

**Neurasthenia and Its  
Treatment**

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## NEURASTHENIA AND ITS TREATMENT.\*

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Neurasthenia which within the last thirty years has added another name to the old list of ills, is a disease of the nervous system, very common at the present time, and likely to increase.

It is not without reason that it is called "the Disease of the Century"; yet this appellation is hardly just, for it seems proved beyond gainsay by certain authors that the American neurosis of Baird existed at all times and in all places. However this may be, our age is particularly fruitful of neurasthenics who may be met every day, especially in city practice. The present commonness of this disease is due, no doubt, to actual social conditions, and to the struggle for life which waxes fiercer day by day. We may add that neuroarthritic heredity and intoxications, especially alcoholic intoxication, justly claim for themselves a large share of the determining causes of the nervous disorders proper to our time.

What is neurasthenia? Neurasthenia, says Charcot, is a state of irritable feebleness of the nervous system. It is a neurosis, that is to say, a purely functional nervous disease, and, for this reason, has no pathological anatomy.

Neurasthenia is again defined: a persevering weakness of nervous force. This neurosis consists in a trouble of the nutrition of the nerve elements, which become slower in repairing the losses of the organism, inasmuch as they no longer ac-

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cumulate sufficient vital energy and even use up the spare potential. Hence the designations: nervous exhaustion, nervous feebleness, which are often applied to neurasthenia.

Neurasthenia, in the general acceptance of the term, is not a morbid entity; it is a state, or rather, a medley of states which it is necessary to differentiate one from the other, since they involve a diagnosis and a prognosis absolutely distinct.

Those facts have been brought out into light by Dr. Gilles de la Tourette, who concludes that there is not a neurasthenia, but neurasthenic states.

In classes, there are true neurasthenics and false or hereditary neurasthenics.

Causes.—Prolonged vigils, excessive manual labor, mental overwork, troubles, emotions, sadness, great shocks (railway accidents, etc.), these are the principal causes of true neurasthenia. Sometimes true neurasthenia grafts itself upon organic affections. There is, besides, a nervous heredity which creates false or hereditary neurasthenia.

Symptoms.—Symptoms may be objective or subjective. The objective symptoms of neurasthenia may be none or few: indeed neurasthenics often look in the best of health.

The subjective symptoms are generally of the psychical order. They are:

(1) The neurasthenic headache. It is peculiar. It bears in upon the head as a heavy leaden mold, sometimes it is creepy and throbbing, sometimes bursting outwards so that the scalp would seem too small for the skull; again, it seizes the forehead and again, the sides of the temples, squeezing the head as in a vice. Waves of heat steal up through the face and center in pain around the eyelids and head. At times the headache ceases for a while, only to reappear. It is often worse during the night. There is nothing constant about it except its inconstancy and its certain recurrence.

(2) Vertigo. This, too, is peculiar. There is no falling down as in the disease of Ménière; but, rather, there is a sensation of cerebral void with weakness of the lower members which have a tendency to give way beneath the weight of the body. The sufferer sees floating specks; everything appears gray and hazy.

(3) Pains. These have their seat in the back of the neck

and down the spinal cord, localizing themselves at the level of the sacrum to form the *plaque sacrée* of Charcot. Pains, too, gather often around the heart and down either leg, alternating sometimes with the pains in the head. Shooting pains rush at times through different parts of the body. Sometimes creeping or throbbing pains seize every nerve cell. Topoalgia is frequent and obdurate. Like the headache, these pains are constant in their inconstancy.

(4) Feebleness of the lower members coincident with the *plaque sacrée* which has its seat in the sacrum.

(5) Absence of anesthesia. Patients feel the prodding of a pin at any point. There is no extinction of the reflexes. Patients are quite sensible to light and sound.

