The headache is especially diurnal; it begins on awakening and remains the whole day, ceasing momentarily after a meal; sometimes, on the contrary, it appears immediately after food is taken. It is aggravated by labor, emotions, and certain conditions peculiar to each individual. It is accompanied sometimes by visual troubles, murmurs, and humming in the ears, causing an uncertain and staggering gait.

2. *Vertigo*, in connection or not with gastric troubles, presents itself under two forms: in the light form there is a vague feeling of instability, easily removed by argument, and unaccompanied by any apparent difficulty of equilibrium; in the serious form, a veritable titubation is joined to the erroneous idea that the patient experiences regarding surrounding objects.

Often in the acute periods of the disease, it happens that the patients lose, for short periods, the consciousness of their personality, of the objective reality of their acts; in their wanderings, they do not feel the surface on which they are walking, and think they are floating above the pavement; they are unconscious of the movements they make, of which the realization appears to them to be due to an unfamiliar personality; even the sound of their own voices is not recognized. They go, come, converse, salute automatically, instinctively correct and apparently lucid. In reality the mind is vacant, the sight confused, the idea of their surroundings warped and undecided. Happily these phenomena are transitory, they are noticed from the commencement of the acute stage of over-pressure, and an occasional cause may be recognized even in the moderate use of toxics (tobacco, alcohol), to the effects of which the vertiginous neurasthenic is particularly susceptible.

3. *Insomnia* shows itself among neurasthenics under various forms; in many diseases, it is a striking phenomenon, the symptom to which your attention is first directed. Most frequently there is more or less difficulty in going to sleep. There results from this a state of painful agitation, aggravated by the ardent and restless pursuit of slumber, joined to the firm conviction that they may remain a long time awake; then heavy slumber supervenes, broken by nightmare and restlessness. At other times, on the contrary, sleep comes at once, but is of short duration, and is very soon succeeded by an anxious wakefulness. The symptoms of *cerebral depression* play nearly always the chief *rôle* in neurasthenia. They impress on the physiognomy and gait the peculiar seal which often discloses at first sight the nature of the illness. The facial expression is sad and preoccupied, anxious; the cerebral faculties are dulled; memory, especially of proper names, is defective; the attention cannot be concentrated more than a few minutes without fatigue. But of all the operations of the mind volition suffers most. The neurasthenic cannot wish; his will, dormant as if struck by catalepsy, has yielded to a persistent aboulia, to an invincible disgust at all things, which makes the execution of any act whatever constrained and painful; hence, indecision, irritability and the caprices of a character so modified; hence the difficulty of working among neurasthenics who are still able to work. "An accountant," says Bournet, "can calculate no more without making errors; a preacher can no longer follow the trend of his ideas, nor coordinate the different portions of his sermons; a professor becomes incapable of following to an end the demonstration of a geometrical problem. The greater number of the patients thus afflicted see themselves, with great uneasiness, threatened with the necessity of renouncing their occupation."

"The unfortunate neurasthenic," writes Prof. Grasset, "does not revolt, does not struggle, becomes discouraged, and gives way to everything. His impressibility and emotions create a monster out of nothing; a small pebble becomes a huge rock, a shadow becomes a phantom. There results from them for him an apprehension and a veritable despair, because he is aware of his weakness and lack of reaction."

In addition there is an extreme and constant preoccupation for his condition, a minute analysis of all the organic symptoms and all the sensations experienced, a scarcely credible faculty of *auto-observation*. All that unfolds itself, usually by the delivery of a more or less detailed note to the physician on the origin and characters of the disease, by the communication of some voluminous compilation, relating day by day the progress of the disease, and later by long letters intended to rectify or complete some insignificant details. These are almost certain indications of the neu-