unless he is prepared to execute a change of front and perform a gastro-enterostomy or other suitable operative procedure in case he finds himself called upon to relieve an ulcer of the duodenum or pylorus.

The question may be legitimately asked, Is the early surgery of these conditions safe and attended by satisfactory results? The answer is that in the early cases and these alone is the surgery of this region eminently safe and satisfactory. The mortality of gall bladder operations, uncomplicated by stones in the common duct or cholecystitis, is less than 1% in competent hands. Gastro-enterostomy for pyloric stenosis gives a mortality of less than 5% and a high percentage of permanent cures. It is only in the late and neglected cases of surgical disease of the upper quadrant that the mortality is high, and here it is understood that the operation is one of last resort.

The speaker is aware that this excursion into the surgical borderland of the upper abdomen has been brief and unsatisfactory. He will be satisfied, however, if his hearers carry away the following points:

1. The advantages of early operation in diseases of the stomach, gall bladder and pancreas.
2. The imperativeness of early operation in perforations.
3. The recognition that present diagnostic measures are inadequate and consequent readiness to meet conditions different from those suspected before operation.
4. An interest in the great and growing field of the surgery of the stomach and pancreas.

PRACTICAL CONSIDERATIONS IN THE TREATMENT OF NEURASTHENIA.*

BY W. C. CANFIELD, M.D., BRISTOL, R.I.

To say that a person has neurasthenia is not stating the case much more definitely than to say that a person is *sick*, and the diagnosis of neurasthenia is often made as carelessly as that of *malaria* years ago.

There is a need among the profession for a more exact definition of the term. Few diseases have so wide a range of gradations from slightly impaired health to profound sickness, and as it borrows its symptoms from so many widely different diseases, both mental and physical, it is not strange to find many physicians go "cross lots" to their diagnosis, calling it neurasthenia without attempting to define it closely, as to its cause, or even the predominance of its symptoms, — a sort of blanket diagnosis covering complications and concurrent troubles alike.

A clear understanding of the causes that have brought about the neurasthenic state and of the channels through which they have been operative must be had before the physician can outline his plan of treatment. In no disease is it so necessary to analyze, not so much the symptoms of the case, as the personality or mentality of the patient

himself in order to drive back through these same channels the causes of the disease and block them against a second entrance.

While the causes might be classed in one group as psychic, their mode of attack with each individual varies. The avenues of approach are tortuous and often obscure, and the somatic manifestations are confined only by the entire epidermis of the patient. One cannot intelligently follow a routine of diagnosing simply "neurasthenia" to be cured by a more or less routine Weir Mitchell treatment, for that is grasping the letter and not the spirit of the case. That great pioneer in the treatment of neurasthenia, S. Weir Mitchell, started the ball rolling, but it has rolled a long way since he first promulgated his "rest cure." His plan of treatment was adequate and admirably adapted to meet the indications as they were then generally understood; namely, that neurasthenia is a diseased state in which the *physical* forces have been exhausted, the mental forces suffering equally, or perhaps not at all.

Neurasthenia is essentially a disease of the mind, a psychosis, and there may or may not be organic disease as an accompaniment or complication, but always there is some impairment of the physical as well as the mental functions. "Nervous exhaustion" as a synonym is a misnomer, as there is never literally exhaustion, and the crude idea of a large percentage of the laity is that it is a disease of the nerves themselves.

That neurasthenia is primarily psychasthenia, that it has its origin in the mind and that the body suffers secondarily as a result of the widespread influence of the mind upon the body is the trend of the most advanced observation. Over twenty years ago, when I first began to study this disease our nosological printing press (which works over hours these days) had not turned out such terms as psychosis, psychiatry, psycho-neuroses, and as I could not satisfy myself that these numerous physical symptoms of neurasthenia constituted a disease, *sui generis*, I often spoke of them as a "condition," feeling convinced that they were caused by more than a mechanical drain upon the physical vitality, that another and greater source of mischief was operative, but that the mind was so active in causation I did not appreciate. Even then it was recognized that another factor than overwork was necessary to bring about nervous prostration, and that factor was called "worry," as it is still called. The full significance of worry, however, was not then appreciated, but had we followed up its pointing more quickly we would have reasoned that worry is a function of the mind, a function that may exist temporarily in a healthy mind, is almost constant in an unhealthy mind, soon becomes chronic, and if long continued is sure to develop pathological effects in the body; that worry was a mental process and therefore the mind was the starting point of this disease. With this idea as a guide, careful analysis of each and sometimes of all the symptoms, in any case of neurasthenia, would have led

