TRAUMATIC NEURASTHENIA.

Dr. C. E. Nammack presented a policeman who, on October 12, 1892, had attempted to stop three runaway horses attached to a steam fire engine in the Centennial parade. He was successful in this, but although not physically injured, he received a profound psychical shock. One week later it became necessary for him to seek medical advice for the relief of pains in his chest. On the advice of Dr. C. L. Dana he went abroad, and remained there from June, 1894, to October, 1895. He had been perfectly well up to the time of this accident, and his family and personal history were excellent. He remained on police duty for some time, but found himself unable to attend to his work, even though his promotion to the rank of roundsman had rendered this less monotonous than formerly. The first symptoms noticed were diminished power of persistent application, and nervous irritability. Mental exaltation then became marked, and insomnia became most distressing. Hyperesthesia and paresthesia were not noticed. The principal subjective symptoms were pain over the heart and dyspnœa on exertion, profuse sweating and insomnia. Examination recently showed the pain and temperature senses normal, tactile sensibility impaired and hyperæsthesia wanting. Both visual fields showed the shifting type of contraction. Color perception was fairly good. There was no motor weakness of the eyes and no abnormal pupillary reaction. Smell and taste were not affected; station and gait were good; there was some tremor of the hands. The knee-jerks were slightly exaggerated. The heart action was weak and greatly accelerated by walking; there was no enlargement of the heart or valvular disease. Slight irritation of the skin led to persistent redness. His weight had fallen from 220 to 175 pounds. Micturition was not vigorously performed. The urine was normal. The sexual desire was weak, although the power was good. The diagnosis in this case, the speaker said, lay between traumatic neurasthenia, traumatic tysteria and simulation. The last was excluded by the absence of motive, of striking symptoms and of efforts to exaggerate slight symptoms. Hysteria was excluded by the absence of anæsthesia, contractures, spasms, etc., and of paroxysmal phenomena. The patient had had the benefit of skilful treatment and improvement had been slow but steady. Apparently hydrotherapy had benefited the patient the most. The case was interesting as being free from the usual complications arising from prospective lawsuits.

Dr. C. L. Dana said that when he saw this case he made the diagnosis of traumatic neurasthenia. The case was an interesting and typical one, and was chiefly of importance on account of the absence of the complications referred to.

Dr. Nammack, in closing, said that formerly considerable stress had been laid upon the condition of the visual fields as a differential point between traumatic neurasthenia and hysteria, but that now this had been pretty much abandoned.

IMPERATIVE CONCEPTIONS AS A SYMPTOM OF NEURASTHENIA.—(*Med. News*, January 11, 1896.) In the first of two cases reported by Dr. Diller, of Pittsburg, the onset was sudden, occurring in a business man who had been overworking for a long period. The attack took place during a theatrical performance while the patient was seated in the front row of the balcony. He was barely prevented from hurling himself over the railing. The second case was that of an engineer on a railroad. The man had complained for some time of the usual symptoms incident to nerve-tire, viz.: headache, vertigo, loss of endurance, irritability, insomnia, and general muscular weakness with twitchings. Finally so great became his fear of wrecking the train in his charge that he voluntarily resigned his position. Both of these cases recovered in about six months under a judicious combination of mental and physical rest.

INTERCOSTAL NEURALGIA.—A local application much used in the clinic of Dr. S. Solis Cohen for the relief of vague pains localized at different points upon the surface of the body, as well as in the treatment of *intercostal neuralgia* and the pleuritic stitches of chronic pulmonary tuberculosis, is the following:

Menthol,
Chloral hydrate,
Camphor,
Equal parts . . . . . M.

Label—Apply to painful part with camels'-hair brush once daily, or as symptoms may indicate.

In this prescription liquefaction of the solid ingredients takes place when they are brought in contact. The resulting fluid is slightly stimulating, slightly irritant and decidedly analgetic. Should its too frequent application result in vesication its use is intermitted until the parts heal.

CHRONIC DRY NASAL CATARRH.—The following prescription is recommended by one who has successfully tried it for chronic dry nasal catarrh:

Liquid vaseline, ...	1 oz.
Sanmetto, ...	¾ oz.
Glycerine, ...	¼ oz.

To be used as a spray three times daily through an atomizer, and to take internally Sanmetto in teaspoonful doses four times a day.