cate and thin. As soon as the decoction was stopped the child got irritable, crying constantly, and refused to take any nourishment. After a week of abstinence, it became very weak, and the pulse and respiration became frequent. Then a decoction was administered again and the infant recuperated at once, and after sleeping for several hours, woke up apparently in good health. When the drug was suppressed again the stools became greenish and mucous, and the child died ten days later.

MACALESTER.

Mental Anorexia. In an interesting article Dr. P. Sollier describes a malady hitherto very ill differentiated, which he proposes to call by the above title. From a clinical point of view its fundamental characteristics are anorexia and a special mental state which accompanies or oftener precedes it. Its only subjects, so far as the author has observed, are young women or girls. He finds them generally to have a neurotic heredity. The trouble begins sometimes without apparent cause, or with a trifling emotional origin, not infrequently suggestion, either from the patient herself or from those about her.

The onset is slow, the patient gradually eating less and less, appetite disappearing with the habit of eating. Rapid wasting follows; no sensory trouble is usually observed; there is generally no pain. The commonest complaint is of a sense of fullness of the stomach the moment that a small amount of food has been ingested. The general powers are pretty well preserved; patients have even sometimes a strong desire to walk a great deal. Sooner or later, however, the moment arrives when they are obliged to give up all attempts at movement, and become confined to bed, or at least to a couch. The urine will be found loaded and small in quantity; the bowels always, as might be expected, obstinately constipated. Sleep, in the development period of the disease is generally bad, but is never the absolute insomnia seen in hysterical anorexia. If there is headache, it is not of the typical hysterical sort. There are usually no hyperæsthetic points as in hysteria or neurasthenia. In short, the physical condition gives mostly negative signs. The psychical state is similar, diminution of power being its chief characteristic; memory is impaired, attention poor, and the patients generally have difficulty in reading or writing, or performing any continuous intellectual effort.

The duration is variable, and may be from two years to six or seven, ending in cure, chronic malnutrition or death; the last often brought about by an acute intercurrent trouble, such as tuberculosis or progressive cachexia.

The points of differential diagnosis have already been stated; the disorders with which it is easiest to confuse the state being

neurasthenic gastro-intestinal atony, or primary hysterical anorexia. The neurasthenic symptoms are wanting. The condition is more chronic and without the remissions, which so often occur in neurasthenic patients, and the psychical state is wholly different. Patients with "Mental Anorexia" are neither hypochondriac nor desirous of medication; neurasthenics are great devotees of various cures and filled with anxiety about themselves. More difficult is the separation from hysterical anorexia; but if careful attention is given to the hysterical stigmata; the points of hypersensitiveness upon the skull, the spine, the ovaries, and the lost sense of taste, so common in hysterical sufferers; the perversions and caprices of desires and appetites; all these will be indices pointing to hysterical disease.

The author has nothing to say that is new or original on the treatment of these troubles, and, indeed, the distinctions of diagnosis which he has made with such extreme care are somewhat unnecessary in the treatment, which is essentially the same for neurasthenic, hysterical, and mental cases, viz., isolation and forced feeding. He says wisely enough, that after six weeks' or two months' trial of this plan it is well to make a change if decided improvement has not resulted, as isolation has by no means the almost universal success which attends its proper use in hysteria.—*La Merc. Med.*, September 18, 1895.

MITCHELL.

Diagnosis of Intestinal Neurosis.

Dr. R. Von Engelhardt considers that the important differential signs between catarrh of the intestines and neurotic disturbances, are, that in catarrh, while constipation sometimes alternates with diarrhœa, the loose stools are generally passed at night or in the early morning; but in neurotic disturbances they always occur during the day, sometimes after meals and sometimes upon emotional occasion. Again, in chronic intestinal catarrh a change of diet is apt to increase the disturbance and add to the diarrhœa; but patients with nervous intestinal troubles usually do best upon a generous mixed diet; and third, the colon, particularly in its descending portion is usually tender in catarrhal conditions, while in nervous subjects the abdominal aorta and the iliac arteries are tender, but the colon is not.—*Med. Week.*, Jan. 10, 1896.

MITCHELL.