

The great number of references at the end of the article does much credit to the industry and learning of the author. W. W. IRELAND.

*On the Mental Disturbances of Epileptics* [*Beitrag zur Kenntniss der Seelenstorungen der Epileptiker*]. (*Allgem. Zeits. f. Psychiat., B. lvi, H. 5, 1899.*) Deiters.

Dr. Deiters commences his article by stating that, since Samt's investigations on the forms of epileptic insanity, it has generally been recognised that the mental symptoms are very characteristic; indeed, some hold that the presence of epilepsy may sometimes be inferred from the psychical manifestations alone. Sometimes, however, insanity combined with epileptic seizures takes a different character, approaching the forms of other vesaniæ. He gives at some length the description of a patient fifty-five years old, who had epilepsy combined with delusions of a paranoid nature. He had led a vagabond life, had been in prison for stealing, and had been passed on to a workhouse as incapable of earning a livelihood. When admitted to the asylum at Andernach, he was found to be lazy and indifferent, to have religious delusions, and suspicions of being poisoned. He said that at night people put "oprigus" under his nose, and that he was going to be made pope. Finally, he imagined that he was actually crowned as pope, and that Christ had appeared to him and held a chalice over his head, etc. Other cases of hallucination and systematised delusions have been described by Gnauck, Pohl, Buchholz, and others. Magnan thought that several psychoses might exist together. Deiters observes that the forms of insanity which he specifies are technical divisions rather than specific diseases, but that fairly distinct forms may supervene the one upon the other. He thinks that the mind never remains intact after repeated epileptic seizures. Epilepsy prepares the ground for insane ideas, but the character and sequence of these ideas may now and then take an unusual course. W. W. IRELAND.

*A Clinical Lecture on Minor Epilepsy.* (*Brit. Med. Journ., Jan. 6th, 1900.*) Gowers, Sir William.

The lecturer begins by discussing some of the features which belong to epilepsy as a whole, pointing out the paroxysmal nature of the disease, and emphasising the fact that the seizures are symptoms of an underlying brain condition. In this connection, he gives a good working clinical classification, dividing the malady into organic and idiopathic forms. As he remarks, in order to learn we classify and separate, but we must remember that nature does not recognise our sharp distinctions, and gives many examples of an intermediate class. These come between *haut mal* and *petit mal*, and may be termed medium epilepsy. Having thus introduced his subject he passes to the minor form of the idiopathic variety, describing the phenomena which it includes and which are its manifestations. He teaches that the most typical form is when there is loss of consciousness as the only symptom, but denies the prevalent idea that loss of consciousness is essential. There is, he admits, always a perversion or obscur-

ing of that state, but this need not amount to obliteration. When the loss of consciousness is very sudden, there is no attendant sensation that can be recalled, *e.g.* the case quoted. When consciousness is not lost so abruptly, if the area of the brain affected have to do with sensation, there is time for a varied number of sensations to be recorded. These sensations vary in each case, and are included under vertigo—subjective and objective—a curious dreamy feeling, affections of the special senses, general and visceral sensations and emotional states. He finds that gustatory sensations rarely attend minor attacks, although smacking of the lips frequently accompanies the dreamy state. Certain motor manifestations are also found, *e.g.* twitching, relaxation, and paresis of muscles generally occurring with loss of consciousness. In describing the after state, *i.e.* the condition in which the attack leaves the patient, he says that the most frequent is a dazed condition with post-epileptic automatism. Here we find organised motor acts performed with a continued comparative loss of consciousness. In coming out of the attack full consciousness is the last function to be restored. Sometimes the patient passes into a state of mania and commits an act of violence—homicidal impulse. He enumerates certain accidents which may occur, but these are not common in minor attacks.

The diagnosis has to be made from cardiac syncope, non-epileptic forms of vertigo, and hysteria.

The note on treatment is brief. He finds that the bromides have less beneficial results than in major epilepsy. The chief point is prolonged treatment; the drug chosen should be given in diminishing doses over a long-continued time.

G. A. WELSH.

*Hungry Evil in Epileptics.* (*Alien. and Neur., Jan., 1900.*) *Féré, Ch.*

This is a dissertation on one of the rarer visceral symptoms found in epileptics. The opening paragraphs concern themselves with a description of the history of the symptoms, how it was first observed in horses. Passing from this, the author discusses analogues in the fermented stomach cravings found in man and the lower animals. He puts on record several cases to show that hunger may be manifested in epileptics as “*faim-valle*” is in horses, and is of opinion that, when it is better understood, it will be oftener met with.

In case No. 1 “*faim-valle*” occurs as an alternating symptom with others characteristically epileptic. It is an evidence of a sudden need which if not relieved leads to unconsciousness. In the succeeding cases it plays the part of an aura of *grand mal*, a point of great interest being that the attack can be aborted if food is given at once.

G. A. WELSH.

*Senile and Cardio-vascular Epilepsy* [*Die senile und cardiovasale Epilepsie*]. (*Monats. f. Psychiat. u. Neur., B. vii, H. 4. u. 5, 1900.*) *Schupfer, F.*

Dr. Schupfer first shows how in recent years the percentage of senile epileptics, as given by different authors, is uniformly less than formerly. This, he asserts, is due to the more careful histories at present taken.