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us then by converging lines to the same point, the psychic origin of the disease. Now it seems to me that many investigators have great difficulty in comprehending or admitting evidence that goes to show that there may exist a diseased mind without any pathological changes in the body. "A healthy mind in a healthy body" is an old adage; and a healthy mind may exist, for a time at least, in an unhealthy body, as also an unhealthy mind in a healthy body. The pathologist is always searching, and rightly so, with his knife and his stains and microscope for the anatomical lesions of a disease that is primarily mental; but will he eventually find them? I doubt it; and I find no difficulty in limiting a disease to the mind itself without pathological lesions in the body to account for the origin of the disease. The mind alone can undoubtedly by its continued action so disturb the somatic functions as to produce pathological lesions, as we so often see in the anemia following nervous dyspepsia. If one takes the materialistic view of the origin of life and mind he must always seek in the body evidence of the origin of disease, but not so if he conceives the mind as an immaterial entity fettered to the body under earthly conditions.

I have called your attention thus briefly, perhaps too briefly, to the psychic etiology of neurasthenia because a recognition of this points out the practical and only thorough method of treatment, the only method by which the last "germ" can be followed up and exterminated, the only method by which we can prevent a relapse, that is, by psychotherapeutics. It is true that we may direct our treatment to the body without apparently taking the patient's mind into account, and think that we have effected the cure solely by the rest, the overfeeding, the isolation, the graduated exercises, the tonics, etc., and brought about improvement that we call a cure. If we carefully study the workings of our patient's mind we will see that these are largely the "outward and visible signs" of the moral and mental influences we have brought to bear upon him, of the confidence in his recovery we have inspired in him, of the "suggestion" we have unconsciously employed, or at least of the auto-suggestion he has derived from these measures. Although the patient may be restored to his normal physical health, although he may have lost all his nervous symptoms, his excessive emotion, regained his mental concentration, his memory, his interest in life and work, is he really cured? He is really in the position of the patient whose appendix has been removed, the peritoneal cavity washed out with antiseptics, and the wound closed, but a bit of necrotic tissue left inside with no drainage. He has not been taught that his regained powers are his only so long as he keeps his mind, the source of the disease, truly oriented, only so long as he recognizes the true values and proportions of causes and effects, of effort and consequent fatigue, of injury and resultant sensation.

Now, as it is the mind that causes neurasthenia, or, at least you will admit, is the greatest etio-

logical factor, therefore the treatment must be directed chiefly to the mind, or, to bring our technology up-to-date, we must employ psychotherapeutics. In some cases we may be able to employ this alone if we are sufficiently experienced and have the essential personal qualifications for such work, but more often our own makeup or previous prejudices, or those of our patient, will make it advisable for us to employ in addition the old physical measures. In psychotherapeutics the first step is to obtain not only the patient's heredity, but his history from his cradle up to the present; not only an outline of health, but we must inquire into all the events and influences of his life that have directly or remotely exerted a moral or mental effect upon him, his ambitions or aims in life and their fulfillment or disappointment, his love affairs, his mistakes and indiscretions, his tastes, talents, weaknesses and defects, his methods of reasoning, and in fact his view of his own life and of life in general. Contrast this with the subjective history of a case of pneumonia. This cannot all be done in one examination, and it may require many conversations with him to gain his full confidence and to induce him to lay bare his whole mind.

