

see if the gas has been properly turned off.

4. Irritability of temper, a tendency to become angry at trifles, constant unhappiness at fancied slights.

5. Introspection, nosophobia.

6. Mental depression.

7. Morbid fears.

*a. General—*

1. Associated, when the attack comes on, with physical phenomena such as pallor, or sweating.

2. Unassociated with such symptoms.

*b. Special—*

1. Claustrophobia The attacks of panic come on when the patient finds himself shut up in a closed place, such as a church or railway carriage, from which there is no escape for a certain fixed time.

2. Agoraphobia: The same thing coming on in open places.

3. Monophobia: The fear of being alone. Besides these, there are several other fears, to each of which a special name has been given.

8. Insomnia.

9. Imperative conceptions: The patient feels a sudden impulse to perform a certain act, such as to throw himself out of a window, to take poison, or to injure himself or others. The patient is usually in a state of great distress lest he should have an impulse which he could not withstand.

(D) CIRCULATORY DISTURBANCES:—

1. Consciousness of palpitation, or arrhythmia of the heart.

2. Shortness of breath.

3. Consciousness of pulsations in the neck, ears, or abdominal aorta.

4. Anginoid attacks.

(D) DIGESTIVE DISTURBANCES, OR GASTRIC NEURASTHENIA:—

1. Pain.

2. Flatulence.

3. Sinking sensation.

4. Constipation, etc.

II.—OBJECTIVE.

The objective signs of neurasthenia are not numerous, but those present are of considerable interest. They are—

1. MUSCULAR SYMPTOMS;—

*a. Tremors.* These are rare, but when present are rather fine and accompany conscious movements. They are most frequent in traumatic neurasthenia.

*b. Clonic Spasms.* We are all of us familiar with the twitching of the fibres of the orbicularis, called by the laity "live blood." In neurasthenia, it is exceedingly common to get the same pheno-

menon in portions of the larger muscles of the trunk. It is especially the case in that form of the complaint due to excessive use of tobacco.

*c. Tonic Spasms.* These are of two kinds.

1. If you strike sharply on an intercostal muscle in a neurasthenic you will often throw the whole muscle into contraction. You can often observe this also in phthisical patients.

2. If you suddenly approximate passively the two attachments of a muscle in certain neurasthenics, it will be thrown into a brief tonic contraction.

*d.* The knee-jerk is sometimes excessive and occasionally diminished.

*e.* Ankle clonus can often be obtained.

2. EYE SYMPTOMS.

*a.* Contraction of the visual field. This is often merely a fatigue symptom.

*b.* Pupillary phenomena.

1. Dilation of the pupil.

2. Sluggish reaction to light.

3. "Hippus." This is alternate dilatation and contraction of the pupil during excitement.

4. Transient inequality.

3. CIRCULATORY PHENOMENA.

*a.* Alterations in the rhythm or frequency of the cardiac contractions.

*b.* Loss of vaso-motor tonus as shown by coldness of the hands and feet, easy production of the red mark upon the skin known as the "Tache Cerebrale," and in rare cases a condition of the fingers resembling the early stages of Raynaud's Disease.

4. STOMACH PHENOMENA.

*a.* Splashing and other signs of a dilated stomach.

*b.* Gastroptosis and enteroptosis.

*c.* Abnormality in the composition of the stomach contents after a test meal.

5. DISTURBANCE OF THE SECRETIONS.

*a.* Deficient secretion of saliva, perspiration, urine, or of the HCL of the gastric juice.

*b.* Polyuria, hyperidrosis, hyperchlorhydria and hypersecretion of gastric juice.

*c.* Excess of uric acid and urates in the urine.

*d.* Facial acne.

6. SKIN PHENOMENA.

These almost invariably point to the absorption of toxins. Those commonly met with are—

*a.* Brown pigment spots on the forearms.

*b.* Urticaria.

*c.* Lichen urticatus and other itching rashes.

(To be continued.)