

can be distinguished from the habit pains of Brissaud by their clinical evolution and non-obsessive character. To diagnose them from hypochondriasis is less easy; but in principle, the latter patients interpret their sensations delusionally, whereas the cenesthesopaths merely describe them as well as they can and do not believe them to be of extraneous origin. They are neither desperate or resigned, hoping always for improvement; they are not unduly preoccupied nor egocentric; and they keep a certain social activity and power of affection in spite of their torment; they do not show ideas of negation nor of enormity, immortality nor grandeur. The authors promise in a further contribution to study the evolution, prognosis and treatment of the syndrome they illustrate by these six examples.

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HYPERHYDROSIS IN DEMENTIA PRÆCOX. Antheaume and Mignot. (*L'Encephale*, 1907, August, Vol. II.)

This note describes the finding of severe hydrosis in over 25 per cent. of cases independently of all emotion, exertion or herpetic temperament. The palms are the chief seat of the secretion; and as the skin is cold, the clammy "fish-like" hand is manifest. "It generally accompanies the catatonic type." They report two cases in which there were paroxysms of sweating of the whole body, which soaked the sheets. The sweat was inodorous; temperature and pulse were normal; there was no predominating sadness or other emotion. In one of the cases the phenomena quickly disappeared, leaving no secretory abnormality; while the other, two years later, still showed palmar hyperhydrosis and cyanosis. The authors emphasize the occurrence of this phenomenon in the stuporous form and in the earlier stages of dementia præcox, and that the other vaso-motor phenomena of this disease also occur in this phase. They note that Regis and Marandon de Montyel have pointed out similar paroxysms in paresis.

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SOME CONSIDERATIONS AS TO THE OCULAR SYMPTOMS OF EPILEPSY AND HYSTERIA FROM THE MEDICO-LEGAL POINT OF VIEW. P. Pansier, A. Rodiet, F. Caus. (*L'Encephale*, 1907, August, Vol. II, p. 88.)

In an attempt to establish some certain signs capable of differentiating epilepsy from hysteria these authors show the easiness of simulating an epileptic attack, recalling how even Esquival was deceived when Calmeil did so. Even the dilatation of the pupils can be simulated by such a midriatic as cocaine; and Kovalevski has reported three instances where the pupils could be controlled voluntarily. Many persons too possess very wide pupils. Ophthalmoscopic examination takes us no further, for it is much too difficult to be practicable during a fit. The authors believe that the field of vision can on the contrary enlighten the observer, and believe with Abundoes that it is contracted after an epileptic fit; for they decide that while an extremely contracted visual field can well be simulated, that it is not possible to so simulate a slight contraction; and they cite in support of their opinion (evidently founded upon the classic notion of hysteria) the case of a soldier whom Bechelonne believed to be a simulator of somnambulism, as well as of contracted visual fields which became normal after a confession of simulation. The authors believe that Bechelonne's reasoning in this case would convert all hysterics