

Globus, i.e., globus hystericus sensation as if a ball in the throat.	Absent.
Definite areas of anæsthesia.	Absent.
Concentric abolition of visual field.	Sometimes present.
Contractures present.	Absent.
Neurosis of joints.	Absent.
Palsies of groups of voluntary muscles.	Absent.
Hysterical fits.	Absent.
Disposition to exaggerate the malady and to crave for sympathy.	Disposition to melancholy and hypochondria.

To these might be added the fact that in hysteria persistent efforts against the disease are nearly always beneficial while in neurasthenia they are usually injurious.

In general paresis, Carter Gray (9), there is a marked stupidity either occasionally or continuously and tremor of the tongue and facial muscles, lost or unequal kneejerks, unequal pupils, a staggering gait and the patient is more stupid and has stupid delusions generally of some exalted type. No case of neurasthenia ever has these symptoms.

Bromism is generally detected by the stupidity, peculiar foetid breath, and the widely dilated pupils. In the early stage of locomotor ataxia we will find loss of the kneejerk, lightning or stabbing pains, seldom repeated in the same place, usually severe in character, and with these there is often associated some difficulty in micturition or there will be distinct incoordination.

Hypochondria is a fixed delusive idea of a particular disease or local suffering, not mere arguable apprehensions now of this and now of that disease. It is a mental state attended with delusions and it may complicate or follow neurasthenia. Suicide may occur in either malady, though of course more frequently in melancholia.

Again, neurasthenia has frequently to be differentiated from primary dyspepsia, dilatation of the stomach,—in this latter the patient when neurasthenic, does not often vomit, although he may ruminate. Graves' disease is often difficult to discriminate, though agorophobia and claustrophobia are strong arguments in favor of neurasthenia.

TREATMENT:—I cannot emphasize too strongly the fact that neurasthenics are improperly treated by the great majority of physicians. A patient with neurasthenia should be treated with as much attention as a patient with endocarditis or typhoid fever. Above all, in the treatment of neurasthenia, individualization (6) comes into play, and we have to deal with the patient's many idiosyncrasies and failings,—individualization is more necessary to a sure success than in almost any other disease.