

Fear of spaces may be produced equally in streets where the shops are closed, in a church, at a concert, at the theatre, in the presence of long walls of a facade, monumental and smooth, of a tapering perspective, of a bridge with numerous arches, of a long vault sustained by columns, sometimes in a place where there is a crowd, at an open air meeting, in an enclosure open to the heavens, without ceiling, and even in a public vehicle. This state of anxiety, which consists above all in an absurd and exaggerated and sentiment of fear in front of the void, is generally accompanied by sudden weakness of the legs and transient circulatory superactivity, with vague creeping sensations, with a sensation of commencing torpor, of cold, heat, icy perspiration, tremblings, desire to weep, ridiculous apprehensions, of hypochondriacal ideas, of muffled lamentations and general trouble, truly painful with different alterations of facial color and physiognomic expression. The intelligence is sound and free will intact. Of what then is the patient afraid? Of wandering about, of weeping, of crying, of falling, of having a giddiness, of fainting, of being struck with apoplexy, of being considered a coward, of being a laughing stock, of passing for a fool, of wishing to go to the closet, of disappearing forever, of turning into nothing, but oftenist he is afraid—to be afraid.

Besides *agoraphobia*, or fear of open spaces, we will point out *claustrophobia*, or fear of enclosed spaces, the meeting of the two varieties constitute *topophobia*. *Astrophobia* is an immoderate fear of storms and lightnings; *anthrophobia*, or fear of men, causes the patient to fly from his fellow creatures; *monophobia*, or fear of being alone, deters him from isolating himself; *misophobia* is dread of fifth; *nosophobia* is fear of diseases.

There are yet fears of various kinds, fear of travelling by rail, of touching a door handle, of contact with such and such a metal, etc. Some patients fear everything (*pantophobia*), others, in short, have fear of being afraid (*phobophobia*).

Slight fears, easily allayed, exhibit themselves sometimes in simple neurasthenia, and do not imply an unfavorable prognosis, it is not the same with the grave, imperious, inveterate phobias, whose verifications would impose serious reservations on the intellectual future of the subject.

C. Hystero-neurasthenia. Neurasthenia can be

associated with different neuroses, epilepsy, migraine, Basedow's disease, but it is chiefly on hysteria that it is superposed in many cases. Above all it is following railway accidents that the two varieties of neurotic affections, whence the name, *railway-spine* given by the English (Brodie Erichsen) to those nervous manifestations. Neurasthenia, affecting ordinarily the cerebro spinal form, habitually precedes hysteria by some days or even weeks, then the latter appears, and the two neurotic diseases ally themselves closely, combining with one another (Charcot).

The Germans (Oppluheim Thomsen) have refused to accept the interpretation, now almost universally admitted, of nervous affections following tranmrtism; now they make it a nervous disease in part, allied to hysteria, but not blending with it, *tranmatic neuroses*.

We need not enter here into the details of that discussion. (*To be continued.*)

Selected Articles.

SLEEP, SLEEPLESSNESS AND HYPNOTICS.

(Continued from April number.)

Warmth, judiciously used, however, is attended with good results. The fact that so many of the insane sleep best on hot nights should not be lost sight of. In Griesinger's "Mental Pathology and Therapeutics," page 75 *et seq.*, sleep, in connection with insanity, is well considered, and he particularly compares insanity to dreaming.

Preyer originated the blunder that sleep was caused by a toxic substance in the blood, upon the inference that as fatigue was associated with sarcolactic acid in the muscles, the latter was the cause of the former. Pflüger regarded sleep as cerebral asphyxiation from excess of carbonic acid accumulation. On the other hand, recent experiments point to increased consumption of oxygen during sleep. Evidently, as a definite amount of nitrogenized hydro-carbonaceous matter is consumed in all waking effort, cessation of activity lessens this consumption, but not to the extent of arresting it altogether, for the inevitable result would be a disintegration of the tissues.

The complex albumen molecule, $C_{712} H_{1112} N_{118} SO_{22}$, with its 225 atoms, in undergoing metabolic changes, adds to and subtracts from its number of atoms within a certain range, and maintains its life and potencies. Let us say that twenty-