

the person attempts to do anything. The tongue, face and hands are usually affected. There is a resemblance to the tremor of general paresis.

The sensory symptoms are varied and interesting. One of the most frequent and troublesome is pain in the back. It often gives rise to the belief that the spinal cord is injured, and the person will not walk, thinking he is paralyzed. In some cases the pain affects the entire back, but mostly the cervical, and thoracico-lumbar regions. It is very indefinite. The pain increases on any attempt at movement, on pressure, or even by mental effort at thinking about anything. In other cases the pain is confined to the lumbar region. It is a very obstinate condition. In many of these cases there is sprain of the back. By a process of auto-suggestion, this becomes associated in the person's mind with injury or disease of the cord. The person becomes neurasthenic from the shock and fright at the time of the injury, and from subsequent anxiety and worry over his condition, which he fears is going to prove permanent. He may be honest, though his trouble is only a neurosis. Complete recovery is the rule. A careful examination would show that the cord itself has escaped. Bramwell, Hirst, Page, Oppenheim, Bailey and others take the view that these cases of traumatic lumbago, where the examinations show that the cord is not affected, are a pure neurosis, except to the extent of injury that may be done to the ligaments, bones or joints of the lumbar spinal column.

There is often headache, but anesthesia does not occur in traumatic neurasthenia. This happens only where there is hysteria associated. The special senses are sometimes affected. Asthenopia is the most frequent eye trouble. It is of great importance to note that the reflexes, superficial and deep, are never lost in simple traumatic neurasthenia. When they are lost there is some lesion in the nerves, or cord, to account for their absence. The tendency is for these reflexes to become more active in neurasthenia than in the normal condition; and some, such as the extensor, supinator and triceps, which are usually absent in health, are now present, and may be quite active. But the feature of great interest in the diagnosis of these cases is that the reflexes so quickly become fatigued like other muscular actions. After trying them for a few times, there ceases to be a response. It is worthy of close attention to notice how, with each blow on the patellar tendon, the reflex grows less until it disappears altogether.

Palpitation of the heart should not be overlooked. It occurs when the heart acts perfectly in every respect; and often becomes so violent as to give rise to much alarm. The associations in the case usually keep the diagnosis, in this particular, on safe lines.