stability, next describes four cases, all in negroes from fourteen to sixteen years old, in whom, though the symptoms closely resembled those of hebephrenia, there was recovery apparently without mental impairment. Three of the four cases showed mental retardation by the Binet tests, the fourth passed the tests for her age. She feels that we have here to do with a class of cases somewhat different from dementia præcox and of more favorable prognosis and proposes for them the name "ephebic psychoses."

Lowrey, Lawson G. SOME OBSERVATIONS ON THE RELATIONSHIP BETWEEN SYPHILIS OF THE NERVOUS SYSTEM AND THE PSYCHOSES. [Am. Jl. Insanity, 74, 1917, No. 1.]

A study based upon eleven cases showing a divergence of the clinical and serological pictures.

1. Of about 2,500 cases examined in three years eleven are sufficiently unusual to be reported on.

2. Of these, four gave the clinical picture of dementia præcox, one of constitutional inferiority, one of imbecility, two organic, and three paretic dementias.

3. In two cases of dementia præcox, the serology of neurosyphilis was found early. In the other two only after many years. In none was it expected. One case has tabetic symptoms, the other no symptoms of neurosyphilis. The case with tabetic symptoms also exhibits catatonic symptoms.

4. These are the only cases of dementia præcox in the hospital showing such serology, though other cases have positive blood tests.

5. One hysterical or constitutionally inferior person developed secondary syphilis five years before death. A year before death, the serology of neurosyphilis was demonstrated. Autopsy confirmed this. No clinical symptoms.

6. An "imbecile" developed general paresis in the hospital. Autopsy and serology typical.

7. An "organic" case without signs of paresis gives the serology of it.

8. A case clinically of Huntington's chorea gives the serology of paresis without clinical signs of it.

9. One case, clinically paresis at first, seems now like dementia præcox, serology positive.

10. One case, clinically paresis, has run an extremely long stationary course. Wassermann negative in blood and fluid, other tests positive.

11. One case clinically and serologically paresis, has as his most prominent symptom, the only one at the present time, auditory hallucinations.

12. We have to with (a) neurosyphilis in unusual causal relations, or (b) coincident psychoses and symptomless neurosyphilis.

13. Diagnoses should be based on both clinical and laboratory findings. The neglect of either may lead to improper results.