

negative evidence the author feels justified in making a definite diagnosis of tabes. Apart from the age of the patient, the case is of interest from the point of view of ætiology. There was no evidence of syphilis, hereditary or acquired, and an examination of the cerebro-spinal fluid for syphilitic anti-bodies gave a negative result. On the other hand the patient had distinct and long-standing indications of tuberculous infection—slowly-progressing pulmonary lesions, tuberculous ulcers on neck, and general glandular enlargement. In the absence of other causal conditions, the author is disposed to attribute the spinal degeneration to the influence of the toxins of the *Bacillus tuberculosis*.

W. C. SULLIVAN.

*Demonstration of Five Cases of Juvenile General Paralysis [Juvenile Paralyse]. (Allg. Zeits. für Psychiat., Bd. 65, H. 3.) Kleineberger.*

Dr. Kleineberger described to the East German Association of Alienists at Breslau five cases of juvenile paralysis, three boys and two girls, whose ages ran from sixteen to twenty-one. There were arrest of development, sluggish action of the pupils, in some cases optic atrophy. The mental symptoms showed a steady progress towards simple dementia, feelings of optimism, with childish ideas of grandeur, and increased irritability. There was characteristic stuttering, and the reflexes were heightened. In all these patients, there was an increase of the lymphocytes in the cerebro-spinal fluid. The serum test showed the presence of lactic anti-bodies. The progress of the malady was slow, lasting between four and six years. Evidence of tabes was found in one case in the father, and in another in the mother; and two of the male parents had died of general paralysis.

WILLIAM W. IRELAND.

*Tabetic Psychosis [Psychose Tabétique]. (Bull. de la Soc. de Méd. Ment. de Belgique, June, 1908.) Masoin, P., and d'Hollander, F.*

The subject of this article was a man, æt. 36. During his youth he had acquired syphilis, and throughout his life was addicted to alcohol.

Tabes first showed itself by an impairment of vision, and at the same time difficulty in locomotion. Mental symptoms became evident a year later, at which time he had delusions of persecution. His memory was accurate alike for recent and remote events. He next suffered from gastric crises, and this was the signal for the character of his delusions to entirely alter. He became hypochondriacal, and depression also entered into his mental state. He thought his food was given to him only to prolong his misery, that his bowels were inactive, etc. He was spoon-fed for the last five years of his life, which says much for the attention he received at the hands of his attendants. Three weeks before the death of the patient a searching examination failed to reveal the slightest signs of dementia. The *post-mortem* showed changes in every way characteristic of general paralysis.

The authors regard the disease as one of general paralysis, and the *post-mortem* confirmed the diagnosis. The symptoms and course of the disease correspond exactly with a disease described by Professor Pierret and Roupie under the term "psychose tabétique."

General paralysis without dementia is certainly rare, but it is well known that those cases manifesting physical signs and not mental symptoms at the onset of the disease are often of long duration; this case was prolonged through seven years. The factor which decides whether a syphilitic subject shall become a general paralytic, a tabetic, or a case of gross cerebral lesion is obscure, and one here enters upon a field of conjecture which is not remunerative. The authors consider that this case would ultimately have become demented, and suggest that the usual questions to ascertain this condition are not always sufficient. That this is a form of psychosis which has not yet been grasped by the profession at large is a fact, and other cases of a similar nature will be eagerly looked for. The absence of dementia appears all the more remarkable in that the patient was a chronic drunken syphilitic.

COLIN M'DOWALL.

*Agressions and Repeated Homicidal Impulses in Two Cases of General Paralysis* [*Agressions et violences répétées chez deux Déments Paralytiques*]. (*Rev. de Psychiat.*, Sept., 1908.) *Juquelier, P.*, and *Naudascher, G.*

One usually associates the typical general paralytic as a person who is at peace with the world in general. Frequently generous out of all reason for any trivial service rendered, this class of lunatic is notorious for promises, sometimes fulfilled, of liberality. It is therefore interesting to note two cases in which the very opposite is found.

In the first case the patient's acts were always brutal; he was violent from the day of admission till he died. He threw anything he could reach at his attendants, even though parietic and very feeble. His acts seem to have been the result of a megalomania; he could not admit any superior or any authority. He was wiser than his associates and he tried to rid himself of those whom he thought stood in his way.

The second case closely resembles the first, and demonstrates more markedly the predominant desire to remove any one in authority. Though demented in so far as the term is usually understood, he was cunning in inventing plans so that he could be left with only one person. He made an attempt to strangle an attendant, and was prevented just in time. He, moreover, denied the assault when afterwards questioned. Possibly the lack of knowledge was real in this instance, but he at the same time accused the attendant of assaulting him.

In both examples physical signs were quite definite and typical of the disease under consideration, and both were the subjects of syphilis.

COLIN M'DOWALL.

*Epilepsy in Dementia Præcox* [*De l'épilepsie chez les Déments Précoces*]. (*Rev. de Psychiat.*, June, 1908.) *Marchand, L.*

This is an article accompanied by clinical accounts on cases of dementia præcox in which epilepsy formed a part. Epilepsy—that is, the occurrence of seizures of the usual type—occurs in many of the psychoses with or without gross brain lesion. Epilepsy should be considered a symptom and not a disease.