

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