

*Juvenile Dementia Paralytica. IV: Syndromes of the Cranial Nerves and Motor System. (Arch. of Neur. and Psychiat., vol. xxxiv, p. 243, Aug., 1935.) Menninger, W. C.*

Based on a study of 43 personal cases, together with 610 from the literature, the writer points out that the neurological symptoms found in juvenile paresis are more frequent, more diverse and more advanced than in adult paresis.

A tabetic form is present in from 10-15%, atrophy of the optic nerve in from 12-18%, pupillary abnormalities in 75-90%, absolute fixation of the pupil being much commoner than the Argyll Robertson pupil. Palsy of the eye-muscles and nystagmus are present in 5-10%, the facial nerve is involved in about 10%, and deafness in 2%.

Dysphagia is occasionally present, and in most cases represents a late stage in the disease. Defects of speech, similar in type to those of adult paresis, are present in 50-75%. Involvement of the hypoglossal nerve is present in 10-15%. Paresis is present in more than 50%. Convulsions or "spells" in from 30-40%—they are characterized by great frequency. Paralysis, as monoplegia, hemiplegia or tetraplegia, occurs in about 20%, most often with the development of spasticity. Contractures are common in the terminal stages. The motor activity is typically one of restlessness or hyperkinesis, often with choreiform or even athetoid movements. Cerebellar disease is frequently conspicuous, indicated by ataxia, scanning speech, nystagmus, adiadochokinesis and equilibratory disturbances.

G. W. T. H. FLEMING.

*Juvenile Paretic Neurosyphilis Studies. IX: Laboratory Findings. (Journ. Lab. and Clin. Med., vol. xx, p. 806, May, 1935.) Menninger, W. C.*

The writer found the blood Wassermann negative in seven cases of juvenile paretic neurosyphilis. A negative spinal fluid Wassermann was obtained in six definite cases of juvenile paresis. This has been repeatedly found in congenital neurosyphilis, and occurs in from 3-5% of all cases of general paresis. The spinal fluid cell-count compares very closely with the findings in adult general paralysis, and varies from no cells to 310 cells per c.mm. The most common finding in the colloidal gold curve is the typical paretic strong first zone curve.

G. W. T. H. FLEMING.

*Juvenile Dementia Paralytica. (Arch. of Intern. Med., vol. lv, p. 626, April, 1935.) Menninger, W. C.*

The author presents a summary of 653 cases of juvenile dementia paralytica. In 56.5%, syphilis, either clinical or serological (or both), was present in one or more members of the family. Mothers of patients with juvenile paresis show nearly four times the frequency of clinical neurosyphilis exhibited in average groups of syphilitic women. Of these mothers, half are cases of paresis. The fathers of patients with juvenile paresis show nearly twice the incidence of clinical neurosyphilis present in average groups of syphilitic men. Paresis in the father occurred twice as frequently as all other forms of neurosyphilis. In these cases the patient was male in 49 cases and female in 25. This suggests the predisposition for paternal transmission of paresis. Both parents were shown to have syphilis in 11% of cases, and in these, neurosyphilis was present in 40.3%. Paresis was present in a brother or sister of the patient in 2.6%. Several instances of neurosyphilis in three generations of a family are cited.

G. W. T. H. FLEMING.

*The Descriptive Mental Picture in Juvenile Paretic Neurosyphilis. (Amer. Journ. Psychiat., vol. xci, p. 1413, May, 1935.) Menninger, W. C.*

The most typical mental picture is characterized by confusion, mental regression to simple dementia, inadequate emotional response and restless purposive behaviour. Simple deterioration is the only distinct clinical type. Perceptual disturbances are not conspicuous in the early picture. Confusion is usually apparent in the advanced

stage. Visual and auditory hallucinations are less vivid and more transient than in the acquired disease. Delusions occurred in 19% of the cases. Memory loss is a common finding. A schizophrenic picture is unusual. Excited periods were present in about 23%, but were usually transient. Restlessness is the outstanding symptom in the field of volitional activity.

M. HAMBLIN SMITH.

*Nature of Delirium and Allied States; The Dysergastic Reaction.* (*Arch. of Neur. and Psychiat.*, vol. xxxiii, p. 1175, June, 1935.) Wolff, H. G., and Curran, D.

This investigation was carried out to determine to what degree content may be correlated with the specific type of noxious agent and the individual equipment and experience of the subject. The term "dysergastic reaction" proposed by Meyer covers mental states "due to disorders of the nutrition and circulatory support of the brain". It is largely interchangeable with delirium. In this series of 106 patients, there was no evidence that there was any relation between a particular noxious agent and the form and content of the psychosis. The condition is usually worse at night and during the latter part of the day, with attempts at sustained effort and immediately after awakening. The defects were aggravated by complex environmental conditions, or by situations that demanded discrimination of which the patient was incapable. Distinctive personal characteristics, habits of reaction, dominant interests, past experiences, age, sex and intellectual endowment moulded and individualized the resultant reaction to any noxious agent. Paranoid misinterpretations were common, though systematization seldom occurred except when the dysfunction was of prolonged duration and of relatively slight intensity.

G. W. T. H. FLEMING.

*Mental Symptoms in Cases of Tumour of the Frontal Lobe.* (*Arch. of Neur. and Psychiat.*, vol. xxxiii, p. 986, May, 1935.) Strauss, I., and Keschner, M.

The writers conclude from a consideration of a series of 85 cases that (1) abnormal mental reactions occur in 90% of the cases. (2) Mental symptoms were the earliest manifestations of tumour in 43% and changes in personality in over 30%. (3) Symptoms referable to disturbances of the sensorium were most common; next in order of frequency were changes in personality and disturbances in affect, intellect, memory and orientation. (4) Euphoria was present in 30%, facetiousness in 22% and both in 13%. (5) Determining factors in the frequency of occurrence, nature and severity of mental symptoms in the order of their importance were: (a) The extent of involvement of brain tissue, (b) rapidity of growth of the tumour, (c) the increased intracranial pressure, (d) the patient's previous mental make-up, and (e) possibly the convulsive state. (6) In cases of rapidly-growing infiltrating tumours and of diffuse tumours, mental deterioration and changes in personality appear much earlier than in cases of slowly-growing tumours; in the latter, changes in personality may for a long time be the only mental symptom.

G. W. T. H. FLEMING.

*The Meteorological Factors in Mental Diseases.* (*Amer. Journ. Psychiat.*, vol. xcii, p. 131, July, 1935.) Hoverson, E. T.

The former work on this subject has been largely inconclusive, and this on account of a partial consideration of the complete picture. The oxygen content of the air is of great importance. Meteorological environment plays an important part in determining cellular reactions. In mental disease there are two factors, organic and psychogenic. In the organic factor, chemical instability appears to be the important thing. The meteorological environment conditions the organic factor. We must, however, be careful not to lay undue stress upon the organic side.

M. HAMBLIN SMITH.

*Post-encephalitic Behaviour Disorders.* (*Amer. Journ. Psychiat.*, vol. xcii, p. 17, July, 1935.) Bond, E. D., and Smith, L. H.

A survey of 85 post-encephalitic children admitted to the Franklin School, Pennsylvania, during ten years. Results may be summarized as "good" 20,