

and down the spinal cord, localizing themselves at the level of the sacrum to form the *plaque sacrée* of Charcot. Pains, too, gather often around the heart and down either leg, alternating sometimes with the pains in the head. Shooting pains rush at times through different parts of the body. Sometimes creeping or throbbing pains seize every nerve cell. Topoalgia is frequent and obdurate. Like the headache, these pains are constant in their inconstancy.

(4) Feebleness of the lower members coincident with the *plaque sacrée* which has its seat in the sacrum.

(5) Absence of anesthesia. Patients feel the prodding of a pin at any point. There is no extinction of the reflexes. Patients are quite sensible to light and sound.

(6) Languor. Sufferers feel quite unfit though anxious for work. They listen indifferently. Their imperfect vision sends them often to the oculist. As a matter of fact there is nothing wrong with their sight, save perhaps a little accommodating asthenopy. To explain those phenomena it is only necessary to remember that the retina is an appendage of the brain. Neurasthenics often can neither read nor fix their attention.

(7) Insomnia. This is one of the most important and most frequent symptoms. Neurasthenics sleep poorly, sometimes only an hour or so, and their sleep is never refreshing.

(8) Gastro-intestinal phenomena. These are not dangerous. What ordinarily predominates with neurasthenics is slowness and difficulty of digestion. Rarely is there vomiting. They complain that their food remains in their stomach; their mouths are clammy, their appetites languishing. They experience disturbance in the intestines, etc. In those cases, it suffices, says Dr. Gilles de la Tourette, to treat the general state and everything will go well. He adds, besides, that in neurasthenia there is not generally gastric or intestinal trouble, properly so called; the stomach and intestines share in the depression and general asthenia of all the functions and nothing more.

(9) The mental state. The mental state of neurasthenics varies greatly. Some neurasthenics are excited, some depressed. It is ordinarily with the depressed that nervous afflux is deficient.

Weakness of will, anxious thought about all the organs, indecision in the presence of determinations to be taken, worry