

NEURASTHENIA.—J. R. Barbour, in the *American Practitioner and News*, contributes an article on Neurasthenia. He maintains that this disease is due to a toxæmia—a variety of poisons—sometimes bacterial, sometimes lithæmic, but most often the result of an auto-intoxication of the nervous system by its own excreta. Most remedies usually given do harm rather than good. The bromides are contra-indicated; iron is badly borne, as it upsets the stomach, constipates the bowels, and increases headache and backache; strychnine increases the spinal congestion, the seminal losses and the general irritability; alcohol, coca and kola diminish oxidation, like tea, coffee and tobacco; and nearly all remedies increase the nervous dyspepsia. The writer calls attention to diet, exercise, hydrotherapy, massage and electricity as the main factors to be relied upon in its successful treatment.

\* \* \*

SALINE SOLUTIONS SUBCUTANEOUSLY IN SHOCK AND HÆMORRHAGE.—Dr. George H. Rohe, in *Inter. Jour. of Surg.* for March, claims that the subcutaneous infusion of the physiological saline solution is of the utmost value in cases of collapse from shock or hæmorrhage. The solution he uses is common salt in water of the strength 0.7 per cent. This should be given at a temperature of 105°, F., to 108°, F., according to the degree of collapse. It is not necessary to inject into the veins or arteries. Indeed, he contends that these methods are irrational and dangerous. The solution should simply be injected beneath the skin. A pint or more of the fluid may be readily injected. All solutions and instruments must be thoroughly sterilized. The most convenient instruments are a stomach tube and a medium-sized aspirator needle. The author recommends a solution—a saline solution of the above strength, with the whites of two eggs to the pint. This mixture has given him uniformly good results.

\* \* \*

PHLEGMASIA ALBA DOLENS.—Dr. Joseph H. Raymond, in *Brooklyn Medical Journal* for March, states that this disease is of an infectious nature. The streptococcus is the organism that gives rise to the trouble, but that a suitable soil is required. In some cases, in spite of every care, the patient may have phlegmasia. In others, it comes on almost without febrile disturbance. In some instances there may be several cases in the same family. The treatment should be absolute rest and the free use of suitable nourishment and food. The patient should lie on the back, with the leg slightly elevated on a soft cushion. There should be no rubbing or friction of the inflamed leg. Intra-uterine disinfection makes these cases worse; yet the author at