

cally and microscopically the lesions found in the brains of all three cases were such as are met with in ordinary senile demented. The histological examination of the peripheral nerves revealed no parenchymatous or interstitial changes. The authors conclude that presbyophrenia is a variety of senile dementia which is to be distinguished clinically and anatomically from amnesic mental confusion with or without polyneuritis.

J. H. MACDONALD.

---

*Anatomical and Clinical Study of the so-called Senile Plaques [Étude anatomique et clinique des plaques dites séniles]. (L'Encéphale, Feb., 1912.) Marinesco, M. G.*

In 1892 Blocq and Marinesco described the presence of little round nodules scattered throughout the cerebral cortex of an old epileptic and regarded them as islets of neuroglial sclerosis. Since then many other observers have detected such nodules, especially in senile brains. In 1906 Alzheimer described them in a patient, æt. 56, along with a particular alteration of the neuro-fibrillæ and a special degeneration of the cortical nerve-cells revealed by the method of Bielschowsky. The clinical picture differed from that of senile dementia, and there were no symptoms of a focal lesion or of any paralytic, syphilitic or arterio-sclerotic affection, and Alzheimer believed he had met with a disease that was still unrecognised (Alzheimer's disease—progressive dementia, aphasia and asymbolia.) In 1907 Fischer published the results of his examination of a large number of senile brains by the method of Bielschowsky. He found the so-called senile plaques in 12 out of 16 cases of senile dementia. They were absent in 45 cases of general paralysis, 10 cases of non-organic psychoses and in 10 normal brains. He came to the conclusion that these plaques were present in cases of so-called presbyophrenia, but absent in simple senile dementia. In a subsequent investigation of 37 cases of senile dementia he found them absent in 9 cases of simple senile dementia and present in 28 cases of presbyophrenia. In the brains of 50 paralytics, 25 mixed insane and 20 healthy people, 6 of whom were over sixty years of age, the plaques were absent. Fischer has been led to believe that the condition is a definite and special cerebral affection, which should be given a place to itself in the classification of the psychoses, and proposed the name "presbyophrenic dementia." Alzheimer regards the plaques, not as the cause of senile dementia, but as the accompaniment of senile involution of the central nervous system, and thinks there is no reason to look on the cases in question as caused by a special pathological process. Constatini examined the brain of a centenarian, who was regarded as mentally and physically sound, and died æt. 105. He found the cerebral cortex studded with senile plaques. With regard to the intimate nature of these plaques various opinions have been expressed. In the present communication Marinesco analyses the findings of other workers and gives the details of his personal investigations. He concludes that the hypothesis according to which the central nucleus of the plaque is derived from a pre-existing cell-element, neuroglial or nervous, does not hold good. Nor can it rightly be regarded as a sort of amyloid corpuscle. The theory that they are derived from nerve-fibres by a

metamorphosis, such as takes place at the end of a sectioned nerve, may possibly hold good in many cases, but not in the case of those that occur in the first layer of the cortex. In any case we have probably to deal with an organised proteid substance which has undergone a degenerative process. With regard to the other elements composing the plaques the author thinks they may represent chemical principles precipitated in the tissue of the cerebral cortex as the result of a disturbance of the colloidal equilibrium. This might be favoured by a disturbance of metabolism, which would exercise its influence in a progressive manner. If this conception be true the term "miliary sclerosis" would have to be rejected, for the neuroglial reaction observed in some cases would be secondary. Of the chemical nature of the precipitate one can only speak tentatively. It is neither crystalline nor crystalloid but is probably a lipid substance or substances belonging to the class of mono-amino-phosphatides or amino-lipotides.

J. H. MACDONALD.

---

*Traumatic Neuroses, with special regard to the Indemnifiable Forms [Le neurosi traumatiche con particolare riguardo alle forme indennizzabili]. (Riv. Sper. d. Fren., vol. xxxviii.) Morselli, E.*

In a communication to a congress on diseases of occupation held in Torino last year Professor Morselli expressed the following conclusions. By the term "traumatic neuroses" should be understood affections of a functional nature, so-called. Those dependent on a more or less definite and demonstrable anatomical lesion are to be excluded. The traumatic neuroses in general must be differentiated from those occurring in individuals subject to compensation, especially in the labouring classes affected by social legislation. The traumatic neuroses in this sense are of a psychogenetic nature and closely analogous to the hysterical neurosis. In the injured who present the picture of the neuropsychosis there is present at most a psychological predisposition, often of a degenerative character. The diagnosis is founded on objective signs, although these, as in hysteria, are usually psychogenetic. The development, symptomatology and course of the traumatic neuroses are dominated by two psychic elements, *viz.*, suggestion (auto- and hetero-suggestion) and simulation (conscious, unconscious, voluntary, automatic and involuntary). Five principal nosological and clinical varieties of the neurosis are distinguished, though these may pass one into another or be variously combined: the traumatic neurosis of Oppenheim, which should be considered by itself; the neurasthenical, the hysterical or hysteroid, the hypochondriacal and the paranoid or querulous varieties. Simulation goes from simple parading of the somatic and psychic disturbances and their exaggeration up to complete shamming. When this is not the outcome of pre-existing dishonesty or laziness, it is the logical and natural consequence of the idea of compensation propagated amongst the labouring classes and all workers liable to compensation, and of the notions concerning the laws of compulsory insurance and civil responsibility. Nevertheless, the traumatic neurosis is rather rare even in those occupations exposed to risks of accident, and has a less practical importance amongst the diseases of occupation