

The term *neurasthenia*, advocated by Beard, is by no means of recent origin. The corresponding French word used in the same sense as we now employ it, has been a stock word of French neurological medicine for fifty years. Under the terms spinal irritation, hysteria, hypochondriasis, the nervous state, etc., symptoms of the same character as those now included in the word *neurasthenia* have been described. Besides the general state, similar derangements of functions of particular organs have been separately considered as palpitation of the heart, headache, flatulence, impotence, etc. In the word *neurasthenia*—popularly, nervous prostration—the whole morbid complexus is included. The question I have to consider is whether this is a real, a substantive disorder. Are the notions now generally entertained about it founded on true conception of the condition?

I need not enlarge on the importance of a correct understanding of a morbid state which is supposed to be due to the conditions of modern, especially of American, life. Without stopping now to question the soundness of the prevailing doctrine I will place before you the clinical history of two cases, representative of the two types of *neurasthenia*. These may be designated respectively as the *congestive* and the *anæmic* varieties. The latter are greatly more numerous, but the former are not uncommon, as Beard admits.

CASE I.—THE CONGESTIVE TYPE.

Mr.—, æt. 44, president of one of the largest railroad corporations of the West. He is now a robust man, 5 feet 10 inches in height, 196 pounds in weight, and has a very dark complexion, his type of constitution being the so-called bilio-nervo-sanguineous. Beginning his career at an early age, in a subordinate position, he has, by force of a superior intellect and of a physique that no labor could subdue, risen to the highest office, and now controls vast interests. Ambitious, enterprising, resolute, he has carried these faculties into all his work, and has shrunk from no tasks, however severe—from no responsibility, however onerous. As he has risen in position, social engagements have also added to his burdens. His mode of life has changed to some extent. His habits have become more sedentary, although diversified by frequent railroad journeys; the pleasures of the table, including wine-drinking and late suppers, have been more and more indulged in; excessive smoking has been added to these indulgences; and thus, whilst his physical powers have been slowly impaired by bad hygiene, the demands on his mental powers have increased. Extensive interests, uncertain, often precarious, business arrangements, and the incessant watchfulness required when vast combinations may be wrecked through failure at any point, demand the highest use of every faculty; and thus to work is added worry.

Three years ago Mr.—observed that he was not feeling well, and that he could not work as

before. He became dull, especially after meals, had a constant headache, dizziness and throbbing of the temples; he applied his mind with difficulty, and all of the head symptoms were increased by the efforts made; he had a good, rather a keen, appetite; a heavily-coated tongue, flatulence, constipation, and some colic pains. The bladder was rather irritable, especially at night; sexual inclination had declined, with lessened power, and various ill-defined but annoying sensations were felt about the penis, scrotum and perineum. During the first year the symptoms increased; the attacks of vertigo were sometimes very severe, so that he had to support himself for a moment to save him from falling. On several occasions he became very much dazed, even lost consciousness momentarily, and once wandered some distance from the proper route he was taking. Anomalous sensations of creeping and crawling, coldness and tingling, and often a burning heat, were felt in the scalp; sudden detonation in the centre of the head apparently; buzzing and singing in the ears, and very constant headache, were also experienced. In the extremities, the tongue and the genitals there were felt peculiar tingling, numbness, coldness, creeping and similar sensations. During the whole time of the existence of his symptoms Mr.—suffered from depression of spirits, a deep melancholy in fact, and he lived in constant apprehension of failure of mind.

Physicians whom he consulted in the West located the malady in the brain, diagnosticated cerebral hyperæmia, the prelude to softening.

When Mr.—came to see me, sixteen months ago, the symptoms just detailed continued, and were rather increased than diminished. The objective examination furnished the following details:—

His face is full, the eyelids puffy, and the lower lid swollen into a bag; the conjunctivæ are injected, the sclerotic muddy, and the pupil sluggish in movement. On ophthalmoscopic examination, the fundus is seen to be injected, small vessels prominent, veins swollen. There is no optical defect, except that due to his age. The membrana tympani is also rather deeply red, and vessels too small to be seen under ordinary circumstances are now in view. Hearing is unaffected.

Motility, sensibility—the tactile, pain and temperature senses—are unaffected; and the reflexes remain normal, although probably a little sluggish. The electrical reactions are normal.

His tongue is heavily coated, the breath foul. His appetite is good, but a sense of fullness at the epigastrium persists for several hours after meals; acidity and eructations of rather foul gas now and then occur. The stools have the normal appearance, consistence, color and odor. The urine is copious, acid, specific gravity rather high (1.025 to 1.030), and there are traces of sugar, as is usual under such circumstances.

The action of the heart is good, the pulse regular, the tension of the vessel rather high. The