia has developed. An important point in regard to separation is that if used at all, it must be complete; a single visit from a near relative or an intimate friend or even a letter from such, may seriously affect the progress of the patient toward recovery. In regard to the rest cure as described by Dr. Weir Mitchell, I have found it most useful in selected cases, and the underlying principles of it form undoubtedly the most valuable contribution which the treatment of neurasthenia has ever received. Rest is the keynote to the proper treatment of nervous weakness, and it is the proper application of this principle which makes or mars the success of our efforts. Rest in bed is only one form of rest, and may be contraindicated. Travel, with the resulting change of scene and surroundings is another form of rest, but great care is required in the selection of suitable cases. Many a patient is advised to travel when the change only irritates and excites an already weary brain, or an easily exhausted body, and leads to unsatisfactory results, because treatment of a different kind was necessary before travel could be undertaken with pleasure or safety. The same error is often made in regard to exercise, the fact that physical movement necessarily involves an expenditure of mental energy, being often overlooked. Hence while exercise may be freely insisted upon in some cases, in others it must be very carefully regulated in its amount. Time forbids further discussion of the medical treatment or of the use of massage and electricity in this affection, but I would like to mention the decidedly good results of hydrotherapy when used in conjunction with these measures. In conclusion, neurasthenic patients often state that they have been given this advice "Now just believe you are all right and there will be nothing the matter with you." There are undoubtedly neurasthenic patients who exaggerate their ills, but I am convinced that these are