

goitre or of ethylic tremor. Oftenest it is only apparent in certain conditions and must be sought for in the attitude of administering the oath for instance, it is exaggerated by fatigue, emotions, or by excesses. In short it is most marked at the period of the crisis of acute neurasthenia. When this symptom is permanent, Pitres recognizes its value as a symptom.

The same author has described among neurasthenics, muscular jerkings similar to those of paramyoclonus, of cramps, of rhythmic spasms of the neck, of the tongue, of the œsophagus, astasia-abasia, (which is not therefore always an hysterical symptom), instability in the vertical position. The *tendon reflexes* are often absent or diminished, sometimes normal, rarely increased.

In regard to *sensory troubles*, in addition to headache and rachialgia (of which we have spoken before) one notices an excessive susceptibility regarding external influences (heat, cold, moisture, or the electric condition of the atmosphere). Neurasthenics are barometric neuropaths of the first order. Besides they often complain of abnormal sensations, such as creepings, prickings, burnings, lightning pains, pruritus similar to that observed in a certain number of neuroses. At other times there are permanent pains localized in one organ or one region of the surface (topoalgia of Blocq). Finally, we should mention among the abnormal reactions of the sensory nervous system those which frequently follow the ingestion of remedies. The neurasthenic is particularly susceptible in regard to medicines and reacts, to therapeutic agents, in an exaggerated or paradoxical manner.

The *organs of sense* do not exhibit any constant or special modifications. On the part of the eye, the nervous twitching of the eyelids is a common occurrence, conjunctival hyperæmia is frequent (Beard), the pupils, often dilated, may be for a short time unequal. Charcot and Pitre have noticed a transitory contraction of the visual field and spots before the eyes are not uncommon. But the most constant symptom is the participation of the visual function with the general asthenia, rapid and transient enfeeblement of sight on the least fatigue.

*Accommodative asthenopia* deprives the neurasthenic of many pleasures. Very often he is obliged to give up his correspondence and his

reading. With this, the fundus oculi is normal, no one has ever found by ophthalmoscopic examination more than a slight retinal congestion. One often notes the over-exciteability of the *hearing*; the patients complain of whistlings and buzzing noises in the ears, they mention a troublesome perception, in the ear, of arterial throbbing, etc.

*Taste and smell* only offer for consideration some peculiarities of a neuropathic order. Salivation is frequently noticed. Certain disorders of taste have been particularly observed by Peyer, in that particular form of neurasthenia, called by the Germans, sexual neurasthenia.

The *circulatory system* presents a certain number of disorders, whose predominance characterizes a special form of neurasthenia, the *cerebro-cardiac neuropathy* of Krishaber. On the part of the heart, frequency of palpitations, or arrhythmia, of tachycardia, of subjective sensations in the left submammary region, often accompanied by an abnormal force of contraction, give some color to the idea of a cardiac affection.

The *neurasthenic angina pectoris*, thoroughly described by Laudouzy and Huchard, is only one of the varieties of neurasthenic anger, and participates in the general characteristics of this neurotic manifestation; the duration of the crises is prolonged, the suffering may last hours, days, even weeks, without assuming the gravity of organic angina pectoris.

The pulse is generally unsteady; in the grave forms, a marked diminution of the arterial tension has been noticed, strong pulsations of the arteries of the temples, the neck and the epigastrium (abdominal aorta) are frequent. Let us describe again, in connection with the vaso-motor system, the frequency of emotional roseola, the congestive attacks which appear in the face immediately after a meal; the facile production of the symptom wrongly named *tache cérébrale*, coldness and alternating congestion of the extremities, etc. Beard has also described true attacks of neurasthenic fever (?)

The *respiratory function* is that least attacked in neurasthenia. At the most, there has been described in some cases a little dyspnoea, or a slight cough—dry and irritating—not at all connected with any lesion whatever of the thoracic organs.