dementia præcox and general paralysis, that whereas the toxin in the latter affects not only the brain, but also the cerebellum, the pons, the medulla, etc., and is fatal to life; in the former the poison seems to exercise some selective action on the most vulnerable elements of the nervous system—the neurons of the centres of association;—*i. e.*, the poison is apparently selective and specific in its action on certain neurons.

Medico-legal Aspects.—As is the case with general paralytics, the subjects of dementia præcox, especially those suffering from a typical and simple dementia, are often prosecuted for various offences. One must bear this affection in mind, especially in the case of young soldiers; and one must not forget that, as various extravagances are characteristic of the condition, it is important to exclude it before dubbing suspicious cases "malingerers" or simulators.

Treatment.—Organotherapy has given no good results. Re-education of suitable cases seems to be indicated. H. J. MACEVOY.

On the Question of Dementia Præcox. (*Journ. of Ment. Path., vol. ii, No.* 4.) *Serbski, Vladimir.*

This is an abstract by the author of a paper published in the *Journal S. S. Korsakora*, Nos. 1, 2, 1902, and read at the second Congress of Russian Psychiatrists, January, 1902. It is especially concerned in refuting Kraepelin's conception of dementia præcox. To begin with, as one and the same disease may lead to various and different terminations, Serbski considers it impracticable to base any classification on the factor termination—that is (here), on dementia,—for, according to Kraepelin, this issue is not invariable—some cases recover. The general characteristics of the disease, as they are given, impress one as being markedly vague; such qualifying adjectives (which occur often in the description) as "generally," "often," "not infrequently," "sometimes," lead him to infer that the signs to which they are applied are inconstant, not essential. Even signs relating to disturbance of attention and impairment of judgment are said not to be invariable, but conditional, in dementia præcox. While there is a close connection between katatonia and hebephrenia, and some cases of katatonia should be classed with dementia præcox, this does not apply to all cases. Katatonia as a syndroma may be met with in the course of various mental disorders. Such objective signs, again, as automatism, negativism, stereotypy, are not pathognomonic of dementia præcox or any given disease; they may be observed in many diseases. Serbski would restrict the name dementia præcox to those forms of mental disorder the fundamental traits of which are: (1) the onset of the disease takes place not later than the adolescent age; and (2) the development into a condition of mental enfeeblement of varying degree takes place rapidly or definitely.

Certain varieties may be distinguished: (*a*) a slow and progressive psychical disintegration occurs without any acute stage; (*b*) acute symptoms occur followed by dementia; sub-varieties may be differentiated—Hecker's hebephrenia, the katatonic form, the paranoidal form,—but these often merge one into the other; (*c*) dementia præcox may be

a secondary manifestation, *i. e.*, secondary to some acute, defined, psychical disease. He does not believe that we can rely on the physical signs described in dementia præcox. The diagnosis of dementia præcox is sometimes very difficult, even when the definition of the disease is restricted as above, and can be made only after a long period of observation; at present, for example, we cannot differentiate between secondary dementia of adolescence and dementia præcox. The theory of auto-intoxication as a cause of the disease is quite alluring, but it cannot be substantiated. The theory of infection with the products of the sexual organs is altogether unfounded. Kraepelin's views on this aspect of the question are refutable. H. J. MACEVOY.

Dementia Præcox and Katatonia [*Démence Précoce et Catatonie*]. (*Nouvelle Iconographie de la Salpêtrière*, 1902, *No.* 4.) *Séglas, J.*

Reviewing briefly the work of Kahlbaum, of Hecker, of Finch, Kraepelin, etc., on the subject of katatonia, Séglas insists on the importance of differentiating the affection katatonia proper from the katatonic state, the neglect of which accounts for a good deal of difference of opinion on the question. The conclusions of Finzi and Vedrani, in the present state of our knowledge, appeal to him most: (1) The syndroma katatonia is observed more or less pronounced in many mental diseases. (2) It never constitutes alone the clinical picture; it is not the whole of the disease, but only occupies certain phases of the morbid process. (3) It is most complete and most lasting in cases of juvenile dementia which have a good deal of analogy with hebephrenia. But it is most important to be clear and precise as regards the essential features of katatonia. According to some authors it is synonymous with tonic spasm of certain groups of muscles; the general opinion among French alienists is that katatonia denotes the cataleptiform states in the insane. These views are not comprehensive enough.

The principal phenomena of katatonia are stereotypy of attitude, speech, acts; tendency to cataleptic immobility—culminating in tension of muscles and almost tetanic rigidity—more or less permanent and pronounced. Resistance of the patient, refusal of food, mutism, Kahlbaum's negativism, are also included under this heading of tension, and rigidity or spasm. Certain other phenomena, which at first sight seem to be the opposite of negativism, belong to katatonia; such are catalepsy, echolalia, echopraxia. This second group of symptoms is not so important as negativism, but their affinity is well shown by their co-existence or succession in the same individual. Another important symptom—for, according to some authors (Somner), it constitutes the fundamental tendency, whence proceed all the other katatonic phenomena, from catalepsy to negativism—is stereotypy.

Katatonia may be present, as is well recognised in such varying mental affections as melancholia, circular insanity, amentia, toxæmic states, senile dementia, general paralysis, hysteria, etc., but it is generally partial and only transitory. It is in certain forms of dementia præcox that we observe it in its full development and with a marked character of persistence. The full notes of three interesting and typical cases of