states of the alimentary tract is *a priori* likely, and has been established clinically by the discovery of increased production in cholera, stomach and intestinal catarrh, ulcer of the stomach, dilatation of the stomach, etc. Carcinoma of the liver and stomach also shows increased production. Besides these states suppuration in any part of the body causes an augmentation. The investigations recorded in this paper concern its production in mental conditions, *e.g.* in various forms of mania, in melancholia, paranoia, and epilepsy; also in albuminuria, whether in association with uræmia or not is not stated. In all of these it was found increased, but it is evident that a substance which is present in so many morbid states has a correspondingly diminished diagnostic value, and it is clear that the concluding sentence states the case correctly, viz. that further observations are required before the pathological importance of indol can be correctly estimated.

HARRINGTON SAINSBURY.

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4. Clinical Psychiatry.

Notes of Twenty-two Cases of Juvenile General Paralysis, with Sixteen Post-mortem Examinations. (*Arch. of Neur., L.C.A.*, 1899.) *Mott, F. W.*

In this paper, Dr. Mott sets forth the clinical history of twenty-two cases of juvenile general paralysis, together with the results of sixteen post-mortem examinations, and draws various conclusions therefrom. The majority of the cases were inmates of the London County Asylums, a few being obtained by Dr. Mott from outlying institutions. The records have been compiled in some instances by Dr. Mott himself, the remainder by the assistant medical officers; and although in this brief notice the clinical notes cannot be touched upon, their uniform excellence is worthy of mention.

Dr. Mott approaches the subject under various headings—Ætiology, Sex, Social Condition, Causation, Duration, Symptomatology, Pathology, and Diagnosis.

He points out that prior to 1877 the condition was unknown, and that Dr. Clouston was the first to show that both clinically and pathologically the disease was practically identical with general paralysis in the adult. Since that date seventy-two cases other than Dr. Mott's have been recorded, principally by Alzheimer and Thiry.

Under *Ætiology*, Dr. Mott shows that the average age of onset is seventeen years, fourteen years according to Thiry's table, the extreme ages being eight and twenty-three years. No precise period of onset can therefore be given.

As regards *Sex*, he points out that, in contradistinction to the adult form of the disease, where males are more frequently attacked, the sexes are equally affected.

The course of the disease in males is more rapid, possibly owing to masturbation. When the onset occurs prior to puberty, infantile development of the reproductive organs is usually evident.

The *Social Condition* of all the cases was that of the lower or lower middle classes. Thirteen were capable of earning their livelihood; some of the remainder were imbeciles or mentally deficient.

Discussing *Causation*, although various exciting causes—such as the stress of pregnancy, lactation, puberty, worry, and masturbation—are given, Dr. Mott strongly emphasises the fact that hereditary syphilis, which produces a defective vitality to resist any form of stress, is practically always present as the predisposing factor. Proof of syphilis was obtainable in 80 per cent. of the cases, and could not be altogether excluded in the remainder. He does not regard hereditary insanity or neuropathy of much importance in this respect.

The *Duration* of the disease varies from three months to seven years. The younger cases are seemingly of longer duration.

Under *Symptomatology*, Dr. Mott points out that all the cardinal features of the disease in the adult are present, but that the convulsive seizures are mild in type, and that delusions of grandeur are comparatively infrequent.

The *Pathology* of the disease is briefly mentioned, and is substantially the same as in the adult form.

With regard to *Diagnosis*, it is urged that the disease should be suspected in all cases where hereditary syphilis is present, and where, from the period of puberty onwards, progressive degenerative symptoms supervene.

The paper concludes with remarks on the *Differential Diagnosis* between the disease and tumor cerebri, brain syphilis, multiple sclerosis, neurasthenia, hysteria, melancholia, and mania.

Excellent photographs and photo-micrographs are given.

P. T. HUGHES.

Singular Condition of the Pupils in a Case of Commencing General Paralysis [*Singolare contegno delle pupille in un casa iniziale di paralisi progressiva*]. (*Riv. di Patol. Nerv. e Ment., Sept.*, 1899.) *Tanzi, E.*

The patient, born in 1849, was a hard-working farm labourer. There was no history of syphilis or alcohol. He was admitted to the asylum in May, 1896. He was then agitated and incoherent, with religious delusions. Within a few days the right pupil was noted to be much smaller than the left, and in a state of rigidity; the left also reacted slowly, and only on bright illumination approached the right in size. In ten days he had a lucid interval, during which the pupils were equal and reacted well. This remission and exacerbation of the mental symptoms recurred on three occasions, and on each was accompanied by the same pupil changes. He was discharged in August, 1897, apparently cured. Two years later he was readmitted with well-marked general paralysis. The pupils then presented the same phenomena as on his first admission.

The author concludes that the marked parallelism of the mental symptoms and the pupil changes points to a common origin, probably a toxic process. This does not affect the various centres equally or simultaneously, and causes at first a functional paralysis only.

J. R. GILMOUR.