

symptoms can be referred. In other words, we must recognize that these patients are really ill and require the same serious consideration as those afflicted with demonstrable organic diseases.

When we consider the normal functions of the nervous system—psychic, motor, sensory and vaso-motor—and the extent to which they govern or are related to the activities of all the organs and tissues of the body, we may readily understand the manifold symptomatology resulting from the perversion of these functions occurring in nervous exhaustion. From the fact that neurasthenia has no demonstrable morbid anatomy, that the symptomatology is so irregular and widespread, its recognition by the ordinary means of diagnosis is often difficult. The complex tangle of clinical phenomena and epiphenomena is more readily unravelled when the symptoms are correlated, weighed and interpreted in the light of etiological factors which are known to be capable of producing the disease. If our investigation of the case, which should embrace not only the patient's systemic condition, but enquire closely into the routine of his daily life and environment, discovers *known efficient* causes of neurasthenia, we may *a priori* look for the effects and interpret the symptoms accordingly.

Neurasthenia may arise primarily from failure on the part of the nervous system to adapt itself to the stress of the patient's surroundings, or it may arise as an epiphenomenon in individuals suffering from some organic disease. A clear recognition of these two great subdivisions is of the utmost importance, not only from a diagnostic but a therapeutic point of view. The task of determining to which class a given case belongs is not always an easy one, and requires often the highest degree of clinical skill and the most patient examination. From the intimate relation which the nervous system bears to the functions of all the organs and tissues of the body, it is not remarkable that in nervous exhaustion clinical manifestations in the digestive, circulatory, genito-urinary systems, or other parts are of the commonest occurrence. These results of disturbed innervation may closely simulate and are often mistaken for primary local diseases. Thus we frequently see hyperchlorhydria or other form of digestive disturbance, so often symptomatic of neurasthenia, treated by dieting or other local measures, the primary trouble being overlooked, notwithstanding the fact that the large majority of digestive disorders met with in the routine of practice are manifestations of nervous exhaustion, and respond not to local treatment but to measures appropriate to the primary trouble. On the other hand, in predisposed individuals,