

e. SYMPTOMS AND SIGNS IN THE URO-GENITAL SYSTEM.

(1) Retention and incontinence of urine; (2) pollakiuria and tenesmus; (3) renal colic; (4) disturbances of libido, of erection, of ejaculation and of orgasm; (5) uterine atony and certain menstrual disturbances.

f. SYMPTOMS AND SIGNS IN THE CUTANEOUS SYSTEM.

(1) Goose-flesh; (2) trichopilar crises; (3) contractions of smooth muscle of tunica dartos and of nipple; (4) hyperhidrosis and anhidrosis (unilateral or bilateral); (5) bromidrosis; (6) vasoconstriction (pallor); and vaso-dilatation (erythema); (8) dermographismus.

g. SYMPTOMS AND SIGNS REFERABLE TO THE HEMOPOIETIC, METABOLIC, AND ENDOCRINE ORGANS.

(1) Eosinophilia; (2) eosinopenia; (3) lymphocytosis; (4) status thymico-lymphaticus; (5) the pigmentations; (6) increased or diminished glucose tolerance (glycosuria); (7) increased or diminished fat tolerance (steatorrhea).

LOCAL AND GENERAL FORMS OF ABNORMAL VAGOTONY AND SYMPATHICOTONY.

Dr. Sladen and I in our studies have tried to find out whether or not the conception of a clinical abnormal vagotony or sympathicotony, as postulated by the Viennese clinicians, Eppinger and Hess, is justifiable. The experimental physiological studies and the pharmacological researches bearing upon the reciprocal control of the two antagonistic subdivisions of the autonomic nervous system to which I have already referred, having yielded such interesting results, an attempt at clinical application was almost certain to follow. For it would seem *a priori* not improbable that neural and chemical disturbances arising from various natural causes, and resulting in increased or decreased excitability or in too high or too low a tonus in either of the two systems, could be accountable for recognizable clinical symptoms.

While the writings of clinicians contain many instances of disturbance which we can now see belong to the autonomic domain, it is to Eppinger and Hess that we owe the establishment of the clinical conceptions of "vagotonia" and of "sympathicotonia"—conceptions which bring symptoms in widely separated parts of the autonomic domain together. They separate a so-called "vago-tonic constitution" from an outspoken clinical "vagotonia," the former being characterized by (1) a hyper-sensitiveness to pilo-