

Stuart, D. D. V., Jr. EARLY CEREBROSPINAL SYPHILIS. [South. Med. J., November, 1920.]

The cerebral symptoms manifested themselves about eleven weeks after the chancre. The findings were: irregular left pupil; ataxia of gait and station; exaggerated deep reflexes, with unequal knee jerks; voice disturbance; mental impairment. Systemic treatment was followed by improvement. The importance of spinal fluid examinations in the earliest stages of the disease is discussed.

Aebly, J. A STATISTICAL STUDY OF THE LUES AND METALUES. [Archiv. f. Psychiat. u. Nervenk., 1920, Vol. 61, p. 693.]

The author holds the lack of understanding of the real significance of the mathematical presentation of observed material or the absence of essential data responsible for previous failure to solve important problems in connection with metalues. The following three aspects of the subject are of paramount importance: (1) the percentage of luetics that later developed paralysis; (2) the problem of the "lues nervosa"; (3) the question regarding the efficacy of antiluetic therapy for preventing later luetic and metaluetic disease of the central nervous system. Reviewing the statistics given by Hudovernig and Gussmann, Fournier, Pilcz and Mettauscheck and others, the author by applying a method which assumed a longer latency time (16 to 18 years) arrived at the conclusion that the percentage of frequency of paralysis assumed by most writers was too low and that it approaches or exceeds 10 per cent. This is in conformity with Fournier's finding, who in 5,749 cases of luetic infection found 631 cases of paralysis, or 11 per cent. This percentage of course does not represent the number of those actually suffering from luetic nervous affections at a given time compared with those suffering from luetic diseases of other nature, as during the long latency period many deaths would occur, which would materially affect the statistics. The question whether metalues is determined