

paralysis or dementia præcox with neurasthenia is not so frequent as the ignorant confounding under this term of conditions which are fundamentally different one from the other. Affections so disparate as obsessional states, cyclothymia (a mild form of manic-depressive insanity), anxiety states, and neurasthenia proper are frequently brought together under a single heading, whereas, in reality, the etiology, course, prognosis, and treatment are totally different with each of these.* Even the two forms of actual neuroses have to be very clearly distinguished from each other, for the cause and treatment is almost exactly opposite in the two cases; neurasthenia is due to the combination of deficient afferent excitation with excessive efferent outflow, while the anxiety neurosis is due to the combination of excessive afferent excitation with deficient efferent outflow. With the anxiety neurosis the mistake most frequently made is to confound the condition, not with any organic nervous disease, but with affections of some other system. This is due to the fact that so many of the cases are atypical, some symptoms of the complete syndrome being much more pronounced than others. For instance, when these are mainly cardiac, such as palpitation, increased frequency, irregularity and sudden stoppage of the heart's action, pain of cardiac distribution, deep sighing respiration, apparent dyspnoea, etc., they may easily be thought to proceed from some mural or valvular lesion; the attacks of nausea or vomiting, with chronic diarrhoea, often mislead the observer into concentrating his attention on the alimentary tract; the pollakuria, precipitancy of micturition and polyuria may give rise to the suspicion of granular kidney, and so on.

Obsessional states, if they are not erroneously thought to be neurasthenic, should as a rule be easily recognised. They are rarely mistaken for any organic nervous disease, but they are sometimes difficult to distinguish from certain forms of hysteria, and especially from dementia præcox.

Hysteria is the neurosis that is most frequently confounded with organic nervous disease; one of the chief reasons for this is neglect of the principle above referred to, for a knowledge of the exceedingly characteristic traits presented by hysterical symptoms would prevent the majority of such mistakes. One or two instances only will be given. In the case of a paralysis, possibly due to hysteria, one, of course, examines for the most valuable indications of organic change in the nervous system, such as Babinski's sign,

*In a recent paper, "A Modern Conception of the Psychoneuroses," *Canada Lancet*, Feb., 1910, I have briefly indicated some of the main features of the actual neuroses.