(6) Languor. Sufferers feel quite unfit though anxious for work. They listen indifferently. Their imperfect vision sends them often to the oculist. As a matter of fact there is nothing wrong with their sight, save perhaps a little accommodating asthenopy. To explain those phenomena it is only necessary to remember that the retina is an appendage of the brain. Neurasthenics often can neither read nor fix their attention.

(7) Insomnia. This is one of the most important and most frequent symptoms. Neurasthenics sleep poorly, sometimes only an hour or so, and their sleep is never refreshing.

(8) Gastro-intestinal phenomena. These are not dangerous. What ordinarily predominates with neurasthenics is slowness and difficulty of digestion. Rarely is there vomiting. They complain that their food remains in their stomach; their mouths are clammy, their appetites languishing. They experience disturbance in the intestines, etc. In those cases, it suffices, says Dr. Gilles de la Tourette, to treat the general state and everything will go well. He adds, besides, that in neurasthenia there is not generally gastric or intestinal trouble, properly so called; the stomach and intestines share in the depression and general asthenia of all the functions and nothing more.

(9) The mental state. The mental state of neurasthenics varies greatly. Some neurasthenics are excited, some depressed. It is ordinarily with the depressed that nervous afflux is deficient.

Weakness of will, anxious thought about all the organs, indecision in the presence of determinations to be taken, worry

over trifles, suspiciousness, apprehensiveness, sensitiveness to remarks about their health, gloominess, discouragement, obsession by one idea, inaptitude for work—these are the most common characteristics of the mental state of those patients.

Judgment, on the whole, remains solid with neurasthenics; they are simply depressed, not devious.

Such, in résumé, are the chief symptoms of true neurasthenia—the kind of neurasthenia that we consider in the course of this paper.

We give, in passing, the history of a true neurasthenia which we observed. One will see at a glance that the patient had cause to become neurasthenic; false neurasthenics have no similar cause for their disease.

Rev. Father X., aged forty-three years, had suffered from neurasthenia for fifteen years.

We know all his family; his father is quite strong; his mother is arthritic. Patient had no sickness in his infancy.

The actual affection developed in 1886, at the end of several years of teaching and extraordinary intellectual overwork. At that time he taught in a classical college. At length his assiduous studies brought on a sort of nervous habit which manifested itself by excessive impressionability, unmotivated sadness and repeated weakness with insomnia and disquietude. He had besides, palpitation of the heart, painful digestion, and divers intestinal troubles.

He underwent treatment for three consecutive years without any marked improvement, and was thereupon advised to give up teaching and to devote himself to active ministry in the country. This change effected an amelioration of health for some time, but at the end of nine years the old disorders returned with vertigo, headaches. Insomnia and stomach troubles were more frequent than theretofore. He showed irregularities of character, and saw floating specks. He was sad, depressed and incapable of work. At times, he said, his heart seemed to cease beating, and again, it beat with extraordinary rapidity. Finally, he had vasomotor troubles, abundant perspirations, with frequent coldness of feet and hands. What makes his case singularly instructive is that, like most other neurasthenics, he had consulted many physicians and oculists. Divers treatments were prescribed for him,—com-

plete rest, isolation, distractions, voyages, etc. Those treatments, though excellent in themselves and possibly sufficient in many cases, brought him no sensible relief.

Some of the practitioners directed all their therapeutic efforts upon his stomach without taking into account his neuro-pathic condition. The result was that the patient seeing himself subjected to severe special treatment for his digestive organs (such as washing of the stomach, rigid diet, etc.), believed he was attacked with organic disease of the stomach, and consequently only grew worse. He was thoroughly discouraged. Every medicine had been tried and none had been found effective. His disease increased to such a point that life for him was all but insupportable.

It was in this critical state that he entered the Hydro-Electro-therapeutic Institute at the recommendation of a distinguished physician, in another city. He entered the Institute on May 8, 1901.

