

acts. Under hypnotic treatment he got well; the dreams being inhibited. He has become sociable, is happy, and can work.

H. J. MACEVOY.

*Alterations of the Personality under the Influence of Morphine* [*Altérations de la personnalité sous l'influence du morphinisme*]. (*Rev. d'Hyp.*, April, 1900.) *Bérillon*.

The case is described of a young woman who presented an absolutely different personality according to whether or no she was in a state of morphinomania. At the age of twenty-three, while on board a ship, she first became addicted to morphia, and for the next few years she was alternately well and morphinomaniac, presenting with each phase a characteristic and markedly different personality. While taking morphia she was sedentary, calculating, most careful of her affairs, endowed with a wonderful memory, logically minded, and she showed an absence of affection. When cured of her morphia habit, on the contrary, she ceased to care about her affairs, was liberal, extravagant, heedless of the future; her affective side was in evidence. It would almost seem as if in this case morphia produced an inhibition of the affective centres, permitting of a preponderating action on the part of the intellectual faculties.

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*A Case of Prolonged Sleep lasting Seven Months with Tumour of the Pituitary Body* [*Sur un cas de sommeil prolongé pendant sept mois par tumeur de hypophyse*]. (*Nouv. Icon. de la Salp.*, March, April, 1900.) *Soca, F.*

A girl, aged 18 years, of apparently healthy antecedents, was taken suddenly ill, about three weeks before admission into the Caridad Hospital, Montevideo, with loss of consciousness (? character of attack), following upon which her sight became weak, her walk hesitating, and she complained of severe headache. She was found in hospital to have double optic atrophy, and had attacks of vomiting which disappeared after five days. But the most interesting feature was the rapid onset of obstinate sleep. She could be awakened periodically for food, for attention to the bowels, and could be roused from sleep for examination or conversation; but, left to herself, she at once relapsed into deep sleep, and this went on for seven months. There were no definite localising signs, but the patient became generally weaker bodily and mentally; she was occasionally dirty, and finally died. She had no fits.

At the autopsy, a dark red very soft sarcoma, of the size of a Tangerine orange, was found covering the sella turcica and optic chiasma, adherent to the brain on the one hand and to the dura mater on the other. The optic nerves at their origin, the chiasma, the anterior part of the optic tracts, were lost in the tumour. The third and fourth nerves, though overlapped by it, seemed to be intact.

Reviewing the literature of the subject, and discussing the question of the varieties of pathological sleep, the author classes this case with those of Gayet and Wernicke. In his case, as in theirs, there was

marked affection of the grey matter of the aqueduct of Sylvius (nuclei of third and fourth pairs of cranial nerves) and the grey matter of the floor of the third ventricle. Looking over some 900 observations of cerebral tumour, in many of which unfortunately no reference is made to the question of sleep, the author finds that this phenomenon of prolonged sleep is rare. Attention is drawn to two points among others of interest in the case. One is the absence of the symptom of Bernhardt—a contrast between a marked diminution of vision and a healthy optic nerve, or very little altered ophthalmoscopically, which is said to be a frequent if not constant sign of tumour of the pituitary body. The second was the absence of ocular paralysis, although the oculo-motor nerves were apparently compressed by the tumour—even lost in its substance. The consistency of the tumour—soft, diffuent, semi-liquid—may possibly explain this anomaly.

H. J. MACEVOY.

*Cortical Hyperæsthesia in Acute Alcoholism [Hyperesthésie corticale dans l'alcoolisme aigu]. (Arch. de Neur., May, 1900.) Cololian and Rodiet.*

Various authors have drawn attention to the fact, that alcoholic patients suffering from hallucinations behold their false perceptions increase in intensity under the influence of peripheral stimuli. This is especially the point studied by Cololian and Rodiet. Hallucinations of the various senses were thus induced: olfactory by alternate compression and relaxation of the nostrils; gustatory by lightly rubbing the upper surface of the tongue; auditory by lightly tapping the external auditory meatus; visual by compression of the eyeballs, etc. This hyperæsthesia, which they believe is localised in the cortex of the brain, in the sense-centres, is, however, not limited to the brain, as we know that the peripheral nerves, the nerve-endings, are also affected; but the nature of the lesion is probably not the same, for in the latter case we know that there is evidence of peripheral neuritis, and the brain may not present any definite lesion. These phenomena are only present in a limited number of cases, and only in recent alcoholic cases, before the toxin is eliminated. In order to guard against error, they exclude all cases deeply intoxicated, with much agitation, with delirium tremens, fever, etc. Complete notes of eight cases presenting these induced hallucinations are given.

Accepting the definition of an hallucination as the result of some pathological stimulus of the sensorial centres of the cortex, they conclude that the phenomena observed in their patients are true hallucinations. If we subdivide hallucinations into two kinds—those induced by peripheral stimulation, peripheral hallucinations; and central hallucinations, induced by mental excitation—the hallucinations with which they deal would be classed among the former (peripheral).

In all the patients, hereditary degeneration was noted, and the tenacity of the hallucinatory disorders was proportional to this inherited stigma, although differing according to the individual.

As regards the nature of the alcoholic drinks most likely to produce this cortical hyperæsthesia, they find that those drinks which are