interesting to have to note that there are some who, being hallucinated, still are capable citizens.

In another part of the country is to be met a group which contains collectors, misers, kleptomaniacs—I was going to add philanthropists, but perhaps I had better leave them out, though in some, I might say many, cases the so-called benevolent philanthropist is a crank, and may be only a collector of another kind; in fact, one who is chiefly concerned with the self-glorification which is said to be associated with mineral-water drinking and teetotalism. Any way, there are certain persons who cannot refrain from stealing. There are always in society a few with the reputation that after a visit their servants return the purloined goods. There are certain persons who collect like magpies—never using what they take, just collecting. I think that with the climacteric we have a very large number of temporary dwellers in the Bethlem. Some take to drink and may for a time appear lost and yet with time may be all right again; there are others who develop sexual tendencies, and there are others who take to stealing. They have a not unnatural tendency to steal articles of clothing from Stores. In fact, I at one time thought there was a special class always to be met with there. Perhaps the openness of many of the Stores is a temptation too great to be resisted.

CONCLUSION.

And now to sum up the whole matter. First I recognize that I have taken too large a field to till satisfactorily, but anyway I have been able to lay before you some of my views in relationship to those persons who, being nervously or mentally disordered, yet in my mind should not be looked upon or treated as lunatics. I have pleaded for a much greater freedom for the treatment of the insane who are not dangerous to themselves or society by doctors in general practice, and I have urged here as elsewhere the utility of having some system of notification as well as of certification. No one would wish more urgently than I that the places to which the insane are sent should be in some way supervised, but one does not want the unbending regulations which at present exist. I have pointed out that for some patients greater control is needed, while in others much more freedom and a natural return to simpler life is to be preached; not the simple life of which we hear so much, but a real consistent simple life, with plainer food and more regular occupation. I for one fear the Education Acts are at least as potent of evil as certain other more frequently supposed causes of mental decay.

I have placed before you my views and I thank you for your attention.

THE TREATMENT OF NEURASTHENIA.

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THERE is probably no human disorder which so doggedly shadows the advance of civilization as neurasthenia. It exacts its relentless toll from those who by their untiring energy and painstaking perseverance mould the history of the world no less than from those whose ineptitude, luxurious indifference, and negligent idleness hinder the development of its progress.

Though it is generally regarded as a modern disorder, and though we owe our first accurate description of its leading characteristics to Beard, whose work on *The Nature and Diagnosis of Neurasthenia* was published in New York as recently as 1879, there can be little doubt that, like other disorders of the nervous system, it has occupied its place as one of the ills to which flesh is heir in all ages. Its recognition as a distinctive disorder is due to our improved powers of clinical observation, and its greater frequency to the increased strain involved in the present-day pressure of life. It is widespread in its distribution and has invaded every civilized country where ambition and the struggle for existence compels an incessant activity of the nervous mechanism. "To-day," says Proust, "every one endeavours to raise himself higher than his ancestors; competition has increased; conflicts of interests and persons have multiplied in all conditions of life; free course is given to ambitions that are often little justified; a crowd of individuals impose on

their brains a work beyond their strength; then come cares and reverses of fortune, and the nervous system under the wear and tear of incessant excitation at last becomes exhausted."

The symptoms by which we recognize neurasthenia are many and diverse. As with most other disorders, few cases are met with presenting every feature of the classical malady, but the broad outlines by which the condition may be differentiated are sufficiently conspicuous to make it easy of diagnosis. It is true that it often occurs as a complicating factor in other diseases, and also that its affinities for hysteria on the one hand and hypochondriasis on the other are so close as to make it difficult to draw a definite line of demarcation between them, but in the majority of instances there is no greater obscurity about its identity than exists in the case of many other maladies which we unhesitatingly label with a name. The various neuroses with which we are familiar may all be regarded as neurasthenic manifestations, and it would perhaps tend to simplify nomenclature if they were grouped together and classified under the common title of psychasthenia which has been suggested by Contet.

