

exanthem, and states that the central nervous system was affected most commonly in *formes frustes* and cases where the cutaneous and mucous surfaces had only shown very slight signs of the disease. He considers that important antibodies were developed when the integuments were sufficiently infected, and that the present early and apparently efficacious methods of treating syphilis prevent cutaneous complications, and therefore forestall the development of the natural defences. This, he states, is the reason for the present earlier appearance of general paralysis, and the greater proportion of cases of neuro-syphilis. He suggests that treatment of cases of syphilis should be delayed until the secondary rash is fully established, and also that provocative doses of virus might be alternated with courses of arsenic, mercury, etc., as a biological corrective.

W. D. CHAMBERS.

Conjugal Syphilitic Dementia [Démence syphilitique conjugale].
(*Bull. Soc. Clin. de Méd. Ment.*, 1925.) Laignel-Lavastine.

This paper describes the case of a woman (whose husband died of general paralysis) suffering from marked dementia and exhibiting Argyll-Robertson pupils, dysarthria due to a hemiplegia and not typically general paralytic, and inequality of deep reflexes. Wassermann reaction negative in blood, positive in cerebro-spinal fluid. Lymphocytosis and increase of albumen in cerebro-spinal fluid. The author diagnoses the case as syphilitic dementia instead of general paralysis. He states that conjugal general paralysis is rare.

W. D. CHAMBERS.

Cerebral Tumour (Glio-blastoma) with Initial Psychasthenic Syndrome
(*Tumeur Cérébrale (Glioblastome) avec syndrome Psychasthénique Initial*). (*L'Encéph.*, February, 1926.) Marchand, L., and Schiff, P.

The patient described, æt. 40, suffered from general fatigability, intellectual retardation and depression for eighteen months before admission. At that time he showed psychic enfeeblement, muscular tremor and episodic incontinence of urine, and began to suffer from headaches and cerebral vomiting. The cerebro-spinal fluid pressure was much increased and contained albumen and excess of cells. Wassermann reaction negative. The autopsy showed a glioblastoma arising from the knee of the corpus callosum and invading both frontal lobes. Two micro-photographs accompany the paper.

W. D. CHAMBERS.

Tumours of the Frontal Lobe (excluding Abscess) [Les Tumeurs du Lobe Frontal (Abscess exceptés)]. (*L'Encéph.*, January, 1926.) Nuñez, P. Escuder.

The author describes two cases of frontal tumour (glioma and hydatid cyst), which he has recently seen, and reviews the literature on this subject, giving short accounts of 16 cases in addition to his own. He finds that a morbid state of psychic excitation occurred in 9 cases, lethargy or coma in 4, loss of memory in almost all, and