It is very necessary, however, to quickly arrive at an approximate estimate of the requirements so that we can outline to ourselves the line of action and begin the treatment without delay. Whatever our view as to what part of the treatment is the more important, whether psychotherapeutics or physical therapeutics, or whether we diagnose cerebrasthenia or amyosthenia, we will always find numerous physical symptoms in the patient clamoring for our immediate attention. When emaciation, weak heart action, fatigue, anorexia and dyspepsia are pronounced the indication is clear for rest, overfeeding and massage and the patient expects them. When insomnia, exaggerated emotion, various phobias, general nervousness and abulia are the prominent symptoms in a fairly strong and well-nourished body the indications for rest, overfeeding and massage are not so clear, but still the patient generally expects them. A plump figure and a rosy complexion may often cover a physical impairment, and the abnormal fatigability, although chiefly of psychic origin, indicates also a lack of physical endurance. Hence it seems always wiser to begin at once with physical therapeutics, however much we may be convinced that we could accomplish the same results in the same time, or sooner, by the employment of psychotherapeutics alone. It takes time to explain to most patients what psychotherapeutics means; time to gain their confidence, and draw from them all the information that is necessary for a full comprehension of their psychic state, and if we begin at once to talk on the line of psychotherapeutics we are apt to be met by a reply, "Oh, you are a Christian Scientist, or a mind healer." True, we are mind healers, and why not as well as body healers? We are mind healers to as great an extent where we employ drugs, but we differ from the devotees of those cults in that

we also recognize diseases in which the mind plays little or no part.

It is hardly necessary for me at this time to go into a detailed enumeration of all the different measures that may be usefully employed in the physical treatment, as a thesis might be written on each one of them alone, but isolation, rest, overfeeding and exercise in some form are the main features.

Isolation requires careful consideration and involves a scrutiny of the patient's environment, the household arrangements, the *personnel* of the family, and their mental and moral influence upon the patient, and the physician's judgment and tact are often taxed to separate the patient from the annoyances of the household life, from the retarding effects of sentimental sympathy, from the depressing atmosphere and over-anxious solicitude, and the numerous associations and suggestions of worry.

Rest may be made either complete in bed, or partial, the latter more often, because a certain amount of exercise is needed to keep the somatic functions in good working order, and also because exercise for hands and feet means mental occupation, and healthy mental occupation is essential to break up the habit of unhealthy thinking. I so often hear from patients, "I have plenty of will power, but my mind is so active I cannot help thinking." As a matter of fact, there is great abulia and the mind is not in the least more active than the average. My reply is along these lines: "If you are using your will power, it is in the wrong direction; it is acting only to keep your mind upon your indigestion, your fatigue, your heart action and your worries. In this direction you give it no rest. It is not more active than that of the healthy person, it needs no more rest than his, but your mistake is that you keep it active on this one unhealthy subject. You cannot stop thinking during your waking hours, and you do not need to, but you do need all your will power to give a new and healthy direction to your thoughts. It is not fighting for your health to force or allow your mind to dwell constantly upon your health or your worries; that is playing into the hands of disease. Bring into action all your will power, not to stop thinking, for nobody can stop that, but to cast out all thoughts of health or disease and fill your mind so full of pleasant thoughts that there is no room for worrying thoughts. Be altruistic, not egotistic and introspective. Think of friends, of the pleasant events in your life or in the life of others; force yourself to read and think of the current events in the world in which you are taking no active part, and a healing interest will grow up in your mind. Let your mental housecleaning be thorough, and then you will be fighting to some purpose. Then your health will take better care of itself than you can take care of it; your heart will regulate its own beating better than you can do by any effort of will power, and your stomach will attend to its work far better than if it is embarrassed by such close watching."