The name would at least possess the advantage of being to some extent descriptive, because the one feature they possess in common is undoubtedly mental instability. Classifications of subordinate varieties are useful, but those which have been adopted are either clumsy or inadequate. What does it matter if in one instance the symptoms are for the most part spinal, in another cardiac, or in yet another gastro-intestinal? Behind them all there is a mental twist which, if it does not portray the whole picture, at least fills in either the foreground or the perspective, and links together the bewildering diversity of neurasthenic manifestations.

We have no accurate knowledge of the morbid anatomy of the disease. It has been attributed to vaso-motor inadequacy, resulting in such low blood pressure that the portal circulation becomes abnormally loaded and the heart imperfectly filled; its frequent association with the menopause, Graves's disease, osteo-arthritis, and other disorders in which vaso-motor disturbance plays a prominent part lends some likelihood to such a hypothesis. Bouchard regards it as a result of abnormal fermentations in the stomach, with the consequent formation of soluble toxins, which, when absorbed, impair the anatomical elements of the different organs, and notably those of the nervous centres. Glénard suggests as a possible explanation the sinking of the viscera in the abdominal cavity, but this is more probably an effect than a cause.

We are not now concerned with the details of symptomatology, but the following points may be enumerated as landmarks:

Constant sense of weariedness, intensified by the least exertion.

Impaired digestion: anorexia, eructations, flatulent distension, constipation.

Change of temperament: fickleness, restlessness, irritability.

Headaches—occipital or vertical—made worse by stooping or effort.

Unrefreshing sleep, unpleasant dreams.

Sensory disturbances: neuralgic pains, muscular tremors, active deep reflexes.

Vaso-motor phenomena: flushings, sweatings, palpitations, vertigo.

Impairment of special senses: photophobia, tinnitus aurium, subjective sensations of taste and smell.

Intellectual phenomena: mental depression, loss of memory, feebleness of volition, vacillation of purpose, loss of self-confidence.

Emaciation; cardiac irritability; paroxysmal polyuria.

In many instances, floating kidney; enteroptosis. Such a widespread symptom-group bears witness to a central or constitutional origin, and, when considered in relationship to the circumstances and habits of life to which the disease is commonly sequential, it seems possible, and even probable, that a toxæmia is the essential etiological factor, and that some form of primordial alteration in the nerve cells ensues whereby cerebral control is disturbed and vital energy inhibited. Even if theoretical, such a conception possesses at least the virtue of furnishing a working basis upon which to found a reasonable system of management. And it is important that the question of treatment should be seriously con-

sidered, because it cannot be denied that neurasthenia is Nature's intimation, in terms of disease, that the normal balance between vital income and expenditure is disturbed; nor can it be doubted that it is the visible expression of a degradation of stamina which is in no small degree responsible for the physical degeneration now threatening, if it has not actually clutched, the people of this and other prosperous countries which lead the van in civilization.

The first and obvious indication for treatment is rest, which must be both mental and physical. Now, rest is one of those therapeutic agencies which is capable of much harm as well as of great good. In every case of neurasthenia the influence and associations of the home surroundings are so inimical to the patient's recovery that the rest which his tissues demand can be accomplished only by separating him temporarily from his relatives and from his usual pursuits. This does not necessarily imply imprisonment in a nursing home, with recourse to all the restrictions and privations which belong to the Weir Mitchell system. In suitable cases, this well-known system is excellent and can be depended upon to give better results than any other, but it is habitual with some practitioners to regard every neurasthenic patient as a fit and proper person for whom to prescribe this rigorous method of treatment. Such rule-of-thumb practice is unfortunate and is frequently attended with disappointing results.

The class of patient to whom it is pre-eminently applicable is the person whose symptoms are bordering on hysteria and who has become much emaciated, but the cases most frequently met with are not of this type. Surely for a disease so protean as neurasthenia there can be no one plan of cure universally and unalterably applicable! Though rest is essential for all, the form in which it may be best administered must be determined by the individuality of the sick man, his personal tastes, and the limits of his business obligations and financial resources. Restoration to health will only be accomplished by careful correction of existing physical disturbances; by a re-education of the various organs to a normal performance of their functions, together with the moral influence of a hopeful and cheery optimism; and by provision for the future conduct of life with a due regard to regularity of habits and adaptation of bodily demand to vital supply. Frequently relaxation from the duties of an over-strenuous life and an ocean voyage or other agreeable form of easy travel with a congenial companion is all that is required to banish the symptoms, but in cases that are more advanced, as most are that seek medical advice, such a programme is of greatest benefit when undertaken after the bodily functions have been regulated and re-established on something like a normal basis. This can be best provided by what may be described as a modified rest-cure. For the successful carrying out of such a plan, the patient should be established in comfortable rooms or in a nursing home, under the constant care of a judicious nurse; all intercourse with his relatives and all participation in the business or professional concerns of his life must be temporarily abandoned; the food must be regulated according to the circumstances of the digestive capacity, but as soon as possible the diet should be generous and into it milk and fats ought to enter abundantly; and a discipline of regularity in regard to meals, hours of resting, time for turning in for the night, etc., should be established.

