

*Dementia Paralytica in Natives of Java and Madura* [*Dementia paralytica bei den Eingeborenen von Java und Madura*]. (*Allg. Zeitschr. f. Psych.*, vol. *lxix*, No. 5.) van Brero. P. C. J.

Most authors who write on the subject are of opinion that dementia paralytica is seldom found in uncivilised races. In the asylum at Lawang (Java) from 1902 to 1909, 5·3 *per cent.* of the inmates were paralytics. The symptomatology is very like that found in Europeans. Delusions of grandeur, however, are not so forcibly expressed. The type of the disease is generally the classical one, the course short and rapid, death following about six months after admission in 23·5 *per cent.* The demented form is rare, and remissions are unknown. In the first stage there is often an impulse to incendiarism, which frequently leads to certification.

Alcohol and the harmful influences of civilisation are ætiological factors. As regards heredity and syphilis there are no certain data. Positive evidence of lues, however, was found in twenty-one cases out of thirty-three, and the same proportion of the patients showed stigmata of degeneration.

HAMILTON MARR.

*Cerebral Tumour and Korsakoff's Psychosis* [*Tumeur cérébrale et psychose de Korsakoff*]. (*Bull. Soc. Clin. Méd. Ment.*, May, 1912.) Bonnet.

This was a case of a gummatous growth originating in the brain-substance of the frontal region and involving both orbital lobes. The symptoms were in no way typical of frontal tumour, but were rather those of Korsakoff's psychosis—general mental reduction, amnesia of fixation, illusions, hallucinations, fabulation, muscular weakness and impaired gait. The knee-jerks, however, were exaggerated and the pupils contracted and unequal.

After three months' treatment the symptoms improved and the patient was taken out by her friends. Two months later she returned to the asylum with similar symptoms, but more marked loss of power in the lower limbs. She died a few days later as the result of a seizure. There was a history of alcoholism in addition to syphilis.

The brain of this patient was examined by Marchand and the findings are reported in the July number of the same journal. There was a diffuse meningitis present, the pia was adherent to the cortex, slight peri-vascular inflammation in both grey and white substance, the tangential fibres were degenerated and there were alterations in the cells. This bears out what is now generally taught—that in cases of cerebral tumours the mental symptoms are not so much due to the tumours themselves as to the diffuse lesions which accompany them.

W. STARKEY.

*Mental Troubles associated with Hæmorrhage into the Supra-renal* [*Hémorrhâgie surrénale traumatique et troubles mentaux*]. (*Bull. Soc. Clin. Méd. Ment.*, March, 1912.) Guiraud, M.

A male patient, æt. 40, had a severe fall on his back a week before admission to the asylum. He complained of violent pains in the right flank, radiating to back and front, vomited several times and had