

other times the exaggeration may be unconscious. These cases, he says, are, as a rule, schizophrenics, who give the impression of simulation on account of their incoherent, paradoxical and irrelevant replies. He mentions the Ganser syndrome as a feature likely to lead to suspicion; indeed, unless the examiner possesses a knowledge of this reaction, the effect is undoubtedly to give an impression of foolish simulation.

The author, however, takes note of the simulation of the psychopath, which is extremely frequent and very difficult to unravel.

Essentially the whole article is a plea for careful examination of suspected persons without preconceived diagnosis.

The article is followed by a discussion. W. McC. HARROWES.

*Late Periodic Psychoses.* (*Gaz. des Hôp.*, May 23, 1931.) Anglade, Roger.

The chief interest of this communication lies in the study of late developing depressions and maniacal excitements. The author stresses a biological difference and a clinical dissimilarity between presenile melancholia and the melancholic spells of manic-depressive insanity. In presenile melancholia the phenomena of cerebral arterio-sclerosis and a progression towards dementia are most prominent. Late mania is rarer and is frequently associated with paranoid features and gross organic disturbances; consequently the author feels that this mania cannot readily be included in the group of manic-depressive conditions.

The author points out also that *folie circulaire* may begin late in life, and here the manic-depressive swing is rapid, the progression to dementia is quick and the heredity is usually definite.

The author concludes by pointing out that late psychoses are very frequently associated with organic disturbances.

This report is followed by a discussion. Prof. Claude found himself in agreement with the author, and laid stress on the frequently discovered organic basis of late psychoses, and stated that in such cases the prognosis was serious. W. McC. HARROWES.

*Schizophrenia and Cerebral Tumour.* (*Ann. Méd. Psych.*, January, 1931.) Claude, H., and Baruk, H.

Two previous papers are referred to in which the authors described psychotic states in association with cerebral tumours. There then follows the description of a schizophrenic who died at the age of 32, autopsy revealing an extensive glioma of the left temporal lobe, involving the speech centre of Wernicke. There had been no localizing symptoms or aphasia. The history showed a gradual onset of schizophrenic manifestations over ten years, following a schizoid adolescence. S. M. COLEMAN.

*Disturbances of Character at the Onset of Dementia Præcox.* (*Ann. Méd. Psych.*, July, 1930.) Heuyer, G., and Serin, Mlle.

The authors describe seven cases in support of the view that the onset of dementia præcox usually occurs at about the time of