rosis—the "man with scraps of paper" of Charcot is a neurasthenic.

The troubles of the mind can go still further; it is not always sufficient to the neurasthenic to concentrate his remaining attention on the troublesome symptoms that he experiences. He often creates imaginary perils, some absorbing and irrational obligations, which are evidence of a greater decline; the question of phobias then arises, of which we will speak later.

5. From cerebral weakness we approach muscular weakness or *amyosthemia.* Neurasthenics constantly complain of a sensation of general lassitude, of exhaustness of the forces, which manifest itself principally on awakening, or succeeds the least fatigue. This diminution of muscular energy of which the dynameter furnishes the objective demonstration, can be pushed to the point of necessitating the patient's remaining in bed for some weeks, or even months. However, there exists no modification of the sensibility of the reflexes, of electric reactions, or of the sphincters. There is here no question of a paresis of organic nature, but only of purely subjective phenomena because muscular energy which has remained latent may be rudely awakened under the influence of some powerful stimulation of the nervous system.

6. *Rachialgia*, which is the spinal analogue of headache, consists of pains spontaneous or induced, in the course of the spinal column; these pains most often take place at the bottom of the cervical region, or in the lumbo sacral region (plaque sacrée of Charcot), sometimes in the coccygeal region (coccydynia). One frequently finds shooting pains in the lower extremities coinciding with rachialgia without the subject presenting on the other hand any of the symptoms of tubes, Sometimes, in addition, dorsal pain is accompanied by scattered neuralgic pains, then it is the general neuralgia of valleix.

7. *Gastric troubles* are observed among neurasthenics with such frequency that they may take the rank of stigmata. It need not be thought however, there is a form of dyspepsia especially related to neurasthema. The greater number of the principal types of ordinary dyspepsia may be found in the latter.

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Accessory symptoms.—The symptoms of the second order may be divided uniformly enough among the greater number of organs, and this generalization seems to justify my opinion. The neurasthema held by Mead, *non unam sedem habet, sed morbus totius corporis est.* Let us review them systems by system, and analyse first of all the state of the functions of the *nervous system.* As regards the "intellect," one frequently notices outside the defects previously pointed out (weakening of memory, attention of will-power, auto-observatiou), an irritability of temper, an instahility of character, which belongs, it would seem, to a fundamental neuropathy, hereditary or acquired, rather than to neurasthema itself.

It is, also, extremely frequent to see patients absorbed in and dominated by the idea that they are smitten with some organic disease, for instance, a lesion of the heart or of the stomach. But contrary to what is passing among Nosomaniacs equally possessed of the idea of an organic affection, the neurasthenic only asks to relinquish his fixed idea, to be convinced of its fallacy—show him that he is wrong, furnish him with arguments, he coincides with your opinion at once and immediately recovers his spirits. Unfortunately it is quite as easy to discourage as to convince and he returns quickly to his melancholic ideas. The nosomaniac, as confirmed in his opinion as any maniac, will listen to your arguments with indifference or irritation, thoroughly convinced beforehand not to allow himself to be persuaded and in fact, you will never succeed in modifying his opinion even should this rest on no other foundation whatever.

Among patients possessing a hereditary degeneration, mental troubles may exhibit themselves in phobias and even terminate in mental alienation.

Besides amyosthenia, which we have previously discussed, *motor troubles* are not uncommon, Beard and Bouveret, describe some forms of paralysis; imperfect, variable and of short duration, most frequently proceeding by attacks of a few minutes only. Regis has even observed aphasia.

The weakness of the legs has been frequently noticed; certain forms of functional weakness, for instance writers cramp are far from being exceptional.

Recently Pitres has described the characteristics of neurasthenic *tremor*; the oscillations are short, rapid, vibratory, similar to those of exophthalmic