For the first week or ten days absolute rest in bed is a necessity, but thereafter a daily drive, soon to be replaced by walking exercise during the afternoon, is desirable. After the first week the patient may have one welcome visitor, other than a near relative, at a suitable time each day. He should be encouraged to read newspapers, magazines, and light literature; to occupy a part of his time in the pursuit of an artistic hobby or in playful pastime, but without incurring the risk of over-weariness by too long attention to any one occupation; he will thus keep his mind so pleasantly and diversely engaged that he will have but little opportunity for introspective reflections.

For the improvement of his muscular system he must be massaged night and morning, and the application of a faradic current adds to the value of the rubbing, and is also effective as a suggestive remedy. Above all, the patient should be made to feel that he is being subjected

to a well-planned and energetic method of management to which he is called upon to lend a willing obedience and whole-hearted co-operation.

Not the least important item in the daily routine is the doctor's visit. It is looked forward to for confirmation of the patient's hope that he is responding satisfactorily to the means that are being adopted for his cure; it is the event upon which he unconsciously depends for reassurance, and from which he derives gradually, and day by day, courage and confidence.

It has been pointed out that digestive troubles are inseparable from the neurasthenic condition; and as these are in many instances associated with an unhygienic condition of the buccal cavity it is important, as an early step in treatment, to have the teeth inspected, and any evidences of decay corrected by the dentist. It is a safe precaution to insist on the use twice a day of an antiseptic mouth wash; 40 to 60 gr. each of chlorate of potash and carbolic acid in 8 oz. of water will be found a pleasant and efficacious solution with which to brush the teeth and wash out the mouth and throat.

Errors of digestion must be corrected; and here, again, it will be found that antiseptics fulfil a useful purpose. They may be given combined with acids or alkalis according to the indications of the case; to acid mixtures carbolic acid in 2 or 3 gr. doses may be added, and to alkaline mixtures sulpho-carbolate of soda in 10 to 15 gr. doses. The bowels must be so regulated as to ensure a daily evacuation. For this purpose there is no more satisfactory remedy than the compound rhubarb powder of the *British Pharmacopoeia* given every evening after dinner in a dose of from 20 to 30 gr. On first waking in the morning, when the stomach is empty, 6 to 10 oz. of hot water should be sipped leisurely, and to this may be added, if the rhubarb powder is not effective, one teaspoonful of Carlsbad salt. Periodically—about once a week—1 gr. of calomel should be added to the dose of compound rhubarb powder. The diet must be carefully adapted to the digestive power of the patient. At first it ought to be simple, and consist of milk-foods, thin soups, fish, fowl, and game. As digestion improves it may be elaborated until simple but abundant meals are taken as in health. It is well to insist, in all cases, on the following details: Red meat once a day only; cocoa, café-au-lait, or boiled milk instead of tea; a moderate quantity of sugar; no uncooked vegetables or fruit; stale or toasted bread; an abundance of fats; and a minimum of two pints of milk in each twenty-four hours. Care should be given to the thorough mastication of all food, and liquids should be reserved for the termination of each meal. When the patient is well enough, cod-liver oil may be added to the daily dietary; it is usually best tolerated if taken in a single dose the last thing at night, and its assimilation will be secured by beginning with a few drops and doubling the dose each night until a maximum of one tablespoonful is reached. It is most easily taken in orange wine. Alcohol must always be used sparingly. If well-matured stout can be tolerated, a tumblerful with luncheon is permissible, but in many cases a light burgundy or claret is preferred and agrees better.