Overfeeding is useful if not essential in all cases, for it replenishes the losses of physical strength and restores the endurance at the same time that rest is cutting off the expenditure of energy. The diet should be of the more easily digested and concentrated kind so that the most nourishment may be obtained with the least effort, milk and eggs being the basis, with beef, mutton chops, to relieve the monotony, and toast, rice, or crackers to supply the starchy elements. If the patient is much given to consideration and inspection of his diet (and such a habit is not easily or quickly relinquished), it is wiser to prescribe a more generous and varied diet, excluding only those articles of food and their preparation as are obviously indigestible. A diet restricted to concentrated foods leads us to a consideration of constipation, this bugbear of neurasthenics, hypochondriacs, and even of persons whom we would hesitate to class as either. One would almost be led to believe, after reading Bouchard's treatise on "Auto-intoxication," that all disease has its origin directly or indirectly from toxins generated in the body and failing of elimination, and hence that constipation is a dangerous menace to health. Yet constipation of itself never seems to shorten life, and how often we observe it throughout the life of a person who on the whole has always enjoyed fair health. If the diet is concentrated there is of necessity little waste matter to be excreted, and a daily evacuation is not called for, or better, a daily evacuation of only a small quantity is all that can be reasonably expected. Large eaters of a varied diet are seldom constipated unless they become so through neglect of maintaining a regular habit, which in itself is often the sole cause of constipation. On the other hand chronic constipation can be cured by the regular daily habit of going to stool at a fixed time when laxatives or diet have failed utterly. We should therefore emphatically impress upon the patient the necessity of going to stool regularly whether he "feels like it" or not, of giving plenty of time to a movement, of withholding altogether, or at least being very chary in the use of laxatives or enemas, and of not being discouraged if from the start he does not meet with unqualified success.

Earlier in my experiences, I recognized a degree of fatigue and muscular weakness in uncomplicated neurasthenia that seemed to me to demand absolute rest, not even allowing the head to be raised from the pillow. Of such a condition I have modified my views and see in the extreme exhaustion not amyosthenia, but psychasthenia, being led to such a conclusion by seeing the patient repeatedly perform some physical acts requiring a considerable expenditure of strength when his attention was not fixed upon the acts and followed by no ill effects; while again a lesser act receiving his attention would bring in its train vertigo, tachycardia, pallor and fatigue. It was my custom then to forbid even the simplest physical acts, and to meet the need of exercise I gave massage; but

with a clearer understanding of the source of these symptoms of weakness I tell the patient in detail how much exertion he should make, assuring him that such exertion is necessary to his progress, that he need have no fear of these symptoms and that they will soon pass if he ignores them with confidence in his ability to overcome them.

It is hardly necessary for me to point out the benefit and necessity of exercise. Massage is a substitute up to a certain point, also mechanical vibrations, and as such they are valuable aids in the early stages of treatment; beyond that point strength will develop faster through the gradually increased exercise. Exercise should be prescribed early, and often from the very beginning. Of course, it should be proportioned to the patient's condition and the patient should be made to look upon it in the light of a pleasure and not done as treatment; to exercise because it is, or should be, a normal, hygienic habit, and not take it and watch its effects as he would a dose of medicine, as he is very prone to do. I have seen a neurasthenic count the number of steps in his daily walk, increasing fifty or a hundred steps each day and endeavoring to calculate with equal accuracy and detail the amount of energy expended and the amount of strength gained. Such a patient may recover from his amyosthenia, but he will remain a psychasthenic or a hypochondriac unless he mends the error of his mental ways, and relapses will fall to his lot. Not only should the exercise be steadily increased, but it is as important to vary it in kind, thus avoiding monotony, maintaining the patient's interest and approaching the normal habit.

Having explained to the patient that these physical measures are aids in the building up of his physical health and in a general way how they act we must at once take up the psychotherapeutics. At the very outset we must have confidence in ourselves and our convictions or we cannot inspire confidence in the patient, and gain his confidence we must before we can make any progress. He must feel that we know our path from the many false leads that branch off from it, that we appreciate and know how to avoid the numerous pitfalls and obstructions that beset it, and that we are ready to meet or can anticipate the hidden dangers. Once his confidence is gained our unsupported assertion will often convince him, but often we will have to explain and argue our point in detail, and if he is of a logical mind it is better to do this, as thus he is in a position to call his own reason into play to guard his own health after he has once won it back. We can follow few fixed rules here, we cannot adhere to precedents and must be ready to burn our bridges behind us, and carry our point until results prove the correctness of our judgment.

