

brain were moving about ; if localised, a tight cord around the temples or metal band (occipito-frontal). Frequently they complain of a feeling as if a heavy helmet were being worn. Localised to the nose the sensation is that of a pince-nez too tight. The discomfort usually commences on rising in the morning, is temporarily relieved during meals, but is aggravated during digestion.

The writer discusses the differential diagnosis of this condition and the cephalgia associated with cerebral syphilis, tumour, auto-intoxications, Bright's disease, neuralgia, and migraine.

H. DEVINE.

*Clinical Contribution to the Study of Alcoholic Epilepsy* [*Contributo clinico allo studio della epilessia alcoolica*]. (*Arch. di Psichiat.*, vol. xxix, fasc. vi, 1908.) Ramella.

The case recorded in this paper is of interest as illustrating in a very striking way the rôle of an epileptic organisation in predisposing to pathological drunkenness. The patient was a man, æt. 40 ; no details are given with regard to his family history, and as to his personal antecedents it is merely stated that he had undergone thirty-five terms of imprisonment for drunkenness and minor offences. He was admitted to the asylum of Udine under the author's care four times, the symptoms on each occasion being practically identical, viz., psycho-motor agitation, hallucinatory disorder, suicidal and destructive impulses, all these symptoms clearing up within some twenty-four hours and leaving only a vague trace in the patient's memory. During one of his sojourns in the asylum he succeeded in getting access to wine, and drank a quantity equivalent to nearly two ounces of absolute alcohol. For an hour and a half no symptoms appeared, and then the patient became suddenly agitated and aggressive ; he showed symptoms of hallucinatory confusion with suicidal impulses ; there was general cutaneous analgesia, the pupillary reaction to light was almost lost, and the deep and superficial reflexes were increased. This condition quickly gave place to a stuporose state lasting about an hour, after which the patient had a series of typical epileptic seizures with enuresis. After a few days of post-epileptic dulness the patient got back to his normal level, but remembered nothing whatever about the attack.

W. C. SULLIVAN.

*The Clinical Examination of Painful Sensibility by Pressure* [*L'Exploration Clinique de la Sensibilité Douleureuse par la Pression*]. (*Bull. Soc. Clin. Med. Ment.*, March, 1909.) Cléramranet, M.

Pain upon pressure is only systematically looked for in certain organs, as the testicle, eye, etc., and in the trunks of nerves in certain diseases. The author hence advocates a more extensive application. He draws attention to the one which he terms the "*pression unguéalé*." When the terminal phalanx is placed upon the table and pressure applied at the anterior extremity of the nail, an acute pain is produced. If the finger is in a state of semi-flexure, then pressure should be applied to curve the finger more, so as to make the end of the nail bend under the nail itself. The pain produced is piercing, immediate, and causes a complete muscular relaxation of the whole hand. If the finger is flexed, there is also produced some articular pain, which is due to the distension of the

ligaments. Both of these conditions manifest the deep sensibility. These pains are often abolished in general paralysis of the insane, rarely so in cases of hemiplegia, and are absent in patients with cerebral syphilis, or cerebral tumours with dementia. In acute alcoholism a hyperalgesia exists.

Pressure over the internal tibial crest causes, also, acute pain. This is absent in cases of tabes, but not so in dementia or cerebral syphilis. Similar pain can also be produced by pressure under the ear, over the second and third dorsal interossei, and in other muscles, such as the pectoralis major, especially at the place where the tendon emerges from the muscle.

If this pain upon pressure were more investigated, the author considers that it might often aid a diagnosis in certain diseases.

SIDNEY CLARKE.

*Juvenile General Paralysis [Un cas de paralysie générale juvénile]. (Prog. Med., March 8th, 1909.) Remond and Chevalier-Lavaure.*

These writers describe in the above journal a very good case of juvenile general paralysis in a girl. Nothing about her parents was known. The child developed more or less perfectly up to the age of fourteen, although her intelligence was somewhat limited and her reading defective, but her manual work was quite satisfactory to her masters. It was then noticed that her activity became less, she forgot to carry out orders, and her intellect became more enfeebled. She appeared to be too well developed for her age, as evidenced by her features, breasts, and pubic hair. Motor troubles then appeared, leading to ataxia; speech became defective, and the tongue was tremulous.

The tendon reflexes were abolished, but Babinski's sign was absent.

There was inequality of the pupils, the left being the larger, and the "Argyll-Robertson" syndrome was very clear. The disease progressed typically, and she died two years later.

At the autopsy the dura was thickened and fibrous, the arachnoid opaque, with opalescent tracts along the vessels. There was an abundance of cerebro-spinal fluid. The pia was very adherent to the brain, especially on the right side, and along the boundaries of the frontal and parietal lobes. There was marked atrophy in the frontal lobes, the ventricles dilated, and the surface over the grey matter irregular and rough.

Microscopically, sections stained by Nissl's, Van Gieson and Weigert Pal's stains confirmed the diagnosis.

The interest in this case lies in the fact that it occurred in a "feeble-minded," and its course was that of a purely progressive dementia, without any delusions of grandeur or of wealth.

SIDNEY CLARKE.

*The Slow Recovery in some Acute Mental Disorders [Guérison tardive d'états aigus graves]. (Bull. Soc. Clin. Med. Ment., May, 1909.) Legrain, M.*

M. Legrain calls attention to the slow recovery of some acute cases of insanity. It is well known that certain mental diseases are fatal, whilst in others the prognosis, although not absolutely grave,