Tremors of the hands, lips, and tongue now developed, and he became so restless and nervous that medical advice was sought. Neurasthenia was diagnosed, and the treatment adopted was the usual one of complete change and rest in bed with tonics and nourishing food. A favourable prognosis was given.

The patient, who was now in a country nursing home, developed the delusion that his face was altering in appearance. He became suspicious, more depressed, and steadily lost flesh. It is stated that no alteration in the patient's complexion was noticeable at this stage. The restlessness and tremors increased and the patient's memory and judgement became impaired. He now developed the delusion that his penis had disappeared. It is interesting to note that simultaneously with this delusion he persistently experienced hallucinations of smell and taste, with the result that he commenced to refuse food. He became unmanageable and was removed from the home.

On January 1st, 1912, I saw the patient for the first time in consultation with Dr. Dewar Forbes, of Edmonton, who had just taken charge of the case, and it was decided that certification was necessary. The following physical signs were present:

Inequality of pupils (the left being larger than the right), with sluggish reaction to light. The knee-jerks were exaggerated, and the plantar reflex was flexor. Tremors of tongue, lips, and hands were marked. Cutaneous sensation was unimpaired, but there was a distinct loss of muscular tone in all the limbs. His speech was slow and slurred, and his handwriting irregular.

It was suggested at this stage that the case might be one of incipient general paralysis, and an unfavourable prognosis was given.

On the same day he was admitted to Bethlem Royal Hospital. He now complained of severe headache, and was restless, confused and very agitated. The pulse-rate increased to over 100, and was of low tension. Severe constipation was present, and caused anxiety for some time. Owing to the hallucinations of taste and smell the patient persistently refused food, and looked upon those around him with suspicion and a certain amount of fear. He was fed by tube, but fortunately this procedure was not necessary for long, as the patient began voluntarily to take food.

Nausea and occasional vomiting developed, and as numerous dental stumps were present they were extracted on the presumption that they might be the cause of oral and gastric sepsis. He, however, continued to lose weight, suffered from insomnia, and was cachectic (non-pigmented).

On April 30th the patient, who had now been in the hospital for four months, complained of abdominal pain and diarrhoea, and it was found that melaena was present. There was general tenderness over the abdomen and acute pain in the region of the hepatic flexure, with marked rigidity of the upper part of the right rectus muscle, suggesting some local peritonitis. Nothing in the nature of a definite tumour could be felt, but in view of the fact that the patient, in addition to the latter signs and symptoms, had suffered for some time with cachexia, loss of weight, and constipation, it was thought that a malignant growth might be present in the hepatic flexure of the colon. After consultation with a surgeon it was decided to postpone operation.

The pulse continued to be rapid (120 to 140) and of low tension, and the temperature rose occasionally to 100° F. for a few hours. The knee jerks were now almost absent. Asthenia, diarrhoea, and cachexia were very marked, and when going to stool the patient had frequent attacks of vertigo and syncope. His mental condition was, at this stage, one of agitation, restlessness, and apprehension. Memory, perception, and orientation were impaired, and speech was slurred.

These signs and symptoms gradually became worse, and the patient died on May 8th. On *post-mortem* examination no signs of general paralysis or other brain disease could be found, and, with the exception of a small adhesion at the brim of the pelvis, the whole intestinal tract was perfectly normal. So far this left the diagnosis in a state of obscurity, but on examining the adrenal glands they were found to be much enlarged, somewhat sclerosed, and on section macroscopically the right one showed a large haemorrhage, with numerous others of presumably earlier date. On microscopical examination the haemorrhages

and sclerosis were confirmed, but no evidence was forthcoming to show the presence of tubercle bacilli.

On comparing the clinical data with the *post-mortem* findings a ready diagnosis could be made, and the cause of the death was certified as being due to Addison's disease.

HIGH-FREQUENCY CURRENTS IN TRIGEMINAL NEURALGIA.

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THE beneficial influence of high-frequency currents in the treatment of various neuroses and neuralgias is well known to those who have carefully studied and applied this method of treatment, and the incredulity which is expressed in certain quarters only means, at least in many instances, that the treatment has been ineffective because it has been inefficient. It is curious to note the readiness with which the practice of electricity as a therapeutic agent is handed over by the profession to unqualified persons. What is true of other forms of electricity, and, indeed, of therapeutic measures generally, is true also of high-frequency currents. Unless used intelligently and not as a mere routine measure, and without regard to the wants of the individual patient, it is absurd to expect that good results will follow.

An illustration of the value of high-frequency currents when perseveringly and appropriately used, even in severe trigeminal neuralgia of long standing, may be found in the following record, and it is noteworthy that some form of electrical method, applied apart from skilled supervision, had previously failed to produce improvement. The lesson is obvious—that methods of treatment can only be judged fairly when they are put into operation under proper conditions; and, again, that both in their own interests and in those of their patients, medical practitioners would be well advised to retain in their own hands the use of electrical and other therapeutic measures, rather than to delegate those measures to those who, acting without knowledge, must necessarily act without judgement.

A widow lady, aged 60 years, in good circumstances, was sent to me in November, 1911, by Dr. John Love, of Glasgow, because of severe trigeminal neuralgia of eight years' duration on the right side. The attacks were frequent and severe, and even in the intervals between them, the patient lived under the constant fear of their return. All this had necessarily produced considerable prejudice to the general health. She had lately been at one of the English spas, and had been treated by ionization by a bath attendant, but without benefit. I began high-frequency treatment on November 2nd, 1911, and continued daily until Christmas, with very decided relief of the pain. During the break of the Christmas holidays the pain returned. Treatment was accordingly renewed, and was continued with one or two intermissions until June, 1912. By that time the attacks of neuralgia had completely disappeared, and the patient's appearance and general sense of well-being showed a corresponding measure of improvement. She reported herself in August 1912, when she had been absolutely free from pain for nine weeks. I saw her again at the commencement of October, when she informed me that, with the exception of a comparatively slight and transient attack she had suffered no pain, and that "to live was a pleasure." I met the lady in the street on November 27th, when she told me she was still free from neuralgic pain.

This is, of course, an impressive experience, but it is far from being exceptional. I have had many cases of neuralgia of all degrees of severity in which relief and often complete cure have followed the use of high-frequency currents. The method is no doubt one which causes the medical attendant a certain degree of trouble, but I am sure that if the profession would give it personal attention, they would find it both valuable and reliable.

DR. G. V. WORTHINGTON writes from Luxor to deprecate the apprehensions which are stated to have induced some intending visitors to Egypt this winter to cancel their arrangements. The Turko-Balkan war has not, he says, created unrest among the Egyptians, and they will certainly not do anything to endanger the harvest they derive from winter visitors. A similar apprehension which was felt, he says, in England last year on account of the war in Tripoli was soon found to be groundless. Although fighting then took place on the borders of Egypt it had no disturbing influence whatever.