wards when they come to the hospital. They have gradually become demented, the relatives applying the term "second childhood" to the condition. While a definite history of "apoplexy" cannot be obtained, as a rule, an exhaustive anamnesis will show that there are more or less sudden attacks from which the patients made only a partial recovery. Though these attacks are only of a minor type, the dementia shows a definite increase in degree after each of them. Anatomically, few of these cases show gross areas of softening, and even the large vessels may appear practically normal. Microscopic examination, however, reveals multiple miliary areas of softening scattered throughout the brain. In view of the character of the onset and the clinical course, this group should be designated progressive arteriolo-sclerotic psychosis.

In the third group, which is a combination pathologically and clinically of the other two, there occur both deterioration and dementia, sudden apoplectiform attacks and minor mental attacks with both gross and microscopic areas of softening. This group should be called arterio-sclerotic dementia.

In the fourth group, in which the vessels show only a fibrosis, the changes are comparable to the involutional changes found in other organs of the body. The patient preserves his mental faculties to the end, and death is usually brought about through some visceral disease. There is no marked dementia or deterioration, and areas of softening are not found on either gross or microscopic examination. There may be, however, some reduction in mental energy qualitatively and quantitatively, but this is definitely proportionate to the senile changes that are found elsewhere. The condition in this group consequently should be termed senility.

The group showing marked "senile plaques" is to be discussed in a later communication. G. W. T. H. FLEMING.

Recurrent "Attacks" other than Migraine and Infantile Convulsions preceding "True Epilepsy." (*Arch of Neur. and Psychiat., September*, 1928.) *Levy, D. M., and Patrick, H. T.*

Amongst 500 private patients with essential epilepsy, the authors found 64 cases in which recurrent attacks other than migraine or infantile convulsions preceded the true seizures for periods varying from one week to about 40 years. The forerunners of true epilepsy are in general characterized by their sudden and momentary character and the absence of any uniform cause. The "dizzy spells" (Group 1) are compared with similar symptoms in the psychoneuroses, in alcoholism, in various organic diseases of the nervous system, and with objective vertigo. These attacks are momentary in character and have few accompanying symptoms; they increase in frequency, and confusion and change or loss of consciousness are now superadded. Group 2 consists of momentary abdominal symptoms. Six of the 13 recurrent attacks in Group 2 later became the aura of the epileptic seizure. Two cases of recurrent attacks of pallor in Group 3 were suspected of being pre-epileptic, because they were momentary and were followed by sleep or confusional states. Two of the three sensory attacks in

Group 4 were followed by dribbling, disturbance of speech or change of consciousness, and two became auræ of the ensuing epilepsy, the " pre-epileptic " phases, lasting ten and fifteen years respectively. Here again the attacks were characterized by suddenness and brevity.

Of the three recurrent attacks in Group 5, one became an aura, another continued along with major convulsions. In one of the 5 cases in Group 6, screaming occurred during sleep and was followed by limpness. The outbursts of temper in 4 cases of this group differed from " ordinary temper " in the suddenness, brevity and apparent lack of cause or motivation ; and also in their combination with other symptoms, such as infantile convulsions, *pavor nocturnus*, vomiting spells, and in 1 case, " transient bewilderment." Of the eleven attacks in Group 7, four became clearly integrated with the epileptic seizures. In every case the attacks were characterized by suddenness and brevity. This group contains various types of sudden change in consciousness and in the emotional state. It appears especially significant. The attacks in Group 8 showed progressive brevity and change of consciousness, demonstrating perhaps a relationship between these two factors. Of the three " attacks " in Group 10, two continued independently after the major convulsions began, and the remaining one became an aura.

In each of the ten groups are cases in which the relation to epilepsy is clearly seen. They may be regarded as partial or pre-epileptic attacks. Their main features are suddenness, brevity and apparent absence of antecedent cause and of relationship to physical conditions. G. W. T. H. FLEMING.

Tryparsamide Treatment of Paresis. A Clinical Report of One Hundred Cases. (*Journ. of Nerv. and Ment. Dis., September*, 1928.) *Jaenike, R. C., and Forman, G. W.*

These authors find that beneficial results occur in indirect ratio to the duration of the symptoms before treatment is instituted. By long-continued treatment, clinical and serological cures were produced in 5% and physical and mental improvement in 38%. Eye complications occur in a small percentage of cases. The manic type of paresis yields the best results. G. W. T. H. FLEMING.

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4. Pathology.

Punctures of the Brain. The Factors concerned in Gliosis and in Cicatricial Contraction. (*Arch. of Neur. and Psychiat., July*, 1928.) *Penfield, W., and Buckley, R. C.*

The author made punctures of the brain with both a hollow needle and a blunt brain needle. When the blunt needle was used, a closed track containing a connective-tissue core firmly attached to the overlying dura remained. The track was surrounded by a moderate gliosis in the cortical grey matter, but in the white matter gliosis did not occur and there was even a decrease in astrocytes. Occasionally the lower end of such a track was found open. When the hollow needle was used, a gaping track resulted, containing