

dementia præcox, five of epilepsy, two of apoplectic dementia, two of pellagra, two of moral insanity, and one case of alcoholism recovered.

The researches show—

(1) That normally cholesterin does not exist in the cerebro-spinal fluid and in the serum.

(2) Eight out of ten cases of general paralysis had cholesterin in the ependymal fluid, *i.e.*, 80 *per cent.* In five of these eight, crystals were demonstrated. In the two cases with negative results, the paralysis was of many years' standing, and in the last phases of the malady. In the serum the research was positive in 90 *per cent.* of the cases.

(3) In seven cases of dementia præcox, five, or 57 *per cent.*, showed cholesterin in the cerebro-spinal fluid. In the serum it was not demonstrated in any case. The reaction is more intense in catatonic forms, and in these cases crystals are very easily obtained.

(4) Five cases of epilepsy were examined, and a positive reaction was obtained in three cases, 60 *per cent.*, both in the cerebro-spinal fluid and in the serum. All three cases were those of marked epileptic dementia, or approaching dementia, and in which fits occurred daily.

(5) In the two cases of apoplectic dementia and in the two of pellagra, negative findings resulted in the cerebro-spinal fluid as in the serum.

Pighini's conclusions are that cholesterin is present as a pathological constituent in the cerebro-spinal fluid of cases of progressive paralysis, grave cases of dementia præcox and of epilepsy. It may also be present in abnormal quantities in the serum of general paralysis and marked epilepsy. It is probable that the prevailing active substance in the alcoholic extracts of the cerebro-spinal fluid and serum used in the researches of Wassermann is cholesterin. HAMILTON C. MARR.

A Contribution to the Serum Diagnosis in Syphilis [A proposito di "una propaggine della sierodiagnosi della sifilide"]. (*Riv. di Patol. nerv. e ment.*, vol. xiv, Fasc. 7, 1909.) Tommasi, C.

This paper deals with the method of Campana, which suggests as a specific reaction in syphilis with active manifestations special phenomena which are obtained from urine mixed with lecithin (when the urine does not contain albumen or mucus).

Campana's method: To 10 c.c. of fresh morning urine, filtered and collected in a well-cleaned glass, 20 drops of 1 *per cent.* suspension of lecithin are added. The urine is then agitated with a clean glass rod, which is moved rapidly from the top to the bottom of the glass until a homogeneous mixture is obtained. Three c.c. of a mixture of absolute alcohol and sulphuric ether, recently prepared, is added and mixed in a similar manner. The glass is then put vertically on to a support. It is noticed that the ether at first rises to the surface, and, if the urine is normal, the mixture remains opalescent. If the urine is that of a syphilitic person with active manifestations it changes colour, either suddenly or in from fifteen to thirty minutes. It is also more limpid and transparent. The reaction in this case is positive in nine times out of ten.

Tommasi has used the method in twelve non-syphilitic, in eight syphilitic cases, and in ten cases of general paralysis. He finds that

the reaction gives constant enough findings in syphilis with active manifestations, primary or secondary. In progressive paralysis the findings are not reliable, and are inconstant in the same individual.

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4. Pathology of Insanity.

Six Cases of Traumatic Encephalitis [*Six Cas d'encéphalite traumatique*].
(*Bull. Soc. Clin. Med. Ment.*, Nov., 1909.) Marie and Davidienkow.

This paper records the pathological findings in six cases of insanity following head injury. In four of the cases, the type of insanity was general paralysis, in one senile dementia, and in the other dementia præcox. In all, the site of injury was in the neighbourhood of the right temporal lobe, and the authors point out that this region is one very often injured, being exposed and fragile. The general paralysis followed the trauma at intervals varying from seven to thirteen years. In three of the paralytics there was a history of syphilis, and the fourth gave the Wassermann reaction. While the diffuse lesions were those characteristic of the dementia or paralysis, as the case might be, the local lesions were almost identical in all. They were superficial erosions, or excavations, whose bases and edges were formed of neuroglial scar-tissue. They are probably due to hæmorrhages, with necrosis of the superficial layers of the cortex, and the absence of blood-pigment in the cicatricial tissue is due to the fact that the pigment is completely absorbed after some years. Koppen has insisted on the exclusively traumatic origin of such lesions. According to him, whenever we find small cavities or superficial cicatrices (especially if these are on the bases of the hemispheres, or on the upper surface of the temporal lobes), we can be sure that we are dealing with lesions of traumatic origin. The paper is illustrated with twelve figures.

W. STARKEY.

Causes of Death and Anatomico-Pathological Findings in the Insane [*Über die Todesursachen und andere pathologisch-anatomische Befunde bei Geisteskranken*]. (*Allgem. Zeits. f. Psychiat.*, vol. lxvi, No. 34.)
Ganter, R.

This article is based on the results of examination of 1017 autopsies (513 males and 504 females) which were investigated from 1880 to 1904. The cases are grouped clinically as follows: General paralysis, 299 (224 males, 75 females); dementia præcox, 233 (98 males, 135 females); presenile disturbances, 77 (18 males, 59 females); senile dementia, 204 (75 males, 129 females); imbecility, 50 (20 males, 30 females); epilepsy, 87 (48 males, 39 females); recurrent insanity, 20 (2 males, 18 females); trauma 15 (13 males, 2 females); alcoholic insanity, 11 males; puerperal insanity, 12 females; tumour, febrile conditions, etc., 9 (4 males, 5 females).

The causes of death are set forth in tables showing the percentage of the different causes in each of the several mental conditions. Most of the patients died of diseases of the lungs (24.4 per cent.). Tuberculosis is next in frequency (19.8 per cent.). In dementia præcox (45 per cent.)