Patiently we must listen to his whole story; let him talk himself to a standstill if he is so inclined, and do not miss any point, for he is likely to make small mention of the very point which

is the key to the problem. Nothing is too small to listen to at first and later we can sift out and set aside the irrelevant. If the patient is reticent, patience, tact, an assurance of sympathy and of a desire to help and a wise persistence, or sometimes a wiser postponement of persistence to a more favorable mood will be called for. It is my custom to write down this record as nearly as may be in the patient's own phraseology; his own version of cause and effect, and if possible I have a talk with his most intimate relative or friend and thus obtain either a corroboration of the patient's facts or else a different and more accurate point of view. With this picture before him one can trace back to ancestors, childhood, or early life the mental defects and weaknesses and see how they have been developed by his own management of himself and his life, and by the exoteric influences bearing upon him. A study of this history together with the physical examinations will enable us to separate the psychic from the somatic causes. Then we will see psychasthenia and regard the physical symptoms as results or complications, not as causes of that disease. The study of the psychic causes will then lead us to the plan of our psychotherapeutics.

One clear, full, detailed explanation of the psychic causes and the consequent reasons for our method of treatment will seldom suffice for the patient, and we have to repeat it again and again and with many blows hammer our conviction into the patient until he is convinced. For conviction is necessary to the performance and permanence of his cure. He will say, "But I actually have indigestion, it is there, I know it and there is no imagination about it." Agree with him at once. He is right, it is there, and "it's no dream either." But point out to him that the indigestion is not due to the inability of the stomach to pour out its juices, or of the gastric muscles to properly grind and mix the ingesta, but is caused by the interference of the mind with those processes. "A watched pot never boils." Then he will say, "There you are mistaken, for I don't think of it until I feel the distress in my stomach." There he is mistaken, for his whole attitude of mind is one of watchfulness for new sensations, is stored with the memory of old sensations; he is ever ready to recognize and exaggerate every sensation into a pain and to conclude that every pain is a very serious matter. Constant thinking of and expecting pain can actually produce the pain, just as constant ignoring of such pains will cure them. He is sure to analyze his sensations but seldom correctly analyzes his thoughts, and in this matter nearly always "gets the cart before the horse." Often he is sincerely unconscious of this habit of thought and it will be hard to convince him of it. Don't make the mistake of speaking of "imagination," for imagination seldom exists and the distress does. The cure lies in ignoring it, being indifferent to it, being convinced that it is of no importance in itself and occupying the mind with other and healthy thoughts. So it is with the fatigue, the backache, the vertigo, the palpitation,

the frequent micturition and other physical symptoms. We will have less trouble in convincing him of the psychic origin of his nervousness, his depressions, his pessimism, his vague apprehensions and some of his phobias, because he will recognize these as mental symptoms, but he will still argue that his physical disease causes the mental state.

Inspire him with your own confidence, for confidence in his own powers is his most vital need and, together with the conviction of the mental origin of his trouble, is his greatest safeguard against relapses.

I often hear, "Well, if that is the case, the work is all up to me and you can't do anything for me." Now, if you know your patient and if he has the right qualities you can reply, "That is true. If you are convinced of the correctness of my views of your condition and will carry out my instructions with perseverance, you can do the work alone." Practically this is seldom the case, for few psychasthenics can do the work alone from the start, and need the continued help of the physician, how long continued depending upon the capacity they have for developing confidence, self-reliance and a stable conviction. They are like the man learning to ride a bicycle; his instructor explains to him how he should hold his wheel, how he should place his feet to mount, how he should sit, how pedal, etc., doing it himself to illustrate the proper method, but can the man grasp all these details, mount and ride off at the first trial? How many tumbles does he have, how many repetitions of instructions, and how much help before he becomes proficient enough to even practice unaided? Answer that by recalling your own experience.

