constitute the dominant feature of the clinical picture, this amnesia may be determined, and it serves to distinguish general paralysis from the numerous conditions with which it may be confused. It is particularly useful in serving to discriminate from general paralysis other psychoses associated with tabes.

The amnesia of localised organic lesions (*e.g.*, syphilitic) is mainly distinguished from that of general paralysis by the attitude of the patient towards his own defect. He is generally unaware of its existence until his attention is called to it—though this is not always the case as in general paralysis. But then one finds that he is intensely worried by his defect, struggles to recollect, concentrating his attention upon a question and evincing obvious satisfaction or depression according to his success or failure. He also frequently takes precautions to obviate the results of his forgetfulness after recognising it.

The amnesia in such conditions is also frequently lacunar rather than general, and is often less marked after mental rest.

The author concludes that the amnesia of general paralysis presents in itself nothing absolutely pathognomonic, but that with the disorders of judgment and of emotion it constitutes a mental state which is of greater diagnostic significance than physical signs in difficult cases.

EDWARD MAPOTHER.

A Case of Tubercular General Paralysis [*Un cas de paralysie générale tuberculeuse*]. (*Bull. Soc. Clin. Méd. Ment., Dec.*, 1910.) *Pactet et Vigouroux.*

This paper records the pathological findings in a case previously exhibited before the Clinical Society. It was that of a youth, æt. 20, who had suffered from a typical progressive paralysis since the age of fourteen. He was demented, with unequal pupils, the light reflex being abolished, increased knee-jerks, hesitant speech and uncertain gait. Lumbar puncture revealed no lymphocytosis, and at no time had he any seizures. There was no history of syphilis either in the patient or his parents. He had, however, a tubercular family history, and had suffered from suppurating tubercular glands in legs, neck, etc. His death was due to acute pulmonary tuberculosis.

His brain showed the degenerative rather than the inflammatory changes found in general paralysis. There were no local brain lesions. The membranes were thickened and milky, but not adherent. There were no granulations of the ventricular ependyma. The vessels were little affected, but the perivascular spaces were dilated, and contained albuminous fluid with few cells. There was some hyaline degeneration of the smaller vessels. The cells were much altered in all parts of the brain. The chief alteration was a pigmentary degeneration. The neuroglia was proliferated, and spider-cells were numerous.

The authors look on this as a typical case of the variety of general paralysis due to tubercle, as differentiated by Klippel. The paper is illustrated by two plates.

W. STARKEY.