especially prone to produce epileptiform convulsions rank first; absinthe heads the list, then bitters, vermouth, etc.

H. J. MACEVOY.

Hysterical Hemianæsthesia treated by the Progressive Inducement of Sensibility ("résensibilisation progressive"); Direct Proof of the Cortical Localisation of Visceral Centres; Principle of a Mechanical Treatment of Hysteria. (Arch. de Neur., March, 1900.) Vial.

Case of a girl, Zoë, æt. 22 years, hysterical, not subject to hysterical attacks, but presenting complete right hemianæsthesia, with clavus, narrowing of the right visual field, sensation of globus and anorexia. The patient in a somnambulistic state was treated (with recovery) according to the method advocated by M. P. Sollier, and described at length in his work on hysteria. The author professes to have noted the same phenomena in the course of treatment, and comes to the same conclusions,—as, for example, in localising the cerebral centre for the viscera, etc. etc. In this case "the most striking phenomenon is that of the regression and progression of the personality; the crowning of the synthesis of the ego takes place at the end of the progression, and Zoë conveys it by the utterance of this picturesque expression: 'I feel that all my limbs become stuck together'" (sie /).

H. J. MACEVOY.

Hysterical Polyuria and Pollakiuria [Polyurie et pollakiurie hystérique]. (Arch. de Neur., March, 1900.) Abadie, J.

A case is described of a man, æt. 43 years, cured by indirect suggestion, without any apparent lesion of his urinary apparatus except some urethral spasm, the chemical composition of the urine being normal; he micturated twenty to thirty times in the twenty-four hours, and passed large quantities of urine. Born of a hysterical mother, he was himself hysterical, with such stigmata as zones of cutaneous and mucous hyperæsthesia, loss of taste and smell, concentric narrowing of the visual fields, and almost complete absence of pharyngeal reflex. The pollakiuria presented by this patient was more obstinate and more obvious than is usual in these cases; not only was there frequency of micturition (simple pollakiuria, or pollakiuria proper), but also an imperious desire to satisfy the act. The cure by indirect suggestion consisted in the daily administration of pills of methylene blue. In another case mentioned—a hysterical woman—the symptoms of polyuria, simple pollakiuria, and imperious pollakiuria, with identical characteristics to the above, were induced by hypnotic suggestion.

Cases of simple irritable bladder, unaccompanied by any signs of organic lesions, are, no doubt, as a rule cases of this imperious pollakiuria, and probably mostly hysterical. Suggestion, direct or indirect, appears to afford a hope of cure. H. J. MACEVOY.

A Case of Hysterical Anorexia [Un cas d'anorexie hystérique]. (Nouv. Icon. de la Salpt., Jan., Feb., 1900.) Gasne, G.

A girl æt. 16 years, of indifferent family history, who had had hysterical attacks, hysterical paraplegia, and amaurosis, was admitted

to the Salpêtrière in an extremely emaciated condition, weighing $27\frac{1}{2}$ 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 ecorded 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'ædème 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 ædematous from the level of the tubercle of the tibialis anticus to the level of the malleoli; the ædema 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

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