

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.

He believes that many of the older cases of senile epilepsy were really cases of recurrence in old age. He then gives nine cases which started after the age of fifty years. He does not recognise any essential difference between senile and late epilepsy, pathologically, ætiologically, nor yet symptomologically. In three of the nine cases, a post-mortem was made. The causation of senile epilepsy is then fully dealt with. The influence of heredity in senile epilepsy is discussed, and ten neurologists are quoted who have recorded cases with marked heredity. He disagrees with Nothnagel that late epilepsy is simply symptomatic. Gout, malaria, emotional disturbance, fright, alcohol, syphilis, trauma, venereal excess, heart disease, etc., are all considered as possible causes, but little new matter is introduced. The influence of alcohol was frequent in Schupfer's own cases. Of the nine cases, eight were men and one a woman. This preponderance in the male has also been noted by Gowers, but according to Féré it is more frequent in women. Schupfer divides late epilepsy into general, partial, and rudimentary, dependent on the character of the attacks. Its separation from uræmic convulsions of kidney disease is important, and in all senile convulsions the urine should be exhaustively examined. The French describe a functional insufficiency of the kidney without albuminuria, and Schupfer asks if this may not account for convulsions occasionally, but neither Krainsky nor Binswanger have found any actual increase in the toxicity of the blood. In one of Schupfer's cases congestion of the kidney was found post-mortem, and kidney troubles without albuminuria have been remarked several times. Lüth, in twelve cases of senile epilepsy, found three cases of simple renal atrophy, three cases of granular atrophy, two cases of cystic kidney, and one case with lime deposits. But in life, only two of these showed signs of chronic nephritis, so that quite probably kidney insufficiency is a more important cause of late epilepsy than is generally supposed. A second form of general or partial senile epilepsy may be due to organic brain disease. A third form is due to syphilis. Devay describes a case of epilepsy from secondary syphilis in a man of sixty-nine, and genuine cases of tertiary syphilitic epilepsy have been recorded. A fourth form arises from softenings due to embolus or thrombosis in the internal capsule or basal ganglia; two of Schupfer's cases are of this type. These may occur with or without paralysis, and the epilepsy is frequently preceded by symptomatic spasms, which spasms may subsequently form motor *auræ* of ordinary fits. A fifth form of late epilepsy is associated with abortive attacks of an apoplectiform character. Two illustrative cases from Binswanger are given. A sixth form consists of loss of consciousness with locomotory movements. This type is usually found in young people, but was present in a patient of Schupfer's, of fifty-eight years. The movements simulate those obtained on irritation of the anterior corpora quadrigemina or the optic thalamus. In these cases there occur also fully developed ordinary fits. The remaining part of the paper is devoted to the relationship of epilepsy to cardio-vascular changes. The cases (or work) of Lemoine, Crocq, Rosin, Mendel, Leyden, Klemperer, Rossi, Naunyn, Mahnert, Beer, Binswanger, and Lüth are shortly given for and against the facts—(1) that heart valve lesions are frequently the cause of epilepsy, (2) that pressure on the

carotids in suitable cases produces fits from cerebral anæmia, (3) that post-mortem arterio-sclerosis is found in nearly all cases of senile epilepsy. Experiments on the condition of the circulation in epilepsy and epileptic fits are reviewed, and found contradictory. The effects of complete experimental cerebral anæmia and also of passive congestion of the brain are described, and found to be similar in the two cases. The effect of partial anæmia from embolus or thrombosis is fully looked at. As an illustration, the Sylvian artery is taken, and variations of the clinical picture are shown to depend on the exact position of the lesion and the rapidity of its production. After summarising the forms of senile epilepsy, the different varieties of modified epileptiform attacks found in senile epilepsy of a cardio-vascular character are described. Some notes on treatment finish the paper, which call for no remark.

W. J. PENFOLD.

*A Dancing Disease of Madagascar. (Brit. Med. Journ., Feb. 17th, 1900.)*

Attention is drawn to Lasnet's notes on the Sakalavas or West Coast Malagasies published in the *Annales d'Hygiène et de Médecine Coloniales*, which include the description of a curious epidemic nervous affection met with amongst the natives. It begins suddenly, and consists of incessant shaking of the body, accompanied by irregular movements, incoherent speech, and delirium; the patients indulge in wild bacchanalian dances, finally falling to the ground panting and foaming at the mouth. Some clamber up the rocks, while others pass whole days in pools or rivers, declaring that they are forced to remain there by spirits. They present meanwhile a most wild appearance, and, if not dancing, walk straight before them with head erect and eyes constantly rolling. It is very communicable.

It seems to closely resemble the pandemic chorea of the Middle Ages described by Hecker (*Epidemics of the Middle Ages*), the tarantism of Italy, and other hysterical epidemics which have been observed at various times and in various countries, to which the *British Medical Journal* recalls attention.

H. J. MACEVOY.

*Auto-mutilation supervening under the Influence of Dreams in a Hystero-epileptic [Auto-mutilation survenant sous l'influence de rêves chez un hystéro-épileptique]. (Rev. de l'Hyp., March, 1900.)*  
Bérillon, E.

The patient was a man, aged 31, subject for some years to impulsive attacks occurring in the morning, a few minutes after waking. With cries of fear, he would make unconscious attempts at suicide, resulting in severe self-mutilation; on different occasions, he wounded his skull with a hatchet, destroyed the sight of one eye with a knife, pulled out seven teeth with pincers, bit his tongue severely by holding it between his teeth and punching his lower jaw upwards, etc. A feeling of satisfaction follows these acts. There is no loss of consciousness during the attacks, no foaming at the mouth, no incontinence of urine. They reproduce a dream in which he believes he is accomplishing these