The following treatment was immediately taken up: A cold douche of ten seconds every second morning, with a Scotch douche in the afternoons of the same days; the other days, a Scotch douche in the morning and a lower affusion in the afternoon; a static electric bath of fifteen minutes three times a week, and injection of artificial serum every second day. Prescriptions of iron, bromides of strontium and trional were superadded. Hygienic and moral treatment were brought into action.

May 16, the patient was already better; his sleep had improved.

June 1, the vertigo had diminished, and his digestion was getting into order.

July 5, the patient's headache had all but disappeared, he digested perfectly, his perspirations had ceased.

July 15, that is to say, after six weeks' treatment, he was able, owing to his constant daily improvement to leave the Institute, at our recommendation, to take a fortnight's trip.

September 3, he returned to the Institute to continue treatment for twelve days.

September 15, the patient quitted definitely the Institute, feeling perfectly cured. The treatment had lasted three months and one week.

We met this priest three years after he left the Institute. Not only was his cure an abiding fact, but he was bearing joyously the hardships of his apostolic work.

We make no comment upon this case, save only to point to the rapidity of the curative treatment applied to grave neurasthenia of fifteen years' duration.

This case is a good specimen of a true neurasthenic who had spent his nervous supply under the influence of excessive mental work.

Everybody that works overmuch with the head, exposes himself to become a neurasthenic. Neurasthenia is the disease of intellectual persons.

All true neurasthenics have experienced great cerebral fatigue; it is this brain fatigue that brings on neurasthenia. Antecedent diseases, as syphilis, rheumatism, etc., can sometimes produce nervous exhaustion.

False neurasthenics.—These have no cause to assign for their disease. In vain are they questioned; they have been neurasthenics from their infancy. Their disease has only become worse. It is the exaggeration of their habitual condition; it is the legacy of nervous heredity. Charcot calls false neurasthenics hereditary neurasthenics.

#### *Treatment.*

We shall now approach the therapeutic study of neurasthenic states. On this subject authors have given themselves wide fields. So many treatments are scheduled that the ordinary practitioner is often in a quandary to choose which is best to cure his patient.

Those uncertainties come from divers causes, the chief of which, hardly anyone can deny, is that the different recognized treatments claim a different pathogeny.

This pathogenic treatment of neurasthenia has been severely criticised by Dr. Brissaud, and we can hardly find fault with his criticism.

The multiplicity of drugs should be avoided, so far as possible, for there are no subjects, perhaps, that support drugs less readily than neurasthenics. If one could add up, say Drs. Proust and Ballet, the evil results of medicine, styled

tonic and constitutional, and of the various hypnotics and pharmaceutical products with which the treatments that enter into daily practice are surcharged, one would be at a loss to determine whether neurasthenics are the debtors or the victims of medicine.

We have been called by a combination of circumstances altogether particular, as well as by our avocation of hydropathist and electro-therapeutist, to care for a great many neurasthenics. Some have been sent to us by physicians of Three Rivers, Montreal, Quebec and other places in our own Province, as well as by physicians of Ontario, the Maritime Provinces, and the American States. We are happy to have here occasion to give expression to our gratitude towards those distinguished physicians.

#### *Hygienic and Moral Treatment.*

The importance of psychical treatment should be considerable in a disease in which the patient loses all confidence in his health, strength and capacity to consult his own interests, inasmuch as he is only able, as Dr. Brissaud says, "to brood over his misfortune."

The first duty of the physician should be to convince the neurasthenic that he has no organic trouble and that, consequently, his disease is certainly perfectly curable with well-directed and sufficiently prolonged treatment. He should never forget the saying of the English poet: "The best inspirer of hope, the best physician is."

The physician should strive to gain the patient's confidence, listen attentively to the recital of his sufferings, sympathize with him in his troubles, persuade him they are real, and above all, guard against insinuating that they are imaginary. The imaginary patient does not exist in medicine (Déjerine).