I do not think that medication can be entirely excluded from every purely psychic case, but when I do compromise the question and give a tonic, or sedative, or hypnotic I am careful to impress upon the patient that these are only aids, neither essential nor important, and that his own mental control will do more good than any of them. Hypnotics may be the hardest to withhold, for natural sleep once lost is difficult to regain, and the normal indifference or disregard of sleep is replaced very easily by an insomnophobia, if I may coin the word. A habit of conscious sleep in a worrying mind is quickly acquired. By conscious sleep, I mean a state in which the subjective mind, which is the repository of our memories, carries on its activities unguided by the objective mind and so simulates the conscious mental forces that the person passes into sleep without perceiving it and awakens with the memory of his thinking and the conviction that he has been awake and thinking all the time. He may be entirely sincere in this belief, and unless positive proof that he has been snoring can be shown him, it is nearly impossible to convince him of his mistake. A feeling of certainty that one will sleep or an indifference toward it is necessary to a frame of mind that will bring about natural sleep. I impress upon the patient that resting quietly in bed will go a

long way toward substituting what sleep he may lose and that he will not fail to get enough sleep to supply his needs until he regains the habit of natural sleep.

In this connection I am tempted to take up the consideration of hypnotism, or suggestive therapeutics, as a method of treatment in neurasthenia. Volumes have been written and volumes more will be written on this subject, and my own conclusions as to its therapeutic usefulness is all I will lay before you now.

The application of hypnotism with a stage setting, awesome and mystic, smacks too much of the fakir, and does more harm than good unless in isolated hysterical cases, as for the cure of hysterical paralyses, aphonia, some of the phobias or ties. The theory of Charcot and his school that hypnosis is only or chiefly applicable to the hysterical state is no longer tenable, and it is to Liébault of the Nancy school that we owe a more exact and rational explanation of hypnotism. According to the latter and his follower, Bernheim, hypnotism is really suggestion, and suggestibility is common to the healthy mind as well as to the diseased mind. All, or nearly all, persons are suggestible in some degree. The weird phenomena of the somnambulistic stage of hypnotism are more curious than instructive or useful; they are not essential to the production of beneficial therapeutics. The real usefulness of hypnosis lies in suggestion which we may employ without mysticism, without tragic mannerisms, mirrors, or other paraphernalia. It obtains its benefits through the influence of the operator's mind upon the subjective mind of the patient, and the effects are maintained in permanent benefit to the patient's health by the appeal to and education of his objective mind. It is the subjective or unconscious mind that controls and regulates the functions and sensations of the whole body, and it is this part of the mind that is always amenable to suggestion either from its own objective mind or from that of another person; if from its own, then "auto-suggestion" results, and from another mind comes "suggestion."

Professor Hudson says, "The faith required for therapeutic purposes is a purely subjective faith, and is attainable upon the cessation of active opposition on the part of the objective mind. . . . In all systems of healing, the processes, or rather the conditions, are essentially the same, the first essential condition being perfect passivity and receptivity of the patient. . . . Thus, the whole science of mental healing may be expressed in two words—passivity and suggestion." Again, "The more perfectly the objective intelligence can be held in abeyance, the more perfectly will the subjective mind perform its functions." Note particularly the last statement, for in that is the explanation of psychasthenia in a nutshell. The objective mind of the psychasthenic is not in abeyance and will not attend to its own business; it interferes with the work of its subordinate officer, gives him commands and countermands; it

tries to perform the duties of the subjective mind which it does not know how to perform. Is it any wonder, then, that the subjective mind gets "rattled" and chaos of function and sensation results? Of what use, then, to hypnotize the subjective mind, calm it down by making it recognize the commands of a cool, self-possessed authority, temporarily bring about order and system, and then leave the management again to the warped or diseased objective mind? The subjective mind does not reason; it is receptive and impressionable, accepts its impressions and commands and acts upon them without questioning to the best of its ability — like a true soldier.

