consideration of this condition is the conception of physical crises of fatigue entirely distinct from but comparable with the crises of mental depression, and having possibly a similar pathogenesis. Related to neurasthenia solely by virtue of their similar symptomatology, the periodic asthenias may be conceived as a melancholia of the body just as there is a melancholia of the mind.

JELLIFFE.

EARLY DIAGNOSIS AND TREATMENT OF MANIC DEPRESSIVE PSYCHOSES. A. H. Ring. (Bost. Med. and Surg. J1., Sept. 3, 1914.)

The author notes that there are two somewhat typical ways in which the acute condition may come on: the first is sudden, the second is gradual. In cases of sudden onset the first visit is frequently not made until mental symptoms predominate; but it is not uncommon to learn that these patients have been treated for a week or more for acute indigestion, and have been known not to be well for two or three months. After close questioning the family will admit that they now realize that for a year or more the patient has not been himself but they never suspected anything mental. In a second type, *i. e.* those of gradual onset, the mental symptoms do not become marked for some time, the physical symptoms predominating. Most commonly the patients come under treatment for digestive disorders, liver trouble, and the like. There is, perhaps, no single psychosis which occurs with such frequency. It constitutes from 12 to 20 per cent. of admissions to insane hospitals. In its early state there is no psychosis which so commonly goes unrecognized; it is tagged "just nervousness," "the blues," neurasthenia, or even as hysteria, and it frequently does not get beyond this mild form. These are the cyclothymic cases described by Hecker. Because of the mildness of its early symptoms and the slight degree to which the intellect is involved at first, its victims form by far the larger part of the so-called borderline psychoses. In the more severe forms with persistent insomnia, great elation or depression, and anomalies of nervous (volitional) control (excessive rapidity or retardation), it is easy enough to recognize manic depression, especially if accompanied by hallucinations or delusions. The preponderance of symptoms of manic depression are somatic. Whether of the depressive, manic, or the mixed phase it manifests itself mentally as a disturbance of the feeling, psychologically expressed as an exaggeration of the sense of pleasantness and unpleasantness. These patients frequently realize the mental disturbance before it is objectively evident. To this extent the personality is disturbed; but the patient can, if he exerts himself, in the early stage tell one that he knows the change is in himself, thus distinguishing his condition from dementia præcox, in which the patient insists that he is all right, but is abused by people or things outside him. This is not so true of the more advanced stage.

BRINK.

TABETIC ARTHROPATHIES. F. Oehlecker. (Beit. z. kl. Chirurgie, June, 1914.)

The author first calls attention to the fact that the arms are the seat of the neuropathic joint affection in syringomyelia while the legs are affected more often in tabes. The lack of pain in the tabetic joint affection is one of its most striking features. No other joint process, not even a mild tuberculous or deforming arthritis, not even a syphilitic