

age of thirty, probably from the hereditary element in their causation, combined with the psychological instability and state of flux accompanying puberty and adolescence with their early essays at the solution of life's problems and experiences.

As regards *cause*, hysteria is due to diathesis with an emotional upset or shock as the determining cause of its active manifestations, while neurasthenia, though constitutional tendency cannot be ignored, is of chronic production due to prolonged abuse of function, such as dyspepsia or overwork. This does not preclude our admitting the existence of traumatic and therefore usually sudden or acute neurasthenia. I have now in the General Hospital a strong, healthy farmer of thirty-five who has never been a week in bed in his life, and with family history unexceptionable, who is markedly neurasthenic and whose symptoms all began one week after a team of young horses had ran away with him, doing little or no damage to person or property, but rolling him out of the sleigh without even bruising him.

As regards *onset* and *course*, hysteria is essentially a paroxysmal though non-periodic disorder, variation from day to day, or even from hour to hour, being typical, while neurasthenia usually starts gradually and runs an even, persistent, so to speak uneventful, course of moderate duration. As to termination, the hysterical individual can no more change her natural disposition than the leopard his spots, though, of course, training and discipline and improved general health can and do control active manifestations. The neurasthenic, on the other hand, after several weeks or months of ill health, usually recovers by rest his lost nervous capital and becomes as capable a man of work as ever, though not free from the danger of recurrence if similar causes are allowed to persist.

As regards *general symptoms*, one notes in hysteria the tendency to convulsive motor disturbance already referred to, the increased reflexes, the borborygmi, globus, and other spasms of involuntary muscles, the hemianesthesias, hyperesthesias, or paresthesias, usually segmentally distributed or found in mammary or ovarian areas, the contraction of visual fields, and the almost endless list of counterfeit subjective symptoms so easily recognized as a rule by the observer of experience, who can exclude organic cause for the symptoms he sees. In neurasthenia, on the other hand, a totally different picture is seen. Vasomotor, rather than muscular disturbances, predominate, such as vertigo, syncope or flushing, the *casque neurasthenique*, the occipital and spinal aches, the combination of debility and exhaustion, restlessness, sleeplessness; incapacity for sustained activity of either mind or body; an endless variety of paresthesiae, both of viscera and of skin, of vasomotor or sympathetic origin; a persistent upset of the emotional equilibrium, always