

brain were moving about ; if localised, a tight cord around the temples or metal band (occipito-frontal). Frequently they complain of a feeling as if a heavy helmet were being worn. Localised to the nose the sensation is that of a pince-nez too tight. The discomfort usually commences on rising in the morning, is temporarily relieved during meals, but is aggravated during digestion.

The writer discusses the differential diagnosis of this condition and the cephalgia associated with cerebral syphilis, tumour, auto-intoxications, Bright's disease, neuralgia, and migraine.

H. DEVINE.

*Clinical Contribution to the Study of Alcoholic Epilepsy* [*Contributo clinico allo studio della epilessia alcoolica*]. (*Arch. di Psichiat.*, vol. xxix, fasc. vi, 1908.) Ramella.

The case recorded in this paper is of interest as illustrating in a very striking way the rôle of an epileptic organisation in predisposing to pathological drunkenness. The patient was a man, æt. 40 ; no details are given with regard to his family history, and as to his personal antecedents it is merely stated that he had undergone thirty-five terms of imprisonment for drunkenness and minor offences. He was admitted to the asylum of Udine under the author's care four times, the symptoms on each occasion being practically identical, viz., psycho-motor agitation, hallucinatory disorder, suicidal and destructive impulses, all these symptoms clearing up within some twenty-four hours and leaving only a vague trace in the patient's memory. During one of his sojourns in the asylum he succeeded in getting access to wine, and drank a quantity equivalent to nearly two ounces of absolute alcohol. For an hour and a half no symptoms appeared, and then the patient became suddenly agitated and aggressive ; he showed symptoms of hallucinatory confusion with suicidal impulses ; there was general cutaneous analgesia, the pupillary reaction to light was almost lost, and the deep and superficial reflexes were increased. This condition quickly gave place to a stuporose state lasting about an hour, after which the patient had a series of typical epileptic seizures with enuresis. After a few days of post-epileptic dulness the patient got back to his normal level, but remembered nothing whatever about the attack.

W. C. SULLIVAN.

*The Clinical Examination of Painful Sensibility by Pressure* [*L'Exploration Clinique de la Sensibilité Douleureuse par la Pression*]. (*Bull. Soc. Clin. Med. Ment.*, March, 1909.) Cléramranet, M.

Pain upon pressure is only systematically looked for in certain organs, as the testicle, eye, etc., and in the trunks of nerves in certain diseases. The author hence advocates a more extensive application. He draws attention to the one which he terms the "*pression unguéalé*." When the terminal phalanx is placed upon the table and pressure applied at the anterior extremity of the nail, an acute pain is produced. If the finger is in a state of semi-flexure, then pressure should be applied to curve the finger more, so as to make the end of the nail bend under the nail itself. The pain produced is piercing, immediate, and causes a complete muscular relaxation of the whole hand. If the finger is flexed, there is also produced some articular pain, which is due to the distension of the