

The *Social Condition* of all the cases was that of the lower or lower middle classes. Thirteen were capable of earning their livelihood; some of the remainder were imbeciles or mentally deficient.

Discussing *Causation*, although various exciting causes—such as the stress of pregnancy, lactation, puberty, worry, and masturbation—are given, Dr. Mott strongly emphasises the fact that hereditary syphilis, which produces a defective vitality to resist any form of stress, is practically always present as the predisposing factor. Proof of syphilis was obtainable in 80 per cent. of the cases, and could not be altogether excluded in the remainder. He does not regard hereditary insanity or neuropathy of much importance in this respect.

The *Duration* of the disease varies from three months to seven years. The younger cases are seemingly of longer duration.

Under *Symptomatology*, Dr. Mott points out that all the cardinal features of the disease in the adult are present, but that the convulsive seizures are mild in type, and that delusions of grandeur are comparatively infrequent.

The *Pathology* of the disease is briefly mentioned, and is substantially the same as in the adult form.

With regard to *Diagnosis*, it is urged that the disease should be suspected in all cases where hereditary syphilis is present, and where, from the period of puberty onwards, progressive degenerative symptoms supervene.

The paper concludes with remarks on the *Differential Diagnosis* between the disease and tumor cerebri, brain syphilis, multiple sclerosis, neurasthenia, hysteria, melancholia, and mania.

Excellent photographs and photo-micrographs are given.

P. T. HUGHES.

*Singular Condition of the Pupils in a Case of Commencing General Paralysis* [*Singolare contegno delle pupille in un caso iniziale di paralisi progressiva*]. (*Riv. di Patol. Nerv. e Ment.*, Sept., 1899.) *Tanzi, E.*

The patient, born in 1849, was a hard-working farm labourer. There was no history of syphilis or alcohol. He was admitted to the asylum in May, 1896. He was then agitated and incoherent, with religious delusions. Within a few days the right pupil was noted to be much smaller than the left, and in a state of rigidity; the left also reacted slowly, and only on bright illumination approached the right in size. In ten days he had a lucid interval, during which the pupils were equal and reacted well. This remission and exacerbation of the mental symptoms recurred on three occasions, and on each was accompanied by the same pupil changes. He was discharged in August, 1897, apparently cured. Two years later he was readmitted with well-marked general paralysis. The pupils then presented the same phenomena as on his first admission.

The author concludes that the marked parallelism of the mental symptoms and the pupil changes points to a common origin, probably a toxic process. This does not affect the various centres equally or simultaneously, and causes at first a functional paralysis only.

J. R. GILMOUR.