

section of our profession where the achievements are more noble, where the demands are greater, and where gratitude is more sincere.

People say: "Oh, you have a noble profession—going about relieving pain, curing sickness, saving life." Ay, but the dressing a wound, setting a broken bone, relieving a neuralgic pain, the attention of a fever patient—what are any or all of these in comparison to the mental torture and feelings of the neurasthenic patient? They are willing to endure any physical torture we may impose; they are glad even to die if they can be freed from the hell on earth which they suffer. We should feel more delighted and proud of having done a noble deed, after a long struggle, pulling one of these patients out of the slough of despond, than a layman who saves a drowning man, or a fireman who rescues a life from the flames. Living and suffering mental and nervous anguish and morbidity should appeal to us more forcibly than physical pain or than even death.

Some people, even some physicians, say, "nothing wrong with her or him, nothing to be done only run a bill." A professional brother who is here to-night said the right thing regarding this subject to me some years ago. He said: "When a patient sends for a physician there is something either mentally or physically wrong, and the mental requires our help just as much as the physical derangement."

There are a great many degrees of severity and modifications of manifestation of this disease which we shall analyze further on.

A physician's success depends on a clear common sense understanding of the meaning, causes and analysis of the effects of this disease, and his capacity to inspire his patients with hope and confidence; the thoroughness and persistence with which he presses his treatment and his personal attention to detail.

Physicians who have not time nor inclination to devote thus to neurasthenia and those who tell patients that "their sufferings are imaginary, mental, trifling," have not the modern conception of this disease and are unfit to deal with it.

TREATMENT OF THE DEVELOPED CASE OF NEURASTHENIA.

For convenience of reference, and not for any real distinction, we will make three classes:

1st. The mild case.—Patient continues at his or her usual employment, but under difficulties, has that "tired feeling," out of sorts often, is irritable, easily worried, finds it a task to do work that formerly was easy and a delight; dislikes to meet customers or shuns friends except some special ones to whom he pours out his troubles;