

the muscles of the affected part, and comparing them with the results obtained in a study of the Parkinsonian syndrome.

Two cases of katatonia are cited in which a transitory extensor plantar reflex was demonstrated.

The authors conclude by separating the motor phenomena from those of Parkinsonism, and by pointing out their close resemblance to those of hysteria. While, on the whole, pronouncing against the theory which ascribes the origin of the motor symptoms to lesions in the extra-pyramidal system, they suggest that the physical basis of these symptoms may perhaps be found in lesions of the paths joining the basal ganglia to the cerebral cortex.

R. S. GIBSON.

General Paralysis and Schizophrenia [*Paralysie générale et schizophrénie*]. (*Journ. de Neur. et Psychiat.*, December, 1927.)
Claude, H.

The author calls attention to the prevalent belief that schizophrenia and general paralysis of the insane are to some extent mutually exclusive. This he avers to be a mistake. He recalls numerous published cases, and adds several of his own in which definite symptoms of general paralysis co-existed with schizophrenia of the katatonic and paranoid types. Certain of these cases were ascribed to treatment by inoculation with malaria, and the suggestion is put forward that in these the pathological condition was possibly a meningo-encephalitis of syphilitic origin, which provided a physical basis for the development of schizophrenic symptoms.

R. S. GIBSON.

The Astheno-Hypersthenic Form of General Paralysis [*La forme astheno-hypersthénique de la paralysie générale*]. (*Gaz. des Hôp.*, No. 94, November 23, 1927.) Benon, R.

The author considers that nearly all, if not all, cases of general paralysis exhibit alternation between asthenic and depressive states on one hand, and hypersthenic manic states on the other, and that practically every case shows at least one such alternation. He points out that this may lead to errors in estimating the progress of the disease and to unfounded claims as to the merits of the therapeutic measures applied. The paper is supported by the histories of three cases in point.

W. D. CHAMBERS.

General Paralysis Developing Two Years after Syphilitic Infection [*Paralysie générale apparue deux ans après l'infection syphilitique*]. (*Bull. Soc. Clin. de Méd. Ment.*, April, 1927.)
Marchand, L., and Picard, J.

This patient, a woman, æt. 21, was admitted showing well-marked mental and physical signs of general paralysis. She had had energetic anti-syphilitic treatment. At the time of writing the disease was making very rapid progress.

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