

more frequent than the others ; it amounts to 53·7 *per cent.* of all cases of paralysis. The typical variety comes to 30 *per cent.*, and the agitated form is the least frequent of all.

R. CARTER.

*Epilepsy with Wandering Impulse.* (*Psychiat. Wochenschr.*, July 7th, 1900.) *Kran.*

Dr. Kran describes the case of a man, *æt.* 22, who had suffered from wandering impulses for the space of three years. In the family history the father had died from myelitis ; the other members of the family were healthy.

At six years of age, the patient was thought to be a peculiar child, he had nervous attacks every spring. Suicidal intentions manifested themselves at the age of eighteen. He was backward at school, and was always of a melancholy temperament. Typical epileptic fits were never observed, but the asylum attendant stated that he was subject to nightmares, in which the body was thrown violently from side to side. Another witness stated that, after an attempt at suicide, quivering movements of the body set in, the eyes became fixed, and there was some foaming at the mouth. The author considers that the attacks seen in the asylum were due to nocturnal minor epilepsy.

During his wandering impulses, the patient would suddenly leave his home or employment with a little money in his pocket, with which he would purchase a revolver. Having arrived at a place some distance off he would either attempt to commit suicide or else frighten foot passengers by flourishing the weapon in their faces. After this performance, he would report himself to the police.

All the actions described above were entirely unconscious (in a legal sense), and the patient had no recollection of their occurrence. The periods of amnesia varied considerably ; the shortest duration was four days, and the longest twenty-three days.

The patient was not mentally sound between the attacks ; he was always melancholic. During the wandering impulse, he was not responsible for his actions, he therefore escaped punishment.

R. CARTER.

*Sexual Periodicity in a Male General Paralytic* [*Périodicité sexuelle chez un paralytique général*]. (*Comptes rendus de la Société de Biologie.* October, 1900.) *Féré.*

The patient, *æt.* 42 years, has reached the late demented stage of the disease, is bedridden and almost inarticulate. At regular intervals of twenty-eight days, the monotony of this condition is interrupted by attacks of agitation, during which the patient is sleepless and in a state of marked sexual excitement ; he is in constant erection, masturbates, mutters obscene phrases, tries to grasp the genitals of every one within his reach. This phase lasts some three days.

The patient has had periodic attacks of this kind, not only since the development of the disease—they were of an actively delirious character in its earlier stages—but throughout his life, even, apparently, before puberty. He has no distinct history of hereditary taint ; but he has

shown mental peculiarities since childhood, *e. g.*, fear of high places, fear of points, etc. From seven or eight years of age it was noted that every month he became for about a week irritable and unmanageable. After puberty these periods were more marked, and he was in the habit of absenting himself from home. He married at the age of twenty-six, and from the outset showed a strictly periodic type of sexual activity. For some years before the appearance of symptoms of general paralysis these monthly periods were associated with alcoholic tendencies.

Commenting on the case, Féré puts the question whether these phenomena of periodicity are to be regarded as simply neuropathic symptoms, or as the revival in a *dégénéré* of a lapsed physiological type.

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*Paranoiac Syndrome and Aërophagic Tic in the Prodromal Period of General Paralysis* [*Sindrome paranoica e tic aërophagico nello stato prodromico della demenza paralitica*]. (*Riv. di Patol. nerv. e ment.*, Dec., 1900.) *Lambranzi*.

The patient, a married woman, came under treatment at the age of forty-six for mental symptoms following the menopause. There was nothing to note in the family history. The patient herself had always been eccentric; from childhood she suffered from left external strabismus, and intermittent spasm of the left *orbicularis palpebrarum*; there was a doubtful history of syphilis; otherwise she had had good health.

An attempt to commit suicide and refusal of food for several days led to her admission to the asylum. On reception she was found to have delusions of persecution by unknown persons who worked on her with electricity, producing various visceral affections. A short time before coming to the asylum she had developed a habit of frequent noisy eructation of air which she had previously swallowed; the air was odourless, and there were no gastric disturbances. This phenomenon continued in the asylum, increasing to crises in phases of emotional excitement. For three years the symptoms of persecutory paranoia persisted, became more organised, and were gradually combined with ideas of exaltation; beneath the delirium there was no evidence of mental weakness. The patient's bodily health was good. In the commencement of the fourth year symptoms of dementia began to appear, with some tremor of face and lips. In the following year there was a rapid failure of bodily and mental power, and characteristic signs of general paralysis developed—ataxic speech, pupillary inequality, loss of light reflex, etc.

Discussing the case the author points out that the prodromal paranoiac symptoms were quite exceptional in their persistency and elaboration. He thinks, however, that the development of the air-swallowing tic might have suggested a suspicion of the impending organic dementia. This symptom was first described by Pitres in 1884 in a case of hysteria. Séglas in 1899 pointed out that it occurred in other neuro-psychopathic states, and published a case where it was a prodromal symptom of general paralysis (*Semaine médicale*, 1899). Recalling Brissaud's view that the anatomical basis of the tic is a cortico-spinal reflex arc, the author endorses his advice of cautious