

Medical Matters.

THE TREATMENT OF NEURASTHENIA.



THE extreme difficulty of influencing the true neurasthenic for good by any means of treatment at our disposal is such a frequent source of annoyance and disappointment both to physician and patient, that anything which may, in some cases at all events, prove beneficial, will be warmly welcomed. The ordinary nerve tonics do little or no good in these cases. The patient may pick up for a time—usually a very short time—during the exhibition of some drug which has not been tried before in his case, but he usually quickly relapses into his former hopeless and despairing condition, and the drug either loses its power for good (if it ever had any), or the effect of the suggestion of the new remedy wears off. All who have much to do with nervous diseases know the despairing way in which such patients talk of themselves and their ailments; the long list of physicians and remedies they have tried in vain; and the familiar questions, "Do you think I shall ever be any better? Can *you* do anything for me?" One knows that, in the case of those who can afford it, rest and change may do good, or a course of Weir-Mitchell treatment. But there are many sufferers who cannot afford these things—e.g., overworked school teachers, clerks, or poor professional men. For some years now many medical practitioners have prescribed preparations of Glycerophosphate in such cases, and although one cannot say that all have improved under its use, still one can confidently assert that it has proved itself superior to any other drug that has been tried in the treatment of this troublesome condition. Its good effects are not noticed for some time—several weeks as a rule—and its use must be continued for a considerable time, even for six months if necessary. In the *Medical Times* the advantages of these preparations have been thus summarised:

"(1) That, for long continued use in conditions of weakened nerve power, strychnine, arsenic, phosphorus and the hypophosphites are unsuitable, on account of the ultimate depressant effect which their continued use may occasion, which should be avoided.

(2) That, in the glycerophosphates, we have preparations so nearly identical with the natural

phosphorus compound of nerve substance, as to be more readily appropriated by depressed nerve tissue than any other phosphorus preparations.

(3) That this near identity of the glycerophosphates with lecithin and the absence of nerve stimulation produced by their administration, render them true nerve tonics.

(4) That the success met with by those of the profession who have used these preparations, entitles them to trial by the profession generally."

In those cases also, usually women, in which any unusual excitement or exertion is liable to be followed by a severe headache, although in the interval the patient may have very fair health, a course of glycerophosphate is often of great service; the headaches either disappearing entirely, or becoming much less frequent and severe.

WILL-MAKING BY THE SPEECHLESS.

This highly important subject is one which is beset with very great difficulties. In the first place, if a patient be completely aphasic, and unable to write, grave doubts may arise as to his mental condition, and as to his capability of disposing of his property in a proper manner. There is then the difficulty, even should the mental condition be regarded as satisfactory, of communicating his wishes in order that the will may be drawn up. Should he have lost the power of reading, as well as of speech and writing, the difficulty will be insuperable. But for such cases as retain the power of reading and good mental capacity, Dr. Edmunds (*Brit. Med. Journ.*, 1900, Vol. 1, p. 749) has devised an ingenious method of getting at the wishes of the testator. The case in which he used this method is of considerable medico-legal importance, as the will which was drawn up by this means was accepted in the Probate Court as "the real will of the testatrix." A series of cards were prepared, each having one single item—whether property, office, or person—printed upon it. In dealing with the residue of the estate "legacy cards" were used denoting different sums of money. The largest items of property were taken first, and in their natural order, one by one; no second item was introduced until the one before the patient had been quite disposed of. Each group of cards, when settled, was marked and fastened together and laid aside. In taking the instructions, a card was first laid

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