The confidence of the patient in his physician is the first condition of cure. By the physician's proving that he always speaks the truth he gains a confidence that begets hope. The physician should give examples of persons that have been cured, consequently reassure the patient of his condition, convince him that all is not lost, and seek to instill in him belief in a cure more or less speedy.

He should, besides, says Dr. Gaston Lyon, persuade him that



medicines have but little effect in neurasthenia and that physical agents alone have therein a curative action.

Independently of this moral encouraging influence that the physician is called upon to exert over his patient by words and conduct, there are many other hygienic means that he can use to happily affect his mental state.

Such means are physical and intellectual rest, "moral diet," distractions, occupations wisely moderated, isolation from city noise and from business, withdrawal from the surroundings in which the neuropathic state developed, a sojourn in the country on in a special hydrotherapeutic establishment.

All those therapeutic agents constitute a valuable fund in the psychical treatment of this category of patients.

Therapeutics of Nervous Depression and Excitation.—To combat these two kinds of symptoms hydrotherapy is, without contradiction, the most efficacious treatment that science knows, but the important point is its manner of application.

It is not a matter of indifference to give a bath, a lotion or a douche to a neurasthenic.

The procedure of choice is the cold douche, broken jet ten seconds' duration, on the trunk and the upper and lower members (the head and neck excepted), and terminating in a full jet upon the feet. This douche is one of the best tonics that we possess, and it will quickly revive the system's forces if applied in a manner to create a rapid reaction.

After the douche the patient should be wiped and massaged, and made to take moderate exercise to facilitate reaction. This douche should be administered only once a day, preferably in the morning, and repeated three times a week. If it be found necessary to give two applications each day, a cold inferior affusion or Scotch douche should be given in the afternoon.

Never should more than two applications be given upon the same day.

After successive experiments prudently made with regard to the susceptibility and tolerant powers of our patients, we have with full knowledge adopted the following as an excellent combination:

A very short cold douche (5 to 10 seconds), slight percussion, each morning, with a Scotch douche in the afternoon. these two applications are repeated every second day.

On the other days, a Scotch douche is given in the morning, and a cold inferior affusion in the afternoon. Continue in this manner for a fortnight or a month, according to the irritability of the patient and afterwards a rest of eight days. This is the best combination we know of, for it is not only well borne by the great bulk of neurasthenics, but it speedily begets appetite, sleep and nervous energy. It is evident, however, that to produce all those effects it should be continued for a sufficiently long period. One, two, three months are generally required for a stable cure.

With subjects of feeble reaction or excitable subjects upon whom cold water makes a too lively impression, as well as with rheumatic and arthritic neurasthenics, the Scotch douche should be called into service. This latter douche is at once tonic and sedative, and has none of the inconveniences of the cold douche for this category of patients. On the other hand, in forms of neurasthenia where depression prevails, and in the case of cerebrastrhenics, it is the cold douche that succeeds best.

Where the absence of sufficient installation renders impossible the administering of those douches, recourse is had to the wet mantle, cold lotions and baths. But it goes without saying that the last mentioned hydrotherapeutic expedients are not always easily borne, nor are they always sufficient. To resume: whatever hydrotherapeutic procedure is adopted, its applications should be very short, especially in the case of cold water. The mildest applications are often the most effective; while on the other hand, severe applications serve in many instances only to aggravate the disease. This moderation of which authors speak so frequently is found in the very short cold douche, the lukewarm douche, the Scotch douche and affusions.

Another important point to note is that to get the full benefit of the water cure, we must well regulate the effects of the treatment and occasionally change the applications; so that the patient will not get used to it. Otherwise he will not receive the full benefit of the treatment.

The foregoing are, we take it, the general principles that should guide the physician in the application of hydrotherapeutic methods suited for the cure of nervous exhaustion.

Static electricity, also, merits a place in the treatment of neurasthenia.

The patient is seated on an insulated chair in communication with an electric machine. Here he takes a static bath lasting from 10 to 20 minutes, as his case may demand.

