

In some cases muscular weakness is extreme and may proceed to complete motor helplessness.

*The Cardiac Type.*—We find that where this form is in evidence the heart's action is ordinarily rapid and easily quickened and very rarely is it slower than normal. Above all, the patient is too conscious of its action and this may give rise to the so-called cardiac anxiety condition. The pulse of the chest and neck may be visible. In some cases it has been noted that the arteries are relaxed and constricted in turn. A late case of mine in the Royal Victoria Hospital was that of a man, *æt.* 36, who, although in the surgical ward, was being treated for a rectal symptom, which I believe firmly, was entirely of a neurasthenic nature. He evidenced rather marked cardiac symptoms and complained of an inability to sleep well at night, owing to the fact that, as soon as he placed his head on the pillow, the heart beat was distinctly felt and caused him great distress. No rectal lesion could be discovered. No signs whatever of organic disease were present.

Irregularity, or intermittence of the pulse is also far from uncommon, though any contingent cause, such as tea or tobacco, should be considered.

Pseudo-angina pectoris is apt to occur in nervous exhaustion and may occur in young patients—neurotic subjects. Such patients recover, but after a hard time of pain and bondage.

Neurasthenia in its uncomplicated forms, presents no cardiac murmurs, hæmic, or other, but a marked tenderness on pressure at the apex, is common and characteristic.

*The Gastro-intestinal Type.*—Here we find that symptoms of pain, sinkings and acidities of the stomach are common. Digestion as a rule is usually slow, occupying as much as seven hours for the process. In other cases it is alleged that the food leaves the stomach too quickly. The gastric juice, may be normal perhaps usually, the common defect being in the motor function; or again, there may be a deficiency or an excess of hydrochloric acid. Constipation is most frequent in this variety although diarrhœa may sometimes be present. The latter may co-exist with the former, and is the so called "Church Diarrhœa" which I have made mention of already.

The curious connection of membranous colitis with neurasthenia so far has not been explained. It does seem as though there was some peculiar relation between them.

The connection of neurasthenia with spasm of the colon is a curious phenomenon, and the persistence of the general disease seems to hang upon our success with the bowel disorder.

In certain cases, generally of the metabolic variety of neurasthenia,