Epilepsy. XIII: Aura in Epilepsy. (*Arch. of Neur. and Psychiat., vol. xxx, p.* 374, *Aug.*, 1933.) *Lennox, W. G., and Cobb, S.*

The authors analysed the reports on 1,359 non-institutional epileptics. Auræ were present in 56·2%, which agrees with Gowers' 57% on 2,013 cases. They were less frequent in patients having only *petit mal* or its equivalent than in others. A history of aura was not less common in the mentally deteriorated. In those who had had attacks for five years or longer the incidence of a history of aura was 27% greater than in those who had had less than five years of seizures. The mentally deteriorated more frequently had visceral auræ; the mentally normal, auræ of pain, paræsthesiæ or numbness. Auræ of potential localizing value occurred in 70% of the patients with a history of injury of the brain antedating the seizures, and in 41% of those without such a history.

G. W. H. T. FLEMING.

Ambulatory Automatism in Epilepsy [*L'automatisme ambulatoise épileptique*]. (*Ann. Méd. Psych., vol. xiv (ii), p.* 609, *Dec.*, 1933.) *Marchand, C.*

Of a series of 1,052 epileptics observed at the out-patients' department of the Henri-Rousselle Hospital, 69 (6·4%) had a history of ambulatory automatism. This paper includes full reports and details on 43 cases (77 attacks). In 36 cases the automatism occurred in persons previously subject to classical epilepsy; in 5 cases convulsions only appeared at a later date, while in 2 cases there were typical epileptic automatism without fits.

Ætiology differed in no way from that of other epileptics (infantile convulsions, 8; cranial trauma, 6; neuro-syphilis, 1; hereditary syphilis, 2). It is noted that practically all subjects were adults at the time of the first fugue. The onset is sudden, rarely preceded by an aura (2 cases), and very seldom directly by a convulsion. Duration is variable—a few minutes to 24 hours. Return to consciousness is usually sudden; there is marked fatigue, the subject often sleeping for several hours. In practically all the attacks there is complete amnesia for the incidents of the automatism; in a very few cases vague memory traces are observed. During the automatism, in 37 cases the subject walked only; in the others he bicycled, trained, "trammed" or motored. Characteristic of the epileptic fugue is the absence of motive or end. The individual is clearly in a somnambulistic state; the higher faculties have ceased to function and walking is rarely normal.

The writer recognizes three degrees. In the first, medullary and motor centres concerning walking alone persist. In the second, associated habitual reflexes permitting the avoidance of obstacles and dangers are also uninhibited. In the third degree the individual accomplishes in a mechanical fashion complicated acts sufficiently correctly for his condition not to be commented upon.

A section is devoted to the differential diagnosis, which is considered to be straightforward in the majority of cases. There is a further section on medico-legal problems. In the writer's experience, contrary to popular belief, the epileptic in a fugue state is nearly always calm, showing no evidence of agitation, violence or brutality. Of the patients observed, one attempted to strangle his wife, one violated a grave, another stole, one left a restaurant without paying his bill and three urinated in public.

S. M. COLEMAN.

Presbyophrenia [*Über Presbyophrenie*]. (*Arch. f. Psychiat., vol. xcix, p.* 339, 1933.) *Bostroem, A.*

The author thinks that presbyophrenia, although a definite clinical entity, cannot be distinguished anatomically from other senile psychoses. He defines it as a senile disorder in which there are no particular defects except disturbance of memory and impressionability (Merkfähigkeit). He purports to discover why in some cases, the senile changes in the brain give rise to a clinical picture of presbyophrenia. Twelve cases are described (11 females and 1 male). All patients not only showed a slightly hypomanic temperament, but were also very active personalities, who had previously succeeded in coping with the stresses