In some cases sleeplessness is such a prominent symptom that for a few nights at the beginning of treatment sedatives are necessary; of these, the best are chloral-amide, trional, or sulphonal in a cachet containing from 10 to 20 gr. of one or the other. In extreme cases hypnotics may fail, and if the administration is restricted to three or four successive injections, $\frac{1}{4}$ gr. of morphine may be given hypodermically not only with safety, but with distinct advantage. The risk of creating an unconquerable habit is inconsiderable if care be taken not to resort to the drug except after the failure of milder measures, and not to extend its use beyond the immediate necessities of the patient. The immense gain to the wearied nervous system of a few nights' sound sleep and the confidence which such an experience creates from the beginning in the success of treatment amply repays any disadvantages that may arise from the exhibition of sleep-producing drugs. The patient ought not to know what drugs are being administered, and it should always be definitely explained that they are used only to re-establish a natural habit, and that they are merely temporary expedients.

In many cases of long-standing, anaemia is a marked feature; it yields to ordinary methods of treatment by iron, but this must not be ventured until the digestion

has been improved sufficiently to make its assimilation likely. At first it ought to be given in one of the milder preparations, and if there is still restlessness to contend with, it may be advantageously combined with one of the bromides.

The following formula, which should be given after meals, three times a day, will meet the requirements of most cases: Ferri et ammoniae citratis, 7 gr.; liquor arsenicalis, 5 minims; potassium bromide, 10 gr.; liquor ammoniae acetatis, 1 drachm; chloroform water to 1 oz.

This should be replaced by a more potent form of iron as soon as possible. In the following combination, also to be taken after meals three times a day, the antiseptic influence and the steadying effect on the vaso-motor system of ichthyol is valuable, while the cannabis indica suitably replaces the bromide in the earlier mixture: Sulphate of iron, 2 gr.; ichthyol, 5 gr.; arsenious acid, $\frac{1}{10}$ gr.; extract of cannabis indica, $\frac{1}{4}$ gr. To be put into a capsule.

If iron in any form disagrees, as it does in some instances, it may be replaced by oxide of manganese in 5 to 10 gr. doses. Though this drug is not in general use, there is no doubt of its value.

When headaches occur with such severity as to demand special treatment the tonic remedies should be temporarily intermitted, and 5 gr. of antifebrin, or 10 of phenacetin, combined with 3 gr. of caffein given in their place.

Spinal tenderness is sometimes a prominent and rebellious symptom; it is most speedily relieved by the light application of a Paquelin cautery down the length of the spine.

When the illness is complicated by the existence of a loose kidney, the kidney ought to be supported by a suitable crutch or by a pad applied underneath a firm abdominal belt. As an accompaniment of a floating kidney there is frequently a certain amount of atonic dilatation of the stomach. When this condition exists it must be dealt with as an initial step in procedure by a short course of lavage.

By washing the stomach out every morning for a few days with a warm solution of bicarbonate of soda—1 drachm to the pint—the mucous lining is cleansed and its normal secretion stimulated to healthy activity. If lavage is resorted to the diet must be limited for the time being, and adjusted to meet the indications which present themselves.

Change of air and surroundings is always desirable for a few weeks, either at the seaside or in the country, before a return to the ordinary duties of life is sanctioned.

In the matter of prophylaxis much can be done to lessen the risk of a recurrent attack by a careful regulation of habits. The patient should continue to arrange his work so as to avoid undue fatigue; he must have long nights in bed, practise regularity in regard to meals and exercise, and make a point of having, at frequent intervals, a short but complete respite from the routine of his daily life. He should avoid responsibilities involving prolonged concentration of work or undue anxiety, and he will be wise if he cultivates a hobby, more especially if it be one the exercise of which compels a certain amount of time to be passed in the open air. Every slight ailment demands prompt and active treatment, so that the risk of incurring nervous exhaustion may be reduced to a minimum.

Children born of neuropathic parents should be safeguarded from the risks of their heredity by strengthening the energy and resistive powers of their nervous centres. To this end the child should be brought up amidst healthful surroundings, and the education arranged with a view to the substitution of an acquired stable, individual habit of body for an inborn unstable ancestral tendency, due care being taken that the school work is so well balanced and so accurately adjusted to the mental capacity of the child that all danger of overpressure is avoided.

