

REPORT OF A CASE OF JUVENILE PARESIS 553

On admission he was in a condition of mild excitement; showed a marked feeling of well-being. Great motor-restlessness and considerable childishness.

His mental status was as follows: His general reaction indicated that his psychosis had extended over a considerable period, because gross psychic deterioration was evident. He had a memory defect for events both in the recent and remote past, and there was a lesion of the recording faculty. His school knowledge was recalled only with difficulty, and was rudimentary and fragmentary. His spontaneous attention was weak, and voluntary attention often distractible, difficult to maintain and direct. His general fund of knowledge was very childish in character, and there was little spontaneous thought production. He gave a history of auditory hallucinations. He was slightly grandiose but had no definite delusional fabric. His insight into his own condition was meagre, and his judgment was impaired.

A short time after admission he developed definite delusions of grandeur; believed he was worth millions of dollars; owned automobiles and was an extremely important personage. His physical examination revealed unequal, irregular and spastic pupils. The optic discs were normal. There were tremors of the lips, tongue and hands and patient's handwriting was tremulous. He had a speech defect, there being considerable slurring in articulation, particularly evident when patient was requested to repeat test sentences; tendon reflexes were diminished. Heart, lungs and abdominal organs negative; no weakness on either side. Organic reflexes intact. No Babinski or Oppenheim signs, and no ankle clonus, and a subjective complaint of vision being defective. An examination of the patient's visual fields was made, but owing to his distractibility of attention the results were uncertain.

Lumbar puncture was done and there was a spinal-leucocytosis of twenty-five cells to the cubic millimetre. The proteid content was increased and the fluid was held under increased tension. Some of the cerebro-spinal fluid was taken to determine whether or not there was binding of complement with luetic antigen, thus ascertaining whether specific anti-bodies were present. Hemolysis was present, and no binding of complement occurred. A definite diagnosis of juvenile paresis was made because of the combination of physical and mental symptoms, and the spinal leucocytosis. His memory defect could be well demonstrated by requesting him to play some-