

healthy. I then told Dr. Gordon I considered the case one of traumatic neurasthenia, and said I hoped he would improve with treatment.

March 25th.—Patient complains of singing in left ear, and of increased headache with pressure in the head. His sleep is improving.

April 3rd.—Patient has been steadily improving since last note. The headache is very much better, and the singing in ears less. His sleep is less disturbed and he is brighter. The giddiness is less marked. Pulse slower and fuller.

April 20th.—Patient not so well owing to an exciting afternoon with a friend at the Musee, which increased his headache and depression.

May 6th.—Patient has improved steadily since last note. He now weighs 144 pounds, a gain of 11 pounds since he began treatment. He says if at home he would do some work.

May 27th.—Patient says he feels, to use his own expression, splendid. His sleep is excellent. His pain in head, dizziness and singing in the ears is gone. His appearance is bright and natural. Pulse 80, strong and regular. His former energy has quite returned, and he has gone into business for himself in the city.

The treatment followed consisted of central galvanization at first, followed later by the use of static electricity. In regard to medicine, I gave him sod. brom., arsenic, ergot and strychn. chiefly, at various periods of the case, according to the symptoms. For his sleep I gave him sulphonal. He also had some Hunyadi water. He has done some gymnastics for past month. This case presents some interesting points: Pure Traumatic Neurasthenia is comparatively uncommon. Bouveret, one of the latest French authors, in his monograph on this subject, only relates one case of his own. As you are all aware, Drs. Oppenheim and Thompson sought to give these cases a new name, stating that from their traumatic origin and the tenacity of the symptoms they differed from neurasthenia or hysteria, and proposed as a designation for these conditions, Traumatic Neurosis. This view was disputed by Charcôt, who showed conclusively that the neurasthenia and hysteria of these cases was precisely similar to that arising from any other cause, hence he proposed the name Traumatic Hystero-Neurasthenia. In nearly all the cases related by Charcôt, as well as in those cases I saw in his wards, the hysterical element predominated, from which he believed that hysteria was always or nearly always present in these cases. The absence of the ordinary signs of hysteria in this case, such as hemianæsthesia, paralysis, contracture, disturbance of the field of vision, etc., makes this case the more interesting, since it shows the purely neurasthenic form, which these cases sometimes