It is necessary, then, that our suggestion should be supplemented by an education, instruction, or training of the objective mind in order that the benefits of suggestive therapeutics may become permanent. To this extent hypnotism is useful, and without this supplementary education you will lead him to depend upon hypnotism, or medicine, or osteopathy, or Christian Science, or other fad in vogue to do his own God-given work, or upon you to help him when he should help himself if he is to be well or to be anything or anybody. No man should expect another to live his life for him or to keep well for him; he must live his own life of mental health as well as bodily health, and to a large extent his health is what he makes it.

With all our experience and a clear understanding of the causes and of the channels through which these causes are active, we will find some cases in which we will fail. Often the patient's training and education are at fault and leave him so deficient in the ordinary normal qualities of character that he easily drifts into a neurasthenic state, a state that hardly deserves the name of disease and yet which renders his life useless. If your conception of neurasthenia is embodied in the literal meaning of the term "nervous exhaustion" these cases will puzzle you and will not respond to your physical treatment. Unless there is enough stable foundation in him to build upon, so that we can complete the necessary part of this moral and mental training, we can accomplish nothing, at least nothing permanent. Yet let me give a word of warning here. We cannot be certain beforehand of what we can accomplish; we cannot tell until we have tried. I have had some of the best results in cases which seemed to me most unpromising at the start. Dubois says, "We preserve our temperament throughout our whole life, just as we keep our physical blemishes; but we can modify it greatly by educating ourselves. Our physical deformities are often definite, but our mentality is always malleable." In this fact lies the patient's salvation, and we should not despair of molding his mind into the form of health.

If the patient has been the victim of circumstances external to himself, loss of friends, irretrievable financial losses and consequent lack of interest in life, our task will be a hard one, for in the face of such facts we cannot alter his outlook for the future, unless we can educate in him

a higher altruistic philosophy of life, — a truly difficult task. Again the task is difficult when, as so often occurs in women, there has been no purpose in life and she has worn out the novelty and interest in the trivialities of her own selfish existence, when no duties or obligations appeal to her and when through disuse her response to the stimulus of unselfish motives has atrophied.

The consideration of congenital neurasthenia I have not taken up and my paper is already too long. I will only say that I believe it sometimes exists in the very young child, and perhaps if our perceptions are sufficiently acute we will observe it in the infant. In the child we are apt to overlook it, or to attribute the symptoms to some other cause, perhaps vague in our own minds. We are safe in such case in checking the mother's efforts to teach it even to talk, or to walk, or the other rudiments of physical existence, and if observed a little later on in life we should turn the child out to grass and stop its studies.

Gentlemen, I have scarcely more than scratched the surface of these considerations, exhausted none of them, but I fear I have exhausted your patience and will refrain from giving the records of interesting cases in my own experience which would illustrate some of these points I have laid before you.

STUDIES IN PSYCHOPATHOLOGY.

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(Continued from No. 11, p. 326.)

VI. CASE OF RECURRENT STATES WITH SUBCONSCIOUS CHILD-LIFE.

MR. C., a young man of twenty-five, a college student of good standing, is very able, conscientious in his work, and is scrupulously moral in his daily life.

Except for an aunt who has apparently died of tuberculosis, family history is negative. Parents are living and healthy, sisters and brothers are all well. Both maternal and paternal branches of the family are of good healthy stock, with no neuropathic or psychopathic taint. The family is well to do, and the members are intelligent, educated and able, so that the patient's childhood and early youth have passed amidst relatively healthy surroundings.

As a child the patient passed through children's diseases, but did not suffer from any nervous troubles. As a boy he has been of robust health, taking great delight in physical exercises and pranks characteristic of boyhood. Although he is now of a rather serious, scientific turn of mind, devoting most of his time to mathematics, mechanics, and to the various branches of physical science, he has been in his childhood and boyhood very impressible and imaginative. He was a great lover of fairy tales, an omnivorous reader of all sorts of extravagant stories and of voluminous novels. Dreaming was his delight. Many a time he went off into a dark nook and kept on dreaming about princes and princesses; sailing in airships, ascending inaccessible mountains, scaling high peaks and then descending into mysterious caves and chasms. He lived in his imagination the world over and in all ages. Time and place were no barrier to him. He lived "the universe over