

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,