PROPOSED CHAIRS OF SOCIAL MEDICINE.—The Medical Chamber of Upper Bavaria has decided to urge upon the proper authorities the need for the provision of adequate teaching on social legislation, workmen's compensation for accidents, the framing of reports, etc. The opinion is expressed that chairs of such subjects should be established in the Bavarian Universities, and that the University of Munich should lead the way in the reform.

NEURASTHENIA, DEGENERACY, AND MOBILE ORGANS.

By P. C. SMITH, L.R.C.P. AND S. EDIN., L.F.P.S.G.

TUNBRIDGE WELLS.

FLOATING kidney, as is now generally recognized, occurs usually in the neurotic. Other conditions that resemble it in being characterized by laxity of attachments, and in being found in nervous subjects, are gastric, hepatic, and general enteroptosis (in men and nulliparae at all events); mobile heart (a condition in which the situation of the apex beat varies considerably with the patient's posture), uterine displacements (in nulliparae), spinal curvature, genu valgum, and flat-foot; varicocele is to some extent a parallel condition. What is the connexion between the neurotism and the laxity of attachments?

The unit of degeneracy is the family. A degenerate family is one in which there is imperfect heredity, showing itself by a loss that tends to be progressive of racial characteristics,¹ anatomical, physiological, and psychical. The losses in the anatomical sphere are manifested as malformations, usually of a minor order, affecting mostly the head, face, and hands. Of the physiological defects, the commonest are disorders of metabolism and vaso-motor instability; the most important is diminution of sexual or generative power, which leads to the extinction of the family. The psychical abnormalities are impulsiveness, irritability, instability, suggestibility, and a tendency to obsessions, tics, and phobias. Degeneracy is the soil on which are developed the neuroses (as a rule), some of the psychoses, and some organic diseases of the nervous system, and it even predisposes to some maladies of other systems and to general diseases.

The term "neurasthenia" is applied to two conditions, as I have already pointed out in the *BRITISH MEDICAL JOURNAL*.² One of these (neurasthenia major) is a complaint of adult life, characterized principally by pain or discomfort in the head or spine, by debility, insomnia, constipation, and mental depression. The other (neurasthenia minor) may be described briefly as a state of chronic fatigue; in the article referred to, an endeavour was made to show that it is congenital—it is, in fact, the condition which has been described as being "born tired"—and its symptoms were traced from infancy to adolescence. It was further maintained that the major complaint in the great majority of instances occurs in those already suffering from the minor affection, of which, indeed, it is little more than an exacerbation.

It remains now to point out that the particular neurosis that accompanies floating kidney and the other conditions referred to is neurasthenia minor, and to try to show that the latter is a syndrome of degeneracy. The very frequent occurrence of slight congenital malformations in a state which is itself congenital is almost enough to prove the point. But, in addition to this, neurasthenics usually exhibit some of the functional stigmata of degeneracy, vaso-motor instability and disorders of metabolism being almost, if not quite, invariably present. Again, the feebleness of nervous action and the slowness of repair after fatigue that are the essential features of neurasthenia minor, have obviously the appearance of losses of racial characteristics such as constitute degeneracy. Finally, in Dr. Ch. Féré's experiments on eggs, he found that the same injurious influences that produced malformations in the chicks, if applied to the eggs at an early stage of the incubation, caused simply congenital debility if applied at a later period. It is possible that normal persons may be subjected to such prolonged fatigue, anxiety, intoxications, or disordered metabolism as to bring on neurasthenic symptoms that remain after the withdrawal of the exciting cause; but for the most part those who are subjected to such a degree of these influences are already touched with the disorder.

The neuroses, other than neurasthenia, are usually developed on a soil of degeneracy; neurasthenia minor is degeneracy, or rather is a group of symptoms common to most forms thereof; neurasthenia major may be regarded as developed on a soil of degeneracy, like the other neuroses, but is really little more than an exacerbation of neurasthenia minor.

The immediate cause of floating kidney and enteroptosis is commonly held to be lessening of the intra-