In the cerebral form of neurasthenia the electric breeze, or, better still, the electric douche is directed on the head. The same procedure is followed to combat headache and insomnia. In the spinal form of the disease and in paresis of the members sparks and frictions are applied to the vertebral column and the members.

To be efficacious this mode of treatment has to be kept up for quite a long period. It should be interrupted for a time at the end of fifteen sittings at the most.

The Static Bath is a powerful sedative and at the same time a regulator of the nervous system. In this way it contributes to relieve pains, such as topoalgies, "the *plaque sacrée* of Charcot," etc.

It acts, besides, upon the general state of the system. The ablest living authority on static electro-therapeutics, Professor William J. Morton, M. D., of New York, the eminent Professor d'Arsonval of the College of France, and Dr. Romain Vigouroux, the learned Electro-therapeutist of Salpêtière, have proven beyond cavil that the static bath possesses the valuable property of augmenting considerably the nutritive changes—a property most beneficial for the neurasthenic who is nearly always at the same time an arthritic, that is to say, slow of nutrition.

Hydrotherapy fulfills almost the same conditions; it tends to procure for the nerves a better nutrition and to calm the excessive excitability of the nervous substance.

Dr. Cheron, in the séance of the Academy of Sciences, August 5, 1895, demonstrated the marvelous effect of this treatment through physical agents in the case of nervous diseases, especially neurasthenia.

He proved to the hilt in that communication that all stimulations brought to bear upon the great sensitive surface, such as douches, massage, baths, frictions, electricity, etc., determined in anemic subjects immediate hyperbolic conditions.

Useless to insist upon this fact; it is to-day completely demonstrated by physiological experimentation and clinical observation that natural and physical agents, these powerful vital

agents, whose names are air, water, electricity, sun, rest, exercise and alimentation, must occupy the first rank in the daily treatment of the neurasthenics and the depressed in general.

The air, called by Hippocrates the first of aliments, becomes gradually the first of medicaments. It constitutes with the sun one of the best sources of strength and life for all neurasthenics. It will then be advisable to occupy sunny rooms and sleep with windows open.

The rest, this powerful means to quiet the excitation and restore the nervous strength, will be prescribed preferably at night by early rest and siesta half an hour before and after meals.

Regarding exercise we recommend generally an ordinary walk between meals, especially before and after douches to facilitate the reaction. But, if our patient is an arthritic, suffering from functional insufficiency of muscles limiting the abdominal cavity, which is the rule in most of the cases, especially among women, give the preference to all exercise which will oblige him to bend the body and ask for some effort; practice them between meals and in open air, so that they will constitute at the same time an air and light cure.

Exercise in all its forms is for the system a veritable support of strength, but in this special condition, it must not only be moderated but also proportioned to the strength of the patient.

Injection of Artificial Serum.—Artificial serum is an excellent therapeutic agent. It may be injected with the compressed-air syringe of Dr. Cheron or Parke Davis in quantities of from 1 to 5 drams, repeated two or three times a week. These injections were given with constant success by Dr. Cheron and Dr. Maurice de Fleury.

Dr. Cheron's formula, which we use sometimes, is as follows:

Carbolic Acid Crystallized,.....	15 grains.
Chloride of Sodium, pure,.....	30 grains.
Phosphate of Soda .....	1 dram.
Sulphate of Soda,.....	2 drams.
Distilled Water .....	add 4 oz.

We inject this artificial serum in quantities of from 1 to 2 1-2 drams every second day.

Dr. Maurice de Fleury used the following formula. We find it very good:

Sulphate of Soda.....	}	ãã. 15 grains.
Chloride of Sodium.....		
Phosphate of Soda.....		
Carbolic Acid Crystallized.....		7½ grains.
Sterilized Water.....		3 ounces.

The quantity injected begins with 15 to 30 drops and gradually increases to 2 1-2 drams. These saline injections increase the arterial tension and determine an appreciable stimulation of the nerve system. According to Dr. Fleury serum is the tonic par excellence for neurasthenia.

