

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

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

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*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 clonus, 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'" (*sic!*).

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].* (*Nowv. 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