

more than 50 per cent. of all cases occur during the first six months. Compared with general convulsions or with spasm of the glottis, tetany is a rare condition. In 10,000 infants, tetany occurs 6 times; spasm of the glottis 31 times; eclampsia 61 times. JELLIFFE.

THROMBOSIS OF THE CAVERNOUS SINUS; REPORT OF FOUR CASES, WITH ONE CRANIAL OPERATION. E. W. Dwight and H. H. Germain (Boston Med. & Surg. Jour., May 1, 1902).

The diagnosis of this condition has rarely been made. The literature includes 178 cases in addition to 4 cases reported by the authors. Most authors agree that the treatment is entirely preventive. Those who suggest operation usually speak only of drainage through the orbit. In the case operated on by Dwight the sinus was revealed by trephining the temporal bone; this same operation was performed a month later in a case described by Hartley and Knapp. These two cases are held to justify the belief that thrombosis of the sinus is distinctly an operable condition. Incision into one sinus apparently relieved instantly and completely the interference with circulation in both. The cranial operation is not associated with extreme difficulty; it can be done under almost primary anesthesia; it is not associated with any degree of shock and it can be completed in a few minutes; the hemorrhage can be easily controlled. JELLIFFE.

SOME POINTS ON THE MANAGEMENT OF THE NEURASTHENIC. James H. McBride, M.D. (Journal of the American Medical Association).

Overwork alone rarely causes nervous breakdown. Worry and anxiety, prolonged mental application without rest are frequent causes; underlying which is an unborn instability of nerve element and derangement of the alimentary tract. The mental element in neurasthenia is important. It is shown by inability to fix the attention, the feeling of mental tire, loss of interest, the weakening of volition, the impairment of memory. The thoughts are always fixed on the body, and are limited to a set of morbid sensations, such hyperconsciousness of bodily ailments becoming often a true hypochondria.

The writer advises partial rest, rising at 9 o'clock, and resting two hours in the middle of the day, or complete rest if there is debility; but rest cures should not be too prolonged.

The personality, good judgment and discriminating sympathy of a trained nurse are all important. Frequent feeding, milk diet are not applicable to all cases. Exercise is essential and yet can do harm. Neurasthenics frequently have exaggeration of the feeling of tire and fatigue. If they have "anesthesia of the sense of tire" they will overdo without knowing it. Outdoor walks should be taken on the ground, not on pavements or verandas. Hill climbing should be reserved for convalescence. Morning cold baths are injurious if much below 78 deg. Mental symptoms need mental treatment.

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CAISSON DISEASE. A. H. Muir Macmorran (Brit. Med. Jour., April 26, 1902).

A partial recognition of some of the causes of this interesting modern malady has done much to decrease its frequency. The author cites a series of cases which developed in the recent building of the Greenwich footway tunnel. One of the chief reasons why there is less caisson disease than formerly is that in most instances the men are now subjected to a very careful and searching medical examination. The total percentage of rejections (made by the writer and his colleagues) of appli-