Dr. Crocq of Brussels recommended subcutaneous injections of phosphate of soda in quantities bordering on a grain a day. He considered those injections an excellent nerve.

We refrain from the use of artificial serum in the case of patients with arterial hypertention. These patients are best treated with Scotch douches and static electric baths. This combined treatment has in our practice reduced to normality within three weeks an arterial tension registering 30 on the sphygmomanometer.

But for patients with arterial hypotention the injection of serum is always indicated.

Its effects consist in a revival of appetite and strength, and in a singular re-enforcement of vital energy, which manifests itself in exhilaration of spirits and aptitude for work.

It is, says Dr. Monteuuis, the remedy for all who are able to sustain the struggles of life, the great resource of the depressed, the enfeebled and the eternally fatigued. In combination with cold douches it constitutes the treatment par excellence for those with weak and dilated arteries.

Artificial serum, on account of its very energy should be given with discretion and moderation.

Excursions.—Drs. Proust and Ballet have hard words for practitioners who advise indiscriminately all their nerve-suffering patients to travel. It is certain that in the majority of cases it is only short trips that are indicated, and these should be mainly restricted to the period of convalescence. Little excursions in those circumstances are one of the best means to give easy distraction, and in this way to withdraw the

patient from reflections on the derangement of his organs and the deficiency of their functions. The patient should always be accompanied by a friend.

Medical Treatment.—There is no pharmaceutical treatment for neurasthenia. Consequently, but little medicine should be prescribed; the most efficacious remedy, says Brissaud, is iron.

In cases of excitation and insomnia the three bromides, or the bromide of strontium (para-javal) given in small doses and associated with Indian hemp, or hyoscyamin are helpful. Tetronal, somnos, veronal, sulphonal and especially trional in good doses can also be given. Trional is a sure and dangerless hypnotic. To the bromides may be added arseniate of soda or cocodylate of sodium. Glycerophosphates of lime and soda, as well as kola and lecithine are also recommended; but the best tonic, be it said again, is iron. Of iron choose the preparation most easily supported and most readily absorbed. We prescribe Gude's or Frosst's Peptonate of Iron and Manganese, or again Wampole's Hæmogen.

Alimentation.—There is no special régime for neurasthenia. It is the ordinary mixed régime that is indicated in the majority of gastro-intestinal atonic cases. Three meals a day are sufficient—the chief meal being at noon. Choose in preference dark meats, grilled or roasted without sauce, boiled brains, eggs, vegetable soup, milk and fruits. The quantity of food should be increased not abruptly, but slowly and progressively so as to render superalimentation possible for a recalcitrant stomach. It is an affair of proper apportionment, punctuality and patience. Attend to regularity of meals and to the good workings of the intestines.

Little liquid of any kind should be used at meals. Four ounces of liquid is quite sufficient. Between meals plenty of water may be drunk; but not within one-half hour before meals nor two hours after meals. A glass of water taken on rising from bed and upon retiring at night is recommended. Water between meals and the use of fruit for breakfast, and well-cooked vegetables at dinner, are about the best treatment for obstinate constipation. Water is preferable to alcohol or wine, as a beverage, especially for nervous patients, for water *intus aut extra* facilitates nutrition and remains an element of strength: *aqua robur*—water is force.

If the patient suffer from grave gastro-intestinal atonism he should be recommended absolute rest, which is nearly always a sovereign remedy.

Weir Mitchell's Treatment.—Weir Mitchell in his "Methodical Treatment of Neurasthenia" gives great importance to isolation and rest, to which he adds massage, electricity and super-alimentation.

