

under 80, the former, a little over 80. There was less pain and she felt better, although still having neuralgic effects; but some cardiac pain occurred, which I attributed to the pressor hormones being taken.

Two months later the blood pressure had fallen to 124 standing. She had further improved and would sometimes feel rested on waking, which she had not done for some years, while tremor had ceased. The pulse rate, however, had risen towards 90. In September she was not so well again, the hormones having had to be interrupted because of the cardiac distress and anxious feelings they produced. But she still sleeps better, has more strength, has less orbital pain and nervousness, and had lost 12 lbs. She was given pituitary gland, and the following month had a return of pains behind the eyes and swimming in the head and aching in the limbs. She was then given anterior lobe of pituitary because worse. She is now better again upon the treatment at first being resumed.

The general nervousness which was recognized by Dr. Wilmer as so important a feature was in this case not due to a psychological situation. The woman's attitude towards herself and others was perfectly normal. She had no obsessions, morbid anxieties, phobias, or hysterical ideas. The inability to use the eyes without disturbance was due to a neural inadequacy, which must therefore have a physical source. That this was of a metabolic nature is to be inferred from the neuralgias, hyperæsthesias, tachycardia, raised blood pressure and increase of weight, tremor, dermagraphia, hyperhydrosis. That hyperthyroidia is concerned is shown by the tachycardia and tremor; but that it is not a sole cause is shown by the lymphocytosis of the blood with the marked asthenia. Some clinicians believe these signs indicate thymus typerphasia. But in this case no choking sensations are present.

The differential diagnosis of endocrine neurasthenia from psychogenetic states is well illustrated by this case.

Hyperæsthesia of subcutaneous tissue occurs in the adiposis of anterior pituitary insufficiency. But there is no somnolence to corroborate this.

The case is instructive as showing the complexity of the data required for the interpretation of a functional case of this type, and that physicians are no longer justified in a diagnosis of prostration or neurasthenia, lest of all to attributing to psychoneurosis such phenomena as these. Psychoneurosis has very definite characteristics susceptible of clinical demonstration. The fact that this case is not yet completely adjudicated makes it all the more impressive as an allustration of the objects of this presentation.

4 Place de la Concorde, Paris.