

General paralysis without dementia is certainly rare, but it is well known that those cases manifesting physical signs and not mental symptoms at the onset of the disease are often of long duration; this case was prolonged through seven years. The factor which decides whether a syphilitic subject shall become a general paralytic, a tabetic, or a case of gross cerebral lesion is obscure, and one here enters upon a field of conjecture which is not remunerative. The authors consider that this case would ultimately have become demented, and suggest that the usual questions to ascertain this condition are not always sufficient. That this is a form of psychosis which has not yet been grasped by the profession at large is a fact, and other cases of a similar nature will be eagerly looked for. The absence of dementia appears all the more remarkable in that the patient was a chronic drunken syphilitic.

COLIN M'DOWALL.

*Agressions and Repeated Homicidal Impulses in Two Cases of General Paralysis* [*Agressions et violences répétées chez deux Déments Paralytiques*]. (*Rev. de Psychiat.*, Sept., 1908.) Juquelier, P., and Naudascher, G.

One usually associates the typical general paralytic as a person who is at peace with the world in general. Frequently generous out of all reason for any trivial service rendered, this class of lunatic is notorious for promises, sometimes fulfilled, of liberality. It is therefore interesting to note two cases in which the very opposite is found.

In the first case the patient's acts were always brutal; he was violent from the day of admission till he died. He threw anything he could reach at his attendants, even though parietic and very feeble. His acts seem to have been the result of a megalomania; he could not admit any superior or any authority. He was wiser than his associates and he tried to rid himself of those whom he thought stood in his way.

The second case closely resembles the first, and demonstrates more markedly the predominant desire to remove any one in authority. Though demented in so far as the term is usually understood, he was cunning in inventing plans so that he could be left with only one person. He made an attempt to strangle an attendant, and was prevented just in time. He, moreover, denied the assault when afterwards questioned. Possibly the lack of knowledge was real in this instance, but he at the same time accused the attendant of assaulting him.

In both examples physical signs were quite definite and typical of the disease under consideration, and both were the subjects of syphilis.

COLIN M'DOWALL.

*Epilepsy in Dementia Præcox* [*De l'épilepsie chez les Déments Précoces*]. (*Rev. de Psychiat.*, June, 1908.) Marchand, L.

This is an article accompanied by clinical accounts on cases of dementia præcox in which epilepsy formed a part. Epilepsy—that is, the occurrence of seizures of the usual type—occurs in many of the psychoses with or without gross brain lesion. Epilepsy should be considered a symptom and not a disease.