efforts of the will, in those of the apperception. It can be taken for granted that the tendency to inaccuracy, *i.e.*, the lessened ability of the patients to differentiate sharply between objective impressions and subjective "memory pictures" which are connected with the above-mentioned impairment of the apperception, also injures the comprehension generally. Perhaps the mistaking of identity, etc., and the errors of memory found in dementia præcox patients are a clinical expression of this inability. Possibly also we have here a good foundation for hallucinatory symptoms, and lastly, it is not improbable that this deficiency is also the cause of the "matter of course" way in which the patients take their hallucinations and delusions for actual facts.

Concluding remarks.—(1) The extent of comprehension and observation is dependent on the education (*i.e.*, the amount of practice in reading) of the subject.

(2) The number of correct readings is, in dementia præcox, on the whole, lessened, and the number of faults, on the contrary, often very considerably increased.

(3) In the tests for attention, the patients did not show a normal rising in clearness of the impression after a pause of a few seconds, but the power of attention sank under that of comprehension from the beginning, with, at the same time, an increase in errors.

(4) The disturbances of comprehension and observation in dementia præcox can be traced back to a dulness of attention (more passive apperception) and the occurrence of automatical and sterotyped replies.

(5) The ability to differentiate reproductive elements of the consciousness from outer impressions is lessened in dementia præcox on account of the reduced power of attention.

(6) The attention of the patients is not only less strained, but is slower.

(7) The disturbances are in general stronger in the acute outbursts of illness, which are accompanied by lively symptoms, than in the chronic and lapsed cases—therefore stronger in katatonia than in hebephrenia.

(8) The dexterity of the patients is decreased.

A note is added to this article stating that, as several years have passed since the tests were made, it has been possible to watch the progress of the cases. The diagnosis of dementia præcox proved to be correct in every case, except in one, a patient who, it was afterwards discovered, was suffering from hysteria combined with mild imbecility. It is evident from this case that the phenomena discovered are not peculiar to dementia præcox. HAMILTON C. MARR.

Two Cases of Landry's Paralysis [*Zwei Falle von Landry'scher Paralyse*]. (*Neur. Cbl.*, 1908, *Nr.* 21.) *Sarbo, Arthur V.*

The question as to whether Landry's paralysis is an affection of the grey anterior cornu of the spinal cord or a disease of the peripheral nerves has not yet been settled. The two cases cited point, from their clinical pictures, to a disease of the anterior motor nerve-cells of the spinal cord, the medulla oblongata, and the pons.

The first case is rare in that it showed a progressive motor paralysis. A boy, æt. 12, who five years previously had suffered from middle-ear disease, and since then had had occasional discharge from the right ear,

but was otherwise healthy, was suddenly affected with paralysis of the soft palate and the muscles of deglutition. On the second day the paralysis increased, and extended to the right side of the face. This was followed quickly by paralysis of the left side of the face and right sixth; and on the same day less pronounced paralysis of the neck and upper arm muscles, also of the thoracic muscles, was noticed. The lower extremities were normal, but on the fourth day the left knee reflex disappeared, and the left Achilles jerk was difficult to elicit. Death occurred on the fourth day under signs of paralysis of the intercostals and diaphragm.

The second case is that of a young married woman, æt. 19. At first there was difficulty in diagnosis owing to hysterical symptoms. The patient had married against the will of her father, and on return from a three weeks' wedding journey she complained of a "furry" sensation and weakness in the feet. An interview with her father caused mental shock, and complete paralysis followed. This was thought to be hysterical paralysis, but it was discovered that the patellar and Achilles reflexes failed. Pain in the dorsal vertebræ pointed to a dorsal caries. In rapid succession, the paralysis involved the muscles of the trunk, of the arm, face, and soft palate. Diplopia was a passing symptom. At the extremities, there was "furry" sensation and hyperasthenia, also a progressive ascending motor paralysis. The crisis was reached on the ninth day, and from that time there was gradual lessening of the paralysis, beginning with the last affected muscles. In spite of better movement, there was muscle atrophy and reaction of degeneration. This was accompanied neither by sensory disturbances nor by fibrillary twitchings. In the twelfth week movement had almost completely returned. In the fourteenth week the atrophy of the muscles had disappeared and the electric reactions were normal, although there was a certain weakness of the trunk and foot muscles, and the patellar and Achilles reflexes could not be elicited. The treatment was ergotine, warm baths, and galvanisation. HAMILTON C. MARR.

Family Infantile Cerebral Disease [*Ueber Familiäre Infantile Cerebralerkrankung*]. (*Neur. Cbl., Nr.* 21, 1908.) *Malaisé, E. v.*

A cerebral disease which affected six children in a family of nine is described. The parents are evidently of the working class, and are second cousins. There is no evidence of hereditary taint. Nervousness was noted in the mother and exaggeration of the patellar reflexes, but it is pointed out that neurasthenia in a woman who for years has led a strenuous and distressful life is not extraordinary. The parents are temperate; there is no history of any bodily disease, and the births of all the children were normal. The ages of the nine children range from thirteen to three years. Six of them contracted a fever when two or three years old, without loss of consciousness or convulsions. Until that age the development of the children was healthy. They were able to walk and speak normally. A short time after the attack of fever they showed difficulty in walking. This in one case disappeared, but in the others it developed into complete inability to walk, and the condition of *pes equinus*. Gradually the arm muscles became stiff, and this stiffness was accompanied by athetoid movements, and in three