confirms the Department's view that a conditionally discharged patient who is admitted to hospital under section 3 does not have the right to apply to a MHRT under section 66.

The grounds for refusing a tribunal hearing need further consideration. In the meantime however clinicians should be advised of this decision. It is unacceptable both for patient and clinicians that patients can apparently be detained legally whilst having no right to appeal against their detention. It is time to debate whether it is legal to readmit conditionally discharged patients under a civil section.

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CORRIGENDA

Verdoux, H., *et al*, *BJP*, **168**, 620–627. In the summary on p. 620, the third line of the Results section should read: '. . . schizophrenia, and was also associated with more time hospitalised ($P<0.05$), and more social disability at follow-up ($P<0.05$)'.

Glue, P., *BJP*, **168**, 653. SSRI and sympathomimetic interaction (letter). The correct spelling of the author's name is P. Glue.

ONE HUNDRED YEARS AGO

An Epitome of current medical literature (327) Neurasthenia

De FLEURY (*Rev. de Méd.*, February 1896) makes some remarks on treatment. Neurasthenics are not open to suggestion in the same sense as hysterical subjects. Mechanical treatment as by the douche, baths of various temperatures, statical electricity, massage, etc., is the most successful. The injection of non-poisonous fluids (Brown-Séquard's testicular fluid, etc.), sometimes useful, does not produce its good effects by any chemical or specific action. The author then discusses the action of these measures under (i) changes in the muscular system; (2) changes in the glandular apparatus, especially the digestive organs; (3) changes in nutrition; and (4) changes in the mental state. He draws attention to the importance of not overdoing the treatment, for in this way the disease may be aggravated. The author then refers to the various views which have been put forward to account for neurasthenia—namely, auto-intoxication, enteroptosis, vasomotor changes, etc. There is an exhaustion or state of defective nutrition in the cerebral cells as in those in all other parts of the body. De Fleury sums up his views of neurasthenia under the following headings: (1) Intervention of the cause. This consists of excessive expenditure of motor activity or overwork by excess of sensory impulses. Under the latter head, excess of mental work, etc., various changes in the peripheral organs are placed. (2) Reaction upon the nerve centres. Especially in the presence of a neuropathic tendency, the above-named causes bring about a depressed vitality in the cells of the cerebral cortex. (3) Loss of tone in the muscles and glands. Many of the symptoms of neurasthenia are to be referred here. Neurasthenia is essentially a malady of weakness, consisting chiefly of muscular debility, poverty of the secretions, diminution of nutrition. (4) Modification of the mental state. When the above-named bodily changes occur, alterations in the mental state, such as timidity, fear, humility, idleness, melancholy supervenes. The sensations conveyed from the altered periphery convey also to the central nervous system a sense of exhaustion, and this is the manner in which cerebral neurasthenia arises.

Reference

British Medical Journal, May 1896, 69.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

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