

to have the importance attributed to it, by Krafft-Ebing and others. Potus was present in but six cases. The course of the disease did not differ from that generally described, euphoria being usually present, while excitement and expansive delusions, though not infrequent, did not reach the height common in men. The average duration of the disease was 2 years and 6 months. Earlier beginning, shorter duration and altered course of the disease was not evident in the cases studied.

ALLEN.

DE L'ANESTHÉSIE HYSTÉRIQUE (SON MÉCANISME PSYCHIQUE), (Hysterical Anesthesia—Its Psychological Mechanism). Prof. Bernheim de Nancy). (*Revue de Médecine*, 21st Year, No. 3, March 10, 1901, p. 193).

This article is an interesting discussion of hysterical anesthesia, based upon the author's well-known theory, the chief elements of which are that hysterical anesthesia is purely psychological, that the sensation is perceived but is neutralized by the brain and creates what the author has called a negative illusion. The striking similarity between an anesthesia produced by hypnotic suggestions and one hysterical in character led Bernheim to accept for them a common explanation. It has been demonstrated that in hysterical anesthesia, as well as in suggested anesthesia, sensations reach the cortical nerve cells and enter into the domain of consciousness. The sensation is perceived in consciousness, nevertheless the patient shows no evidence of having perceived it and has no knowledge of it as a conscious phenomenon. This seemingly apparent paradox is explained by the assumption of an amnesia, which is superimposed upon the perception. In this way its reality is destroyed and a negative illusion is produced. In speaking of amnesia, the author says that the memory of the sensation is not abolished but it has merely disappeared from the field of consciousness, becoming subconscious or latent. The conclusions arrived at in this study are the following: 1. Hysterical anesthesia is purely psychological. Its characteristics are those of an anesthesia produced by suggestion. 2. It is much less frequent than is commonly believed. It is developed or made complete often in an artificial way, by intimation or unconscious medical suggestion. 3. It is always amenable to psycho-therapy but is often difficult to influence by reason of the auto-suggestive resistance of the subject. 4. It can have an organic origin, as a peripheral or central constriction or vasomotor paralysis, and can be retained by auto-suggestion when the vascular disturbance has disappeared. 5. The hemianesthesia of organic central origin, due to a lesion affecting the sensory tract, can remain after the lesion and be retained by auto-suggestion. 6. The sensory impressions in psychological anesthesia are perceived and are conscious ones, but the mind, influenced by the idea of anesthesia, causes an inhibition and effaces the sensation as soon as it is perceived, thus producing amnesia.

SCHWAB.

THERAPY.

LA DOSE SUFFISANTE DE BROMURE ET LE SIGNE DE LA PUPILLE DANS LE TRAITEMENT DE L'EPILEPSIE (The Sufficient Dose of Bromide and the Pupillary Sign in the Treatment of Epilepsy). Gilles de la Tourette (*La Semaine Méd.*, Oct. 3, 1900).

Believing bromides to be the best if not the only treatment for epilepsy, the author directs all his energies to studying the refinement of its administration.