We have recommended isolation in a sanatorium, away from the family and the habitual occupations of the patient. As regards rest, it will be forced in conditions where a promenade constitutes the only distraction. We admit that rest is in itself a powerful curative means, and that in certain cases it suffices; but we do not favor rest in bed during several weeks, which can only serve to weaken, without utility, the patient. Massage is certainly beneficial. As regards electricity, we prefer, as we have already said, the electric static bath to the induced currents of Mitchell.

The method of the celebrated physician of Philadelphia seems, on the whole, to be insufficient. In that method there is absence of the physical agents of hydrotherapy, light, air, heat and gymnastics.

Physicians and patients have become so cognizant of those deficiencies, as, for the most part, to have given up the method.

A process much in vogue in Germany to combat vertigo and headache is the cold lower affusion. This affusion is well borne, and relieves the brain while toning the system.

Topoalgy.—Topoalgy has been described by Dr. Paul Blocq as a sort of local neurasthenia. It is a fixed pain, localized in a variable but limited region. Against topoalgies so common with neurasthenics we have successfully employed static sparks, Scotch douches, and especially the static induced current or Morton current. Painting with tincture of iodine (*loco dolenti*) gives good results, but it must be applied in several coats so that it may have to be renewed only every five days.

We have seen in consultation with a brother physician a typical case of topoalgy. The patient, Mr. T., experienced marked pain at the lower part of the abdomen. This pain was constant; it had lasted for two years and had resisted all treatments employed. Our examination revealed nothing. We treated it with Scotch douches, static sparks and static induced current (*loco dolenti*), which treatment gave good results.

We have also successfully treated other cases of topoalgia with injections of artificial serum.

Topoalgies are in some cases quite stubborn. We have met traces of them three years after the patient was otherwise perfectly cured.

Conclusion and Résumé.—In keeping with the foregoing exposition, we can, leaving régime out, reduce the therapeutics of neurasthenic states to this principle: "Calm the nervous system, strengthen the patient."

To realize this double indication medicines can take but a small part, for the organism is unable to respond to their action; better far to hold to hygienic and moral treatment in conjunction with rational hydrotherapy and electricity.

This latter method of treatment we have described in its details.

As regards the application of the physical agents, such as water, electricity, etc., we wish to remark that their curative power depends chiefly upon their association in a mixed and complex medication in which each imparts to the organism its proper excitation. Every single line treatment, says Guimbail, every prescription of only one physical agent is, in advance, a failure. A general manifold disease demands a general manifold treatment.

This is tantamount to saying that the "physical therapy" of neurasthenic states should be carried out, as far as possible, in a special establishment capable of realizing at the same time the best conditions of physical and hygienic treatment, repose and isolation.

Against the "general asthenia," that is to say, against insufficiency of nervous potential, are employed all the stimulants of nervous energy, such as hydrotherapy, electricity, rest, saline injections, iron, friction, massage, exercise, open air and sunlight, all of which means are excellent.

Excursions and travel will also lend powerful help, especially during convalescence.

Here in résumé are the general means that are suited for the great bulk of cases; their mode of employment and its duration vary according to circumstances.

In consulting the record of our personal observations to the number of 183 we find that 142 cases of true neurasthenia were



radically cured by this method of treatment. In 18 special cases the cure was speedy and remarkable.

An important point to note about those observations is that the majority of the patients had previously undergone the various treatments of repose, isolation, travels, etc., and had proven themselves rebellious to all.

In thirty-four of the other patients there was marked improvement; in fact nine of them should be reckoned as completely cured.

Our seven absolute failures were with patients very strongly charged with hereditary neurasthenia.

The duration of the treatment runs from two to five months; as a rule a good cure is effected in three months.

These results, as remarkable as they are happy, encouraged us to put forward the method that procured them—a method whose elements (static bath, Scotch douches, cold douches, affusions, graduated exercise, open air, sunlight, rest, massage, saline injections, iron, psychotherapy) are not new in their individuality, but whose grouping and judicious application in the treatment of neurasthenia appear to us superior to the methods of exclusive systemization extolled by certain authors.



