

**Neurasthenia in General Practice.** By H. B. ANDERSON, M.D., L.R.C.P. (Lond.), M.R.C.S. (Eng.). *Can. Jour. Med. and Surg.*

Following these abstracts on psychoneuroses with the views of a proctologist urging rectal causes and a psychiatrist localising on psychical disorders, we have an excellent paper by Anderson on the neurasthenias from an internist's standpoint. Causation, he affirms to be psychic, overstrain, toxemias, heredity (U.S.W.). Symptomology also derived from psychic motor, sensory and vasomotor activities, evidenced (a) by such general signs as fatigue, depression, headache, insomnia, pains and loss of weight; (b) by disturbed functions, as for instance, palpitation, throbbing, hyperchlorhydria, intestinal disorders, indicanuria, frequent micturition; lastly, by secondary symptoms, as anemias, autointoxication. Finally, he concludes by urging not only the use of psychotherapy, but of all forms of treatment, best suited to the case, whether they be Weir Mitchell and Rest, Hydrotherapy, Diet or other well-known methods.

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**Cerebro-spinal Meningitis; Clinical Observations and Serum Treatment.** By LOUIS FISCHER, M.D., New York. *New York Medical Journal*, October, 1910.

Cases of cerebro-spinal meningitis may be mild, abortive or severe.

The severe ones are most fatal to babies of one year and under, but yet the mortality, even at this age, in common with all other ages, has been lessened by the *serum* treatment.

The symptoms of the late epidemics were: Sudden onset, with chill; respiration frequently Cheynes Stokes; vomiting; frontal or occipital pain; sensitive tendons; Kernig's sign; opisthotonus; arthritis; petechial eruption; photophobia and nystagmus.

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