

to the Salpêtrière in an extremely emaciated condition, weighing 27½ kilog. (plates shown give one a vivid idea of her skeleton-like appearance). Beyond some tenderness of the breasts and a marked diminution of the pharyngeal reflex, there were no physical signs of disease. Immediately after her admission the appetite returned, she ate regularly, and quickly increased in weight, gaining over 25 lbs. A letter is appended which the patient wrote to her physician after recovery, describing among other things the subterfuges to which she had resort during her illness in order not to eat, and in which she says, "I did not feel in any way the desire to eat," stamping her case as probably one of *true* hysterical anorexia. Gasne dwells on the extreme importance of isolation in the treatment of these cases; they recover as if by enchantment when separated from their home influences; and he mentions another interesting case in point. H. J. MACEVOY.

*A Few Cases of Unconscious Wanderings [Quelques cas de fugues inconscientes]. (Rev. de l'Hyp., May, 1900.) Raymond.*

Many of the cases which are now called hysterical wanderings were formerly classified as epileptic. Raymond characterises as epileptic sudden wanderings of *short* duration. Hysterical wanderings ("fugues"), on the contrary, may take weeks or even months, and are not recognised by those who come in contact with the patient or speak to him. Consecutive amnesia is complete in the two cases. The first case recorded is that of a man who a few years ago had a wandering lasting eight days, during which he went from Nancy to Brussels. On December 15th, 1899, he had an attack lasting eleven hours; on the 16th, one lasting three days, during which he went to his brother's house, slept and dined there without exciting suspicion, etc. In this case a nervous heredity prepared the soil, intermittent fever weakened his powers of resistance, and the exciting cause of the neurosis was overwork. As a rule, hypnotism helps to reveal the course of these wanderings, and is a means of cure; but this patient is not hypnotisable. The second case is that of a girl æt. 16 years, hasty tempered and difficult to manage. At the age of fourteen years, she had her first attack of wandering. Her last, quite recently, lasted four weeks. She is hysterical and not vicious. Raymond believes hypnotism will cure her. H. J. MACEVOY.

*A Case of Hysterical Œdema probably due to Auto-suggestion [Un cas d'œdème hystérique; rôle de l'auto-suggestion]. (Rev. de l'Hyp., May, 1900.) Combemale and Camus.*

On January 23rd, 1900, a girl, æt. 18 years, was carried to the Hôpital de la Charité. Her legs were said to have suddenly given way that morning. It was found that both legs were œdematous from the level of the tubercle of the tibialis anticus to the level of the malleoli; the œdema was hard, not pitting on pressure, and very painful; the skin over it was bright red with scattered purplish patches. Her heredity was not good (father alcoholic, etc.). She herself had always been emotional, over-sensitive, and dreams a good

deal. Ten days before her admission to the hospital she had been a good deal affected by the sight of a friend at work who developed painful œdema of one wrist. She began to feel pains in the calves, compelling her to sit down frequently; these disappeared after three days, and then suddenly on the morning of January 23rd, shortly after reaching her workshop, her legs gave way as mentioned above.

H. J. MACEVOY.

### 5. Pathology of Insanity.

*The Pathological Anatomy of Idiocy. (Rpt. XIII Cong. Internat. de Méd., Sect. de Psychiat.) Shuttleworth, G. E., and Beach, F.*

The report first treats the subject historically. Hippocrates and Pliny speak of the Macrocephali, who used to produce deformities of the head artificially. Tulpius associated hydrocephalus with idiocy. Later, Willis describes and figures an imbecilic brain one fifth the size of that of an ordinary man. Pinel records two cases of microcephalus, and Gall and Spurzheim publish plates illustrating not only microcephali, but also hydrocephali—one case of cretinism and an imbecile child. So far only size is dealt with. As regards *form*, Meckel, in 1760, noticed bony deformities. With respect to *conformation*, Tulpius remarks that the convolutions are less numerous; and Malacavne states that according to the degree of intelligence the lamellæ of the cerebellum are increased and diminished. As regards *organisation*, Meckel notes the dryness and hardness of the cerebral substance in idiots, and Bonnet and Haller report tumour and ulceration of the brain. Finally, Esquinol noticed the smallness, compactness, and atrophic condition of the convolutions, and the small capacity of the lateral ventricles.

Leaving the historical aspect, the authors note the current opinion that pathology and classification are mutually independent, and they classify idiocy as follows, viz.:

I. Congenital formative defects—1. Microcephalus. 2. Hydrocephalus. 3. Scaphocephalus. 4. Mongol imperfections of osseous, cutaneous, mucous, and, in some cases, cardiac tissues. 5. Neuropathic genetous cases. 6. Amaurotic genetous cases. 7. Sporadic cretinism. 8. Partial local defects.

II. Developmental cases—1. Eclampsic cases. 2. Epileptic case. 3. Syphilitic and juvenile general paralytic cases. 4. Paralytic cases.

III. Acquired cases—1. Traumatic. 2. Post-febrile inflammatory cases. 3. Sclerotic idiocy.

The same subject is reported upon by Professor O. Micrzejewski and Dr. Bourneville. The latter classifies idiocy, for the most part, according to coarse pathological lesions, and the former bases his classification upon a study of the more minute structures of the brain and from embryology.

J. R. LORD.