arrested development with cerebral lesions, probably of an inherited syphilitic nature, and these caused the onset of the paralysis.

It was not decided if the accident accelerated the condition.

SIDNEY CLARKE.

Arrest of the Symptoms in a General Paralytic for Twelve Years [*Rémission chez une Paralytique Générale*]. (*Bull. Soc. Clin. Med. Ment., June*, 1908.) *Leroy, M.*

The patient was a Jewess, æt. 42, having been an actress, and having cohabited with a man for fifteen years. She had three children, the first and third being born dead, and the second died, æt. 7, from meningitis.

She was admitted into an asylum in 1896, and owing to her gait, speech, apathy, etc., was diagnosed as a general paralytic by two independent observers. Nine years later she was examined by a third independent doctor, who came to a similar opinion.

At present she shows the classical signs: myosis, pupils not reacting to light or accommodation, absent knee-jerks, characteristic speech, indifference to her surroundings, foolish look, apathy, but with some intelligence. She has slight inco-ordination of her legs, and some muscular weakness. This case seems to be one of general paralysis and tabes combined, and it is difficult to say in which category it should be placed. However, the length of time of arrest (it can hardly be called a remission) is remarkable.

Two other points are noteworthy: General paralysis in a woman is not common, whilst syphilis in a Jewess is still more rare.

SIDNEY CLARKE.

A Case of Acromegaly with Epilepsy and Manic-Depressive Insanity [*Sur un Cas d'Acromégalie avec Épilepsie et Psychose Maniaque-dépressive*]. (*Gaz. des Hôp., Aug. 6th*, 1908.) *Roubinovitch, J.*

The nervous and mental troubles as seen in certain cases of acromegaly are worthy of study, inasmuch as they seem to be caused by a disturbance in the function of certain glands, and thus may be due to an auto-intoxication. Brunet has stated that 25 *per cent.* of those suffering from this disease exhibit mental disorders. Hysteria, delirium, epilepsy, etc., have all been described as complications, but the author of the paper claims that manic-depressive insanity, together with epilepsy, has not been previously described.

The patient, æt. 38, a valet, was shown at a meeting at the Bicêtre Hospital last May.

The family history is interesting because of the suggestion by Massa longo that gigantism and acromegaly are one and the same disease, for in this family the tendency to the complaint seemed to have been inherited. The maternal grandfather was renowned for his size and muscular power; the mother was also very large; a maternal uncle was 6 ft. 1 in.; and a sister was 5 ft. 9 in. His father suffered from "cerebral fever" about six years before this child was born.

The patient's development seemed normal until he was twenty, but it had been noticed that at about the age of eight his limbs were more

developed than they should have been. At twenty-two he had measles, scarlet and typhoid fever, and shortly afterwards a syphilitic chancre, which, however, was not followed by any secondary symptoms. He was not an alcoholic nor a smoker. Then about this time he began to show signs of a tumour of the pituitary body. It began by an enfeebled vision in the left eye, which proceeded in two years to complete blindness, accompanied by acute orbital pains and a slight strabismus in the right eye. When nearly twenty-four he began to gain weight, rising from barely 15 st. to 16¼ st. At the age of thirty he began to have fits, and five years later mental symptoms became manifest.

The present condition is minutely described and various measurements recorded. Here the more important facts only can be stated.

The face, which was oval and rounded, had become oval and elongated. A radiogram shows hypertrophy of the bone in the base of the skull, and the sella turcica appears to be increased in volume owing to the growth of the imprisoned gland. The hands and feet are broad and racket-shaped, and the skeleton of the hands hypertrophied. The spine, in the middle, shows a scoliosis to the right, which is stated to be generally present in this disease. The other bones of arms, legs, and thorax seem normal, but the integument covering them is thickened, making the patient to look coarse and obese. Large pads of thickened tissue surround the joints. He is still vigorous and strong, as demonstrated by dynamometers, contrasting strongly with the amyotrophic form of this disease.

He has persisting headaches, which do not yield to any therapeutic measure, except to lumbar puncture. He is remarkably sensitive to cold, and likes his room to be kept at 86° F. Macroglossia is not marked.

The left eye is blind, but the pupil contracts upon convergence of the eyes, but does not respond to light. There is nasal hemianopia in the right eye, together with a partial blindness of the temporal side. The pupil reacts to light; there is a marked divergent strabismus, due to the blindness of the left eye, and not to a lesion of a motor nerve. He has hummings in his ears; the sense of smell is attenuated; the other reflexes are normal. His genital organs are small and under-developed, but he has seldom sexual desires. The examination of the urine shows no sugar, but a diminished output of urea and chlorides. He also has phthisis.

The epileptic symptoms were frequent at first, and were of the convulsive character. Occasionally he had true attacks of *petit mal*, followed by impulsive actions. Then, after several years, his memory failed, and he became dull and morose, fancying he would die, etc. Following this he became excited and joyous, during which time he would sing and write page after page of prose or verse. This, in turn, was followed by a general apathy.

The writer observes that cases of acromegaly have been described which showed no lesion in the pituitary body, whereas growths of this gland have been recorded without other symptoms. He thinks it extremely probable that acromegaly is the result of an altered nutrition of the whole of the body, and that the lesion in the pituitary body is rather the consequence of the disease, and may be the clinical mani-

festation of a hyperplasia of all the glands which give an internal secretion, as described by Strumpell. He says that surgical treatment has been tried with success by Hochenegg (of Vienna), but would not advocate it in this case owing to the gross eye lesions.

SIDNEY CLARKE.

Delusions of Persecution in a Degenerate, followed by Rapid Dementia, Epilepsy, and a Paralysis [*Délire de persécution in a dégénéré—Evolution rapide vers la démence—Apparition tardive du syndrome paralytic et d'attaques d'épilepsie*]. (*Soc. Clin. Med. Ment., July*, 1908.) *Pactet, M.*

In order to question whether dementia præcox could be followed by a paralysis, this case was demonstrated. The author admits that it simulates general paralysis, but considering the whole aspect of the case concludes that it is not.

The man at the age of thirty-four, after returning from his honeymoon, began to have ideas of persecution. Up to this age he had been apparently normal, being a good and careful worker, and had good intelligence. His father died of delirium tremens; his mother was not intelligent, and several of his relations were also insane.

The patient himself showed signs of feminism, his breasts being markedly developed, his testicles small, and he had a large pelvis. For two years his ideas of persecution became more marked. He said his friends wanted to kill or poison him. He wrote letters about his persecutors to various ministers of the Government, so that he was sent to the asylum. Then three months later he had an acute attack of excitement, which lasted several weeks, and when this had passed off it was noticed that his intelligence was impaired, and that it grew rapidly worse.

A month or two later he had epileptic fits, which, although only numbering six to eight in the first year, are now becoming more frequent. Ideas of self-importance next became noticed—he stated he was a prince, etc. His speech became embarrassed, the pupils were unequal, and did not react to light. This, briefly, is his present condition.

From the family history, mode of onset, the delirium of persecution for three years, then the rapidly progressing impairment of the intellect, followed by convulsive attacks, the author considers it to be a case of dementia præcox. Several observers, however, did not agree.

One suggested that it was a case of depression with confusion; another thought that this was one of those family affections described by Homen, in which paralysis occurs in insane relatives, which simulates, but is not, general paralysis. SIDNEY CLARKE.

Meynert's Amentia [*Psychoses Infectieuses, Confusion mentale aiguë, Amentia*]. (*Arch. de Neurol., July–Aug.*, 1908.) *Pilcz, A.*

The principal symptoms of the syndromes included under Meynert's amentia also occur in the febrile deliria of various infectious diseases. Clinical experience shows, however, that they are not necessarily accompanied by fever. In certain cases, the relation to the bodily disease is beyond question; in others, where the physical illness has