

number of depressed and simple dementing types of paresis were formerly classed as melancholics and demented, and that the more prompt detection of paresis has made it a younger disease; more cases occur between twenty and thirty than formerly and fewer occur over the age of fifty.

In the study of their own cases they divide them into three forms: grandiose, depressed, and simple dementing, and deduce that paresis is essentially a disease in which the grandiose type predominates in about 70 per cent. of all cases, the dementing form occurs next in frequency of 20 per cent., while the depressive form is found in but about 10 per cent.

A. W. WILCOX.

Neurasthenia and General Paralysis [*Neurasthenia e paralisi progressiva*].
(*Riv. Speriment. di Freniat.*, vol. xxxiii, fasc. ii-iii, 1907.)
Petrazzani.

In an exhaustive and judicious discussion of the literature of the subject, the author points out that all the symptomatic indications which have been relied on to establish the differential diagnosis of early general paralysis from ordinary neurasthenia are utterly fallacious; and that cases are constantly occurring in practice where the decision as to which of the two diseases is present has to be left to time. He contends that this view is indisputable for the more familiar signs—the pupillary inequality, the affection of memory, the impairment of speech, etc., and he holds that the value of lumbar puncture is still too uncertain to allow it to be counted as of more definite significance. On this account he puts forward the thesis that the so-called neurastheniform period which so frequently precedes the appearance of the first positive signs of parietic dementia is in fact nothing else but true neurasthenia. He believes that the occurrence of neurasthenic symptoms as a pre-paralytic phase would be found to be extremely frequent, and perhaps constant, if our clinical histories were more complete. Further, since on the one hand the symptomatology of the two diseases shows that in both similar nervous centres are affected, and since, on the other hand, evidence is accumulating to support the theory that both diseases are due to some subacute or chronic intoxication of endogenous or exogenous source, he would lean to the opinion that neurasthenia and general paralysis are intimately related, that in some sort neurasthenia is the curable stage of general paralysis, or rather that it may be such a stage, or may be a milder form—owing either to the lesser virulence of the toxins or to the higher vitality of the nervous elements—of the same disease. The author indicates the practical inferences that would follow from this hypothesis, notably with regard to the importance of prophylaxis and appropriate early treatment of neurasthenia in parasyphilitic and other patients, the vitality of whose nervous elements has become impaired.

W. C. SULLIVAN.

Delirium of Persecution Commencing in the Involutionary Period of Life
[*Du délire de persécution survenant à la période involutive de la vie*].
(*Rev. de Psychiat.*, May, 1907.) Marchand and Nouet.

This paper contains clinical notes of three cases of persecutory delirium presenting certain features different from those met with in

the general run of cases of *déire chronique*. The patients, whose ages at the onset of the disease were respectively sixty-three, sixty-four, and sixty-seven years, were all women. Two of them had strong insane taint in the stock, but this had not manifested its influence by any psychic anomalies in earlier life. The unusual features of the three cases were the extreme brevity of the prodromal period, the early appearance of megalomania and the very unstable and fugitive nature of the delusions of exaltation, the presence of some degree of weakness of memory from the start of the disease, and finally the absence of any tendency to violent reaction against the supposed persecutors. The authors attribute these peculiarities to the age of the patients, that is to say, to the special mode of reaction natural to the senile brain; and they emphasise the importance of realising that the psychoses of involution are not exhausted by Kraepelin's three forms—melancholia, presenile delirium of suspicion and senile dementia—but that on the contrary, any form of insanity may be met with at this period, though, of course, taking a distinctive colour from the organic conditions which belong to the senium.

W. C. SULLIVAN.

3. Treatment of Insanity.

Epilepsy and Lumbar Puncture. [*L'Epilepsie et Lombaire Ponction*].
(*Le Prog. Med.*, May 9th, 1908.) Tissot, F.

At first sight epilepsy is a malady which could, to a large extent, be reduced in severity by lumbar puncture, as the tension of the cerebro-spinal fluid is generally increased, especially at the onset of a fit. Increased tension is, indeed, considered a phenomenon of this stage of epilepsy. In practice, however, lumbar puncture has not given the results hoped for, although this is only what might be expected if one keeps in mind prevalent views and recent histological researches in regard to the causation of epilepsy. The increased tension of the cerebro-spinal fluid is a result, not a cause of the disease, and its signification is of similar value in this respect to the presence of choline in the cerebro-spinal fluid of epileptics.

Tissot gives details of the results of lumbar puncture in six male epileptics. In each case punctures were made frequently, over a long period, and comparisons were made at equal lapses of time before and after their performance. The results have been completely negative. Systematic, large and repeated withdrawals of fluid have not in any way modified the number or quality of the epileptic fits. In conducting the experiments relatively large quantities of cerebro-spinal fluid were taken off—rarely less than 40 c.c., and sometimes the amount withdrawn at a puncture was 60 c.c., and even 70 c.c. It is pointed out that, despite this fact, further than a slight headache, which was quickly dissipated by a rest in bed, evil results seldom followed.

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