

Mathieu, which he states and justifies in the following manner :

Three clinical circumstances are above all to be considered, because their existence or absence immediately furnishes important data on the etiology of neuropathic condition and its probable evolution :

a. Neurasthenia is simple, exempt from all marked symptoms of degeneration, exempt from other superadded neurosis.

b. Neurasthenia is accompanied by certain symptoms well defined of degeneration.

c. To neurasthenia are added the symptoms of one or other nervous diseases (the most frequent examples is that of hystero neurasthenia). It furnishes, according to the predominating symptoms, the following varieties :

|                         |   |                              |
|-------------------------|---|------------------------------|
| Nervous system.         | { | Cerebro-spinal neurasthenia. |
|                         |   | Cerebral neurasthenia.       |
|                         |   | Spinal neurasthenia.         |
|                         |   | Peripheral neurasthenia.     |
| Digestive organs -      |   | Dyspeptic neurasthenia.      |
| Circulatory organs, -   |   | Cardiac neurasthenia.        |
| Genito-urinary organs - |   | Genital neurasthenia.        |

Each localization furnishes mild and grave forms.

1. Cerebro-spinal neurasthenia answers to the preceding scheme ; it comprises the whole of the symptoms of the neurosis, to which we need not recur. Certainly one may include in this category a certain number of sub-varieties.

The hemi-neurasthenia of Beard, or *neurasthénia dimidiée* of Charcot, occupies one-half only of the body, or affects one side chiefly.

Hereditary neurasthenia "is distinguished by precocity at the outset of neuropathic phenomena, their intensity, the frequent co-existence of fantasies or of fears connected with a mental trouble which sometimes exceeds simple neurasthenia by its long duration and finally by its resistance to treatment."—(Mathieu.)

Feminine neurasthenia (Weir-Mitchell) is the form observed particularly among women affected by uterine lesions, or again after great griefs, or physical fatigues, not compensated by sufficient recuperation. It is characterized by an extreme cerebro-spinal depression, with nearly constant hypochondriacal manifestations. "Often these are *geignardes* (Charcot), whose life is but one

long complaint, in a monotonous key, for which anything serves as a pretext. Often also they think themselves misunderstood, and one finds at the same time among them neurasthenic depression and the torment of an unrecognized soul seeking a kindred spirit which it will probably never find."—(Mathieu.)

2. The cerebral form shows itself above all among subjects whose intellectual faculties have been overworked ; it shows itself in headache, insomnia, aboulia, vertigo, impossibility of working. To these symptoms are sometimes added, among those exhibiting a tendency to the psychoses, melancholia and fears.

3. The spinal form, most frequent among devotees of pleasure or subjects of certain intoxicants, shows itself in rachialgia, amyasthenia (having a preference for the lower limbs), and genital troubles. It answers to the old conception of spinal irritation. Spinal irritation, says Armaingaud, who has thoroughly studied it, is characterized by a pain, affecting the length of the vertebral column, most easily provoked by pressure on the spinous processes, presenting various irradiations and accompanied by a number of functional troubles : among others, local congestions in different parts of the body, and nearly always with loss of strength and emaciation. The author lays stress on the intensity of the rachialgia and the hyperæsthesia of the vertebral column to pressure, to the passage of a damp sponge hot or cold, to electricity ; pressure also reveals the presence of spots which are particularly painful. Some painful irradiations, of neuralgic form, without objective affections of the sensibility, may appear at different points of the peripheral nervous system, and be accompanied by a diffuse paresis, never ending in true paralysis ; of vaso-motor affections, etc. Sometimes the analogy of the symptoms with tabes is such as to have created the word *neurasthenic pseudo-tabes*, to characterize that condition, very different in its prognosis from sclerosis of the posterior cords.

4. The *peripheral form* manifests itself most often by more or less acute pains of rheumatic or neuralgic character. These pains are not accentuated by pressure, nor accompanied by a corresponding cutaneous hyperæsthesia ; they do not correspond with the course of the nerves, and may present themselves in the form of plaques or pain-