

deaf-mutism, and whether he acquired syphilis or is a hereditary case of that disease—an opinion his hearing and speech defects rather encourage.

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*A Case of General Paralysis following Chancre of the Lips [Paralysie général et chancre des lèvres]. (Bull. de la Soc. Clin. de Med. Ment., December, 1921.) Marie, M. A.*

The author draws attention to the particular gravity as regards the central nervous system of syphilis inoculated near the brain. The case presented was a soldier who was infected by the regimental barber on the occasion of a "shaving parade" ordered on the eve of an inspection of the barracks in June, 1910. He was treated energetically for three consecutive years, but in spite of this he was admitted into an asylum in 1920 with progressive general paralysis, positive Wassermann in blood and cerebro-spinal fluid, ideas of grandeur, speech slow and slurred, Argyll-Robertson pupils, reflexes absent, Rhombergism, etc. His wife had no children or miscarriages and in her the Wassermann reaction was positive.

The author makes four points in the consideration of the case: (1) The extragenitality of the chancre, inoculated on the edge of the lower lip by the infected razor of the military barber; (2) the infection of the central nervous system in ten years in spite of energetic treatment; (3) the contamination of the wife; (4) there remains the hypothesis of a centripetal neurotropism *viâ* the envelope of the peripheral nerves comparable to that which occurs in rabies.

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*Concerning a Case of Infantile General Paralysis [À propos d'un cas de paralysie générale infantile]. (Ann. Med.-Psychol., No. 5, May, 1922.) Hamel, J., et Merland, P. A.*

Whilst willing to admit that it may determine the onset of meningo-encephalitis, there are still a certain number of authors who will not concede that syphilis is the primary factor in the ætiology of general paralysis. This opinion may be said to be based on the following clinical considerations put forward by Klippel: (1) the inefficacy and even harmfulness of specific treatment; (2) the absence of skin and mucous lesions which might demonstrate the presence of syphilis in evolution; (3) the impossibility, as a rule, of discovering the slightest trace of infection. In contradiction to these arguments are a certain number of well-established cases, and, to the list already published, the authors have been induced to add the following description of a case of infantile general paralysis:

G. L.—first came under treatment at the age of 12 years, when he was regarded as suffering from congenital mental deficiency. No history of syphilis in the antecedents was obtainable. At the age of fifteen he was admitted into the asylum, being no longer a suitable case to receive treatment in an institution for abnormal children. The following symptoms were noted: logorrhœa, insomnia, incontinence of fæces and urine, with periodical attacks of excitement. Direct mental examination revealed the fact that the patient must have led a normal mental existence up to about the age of ten, when the