

*Cerebral Commotion due to a Railway Accident. Disorders of Memory and of Character; Grievances and Claims* [*Commotion cérébrale par accident de chemin de fer. Troubles de la mémoire et du caractère, revendication*]. (*Bull. Soc. Clin. de Méd. Ment.*, July, 1927.) *Trénel and Lelong.*

The patient described in this paper was a railway guard, æt. 49, who sustained two moderately severe accidents to his head, followed by mental symptoms which led to his being certified as insane. In addition to confusion, amnesia and outbursts of violent anger he suffered from delusions of persecution by his neighbours and his former employers. These delusions made it difficult to sustain the claims, at first justifiable, he made on the railway company for compensation.

W. D. CHAMBERS.

*Anatomico-clinical Views on Dementia Præcox* [*Considérations anatomo-cliniques sur la démence précoce*]. (*Ann. Méd. Psych.*, January, 1928.) *Marchand, M. L.*

From the point of view of the clinical pathologist, Marchand distinguishes two forms of dementia præcox. The first type arises in persons with a well-defined hereditary tendency, in whom mental peculiarities are often to be noted long before the onset of the actual insanity. The author believes this form to be due to a failure of complete development of the nerve-cells. In the second or toxi-infectious form the causal agent varies with the individual case. In the first or constitutional variety a dissociation of the mental activities occurs rather than an actual destruction, while in the other form recurrent attacks of confusion may occur from which the patient may appear to recover. In the early stages of the latter, changes are to be observed in the cerebro-spinal fluid, and also neurological signs which have some resemblance to those of lethargic encephalitis.

J. S. ANNANDALE.

*The Motor Syndrome of the Katatonic Type of Dementia Præcox* [*Le syndrome moteur de la démence précoce catatonique*]. (*L'Encéph.*, December, 1927.) *Claude, H., Baruk, H., Thévenard, A.*

While emphasizing the fact that typical katatonia occurs in many other conditions than dementia præcox, the authors consider that the katatonic type is sufficiently definite to demand special treatment in any classification of schizophrenic conditions.

To commence with they briefly survey the mental and physical theories of the genesis of katatonia, noticing especially the close resemblance of the symptoms to those resulting from extra pyramidal lesions, such as those of encephalitis lethargica and paralysis agitans.

Then follows a full description of the condition of the reflexes and of the nervous system in general in cases of katatonic dementia, with a description of the effects on function of injections of hyoscine. Plates are given showing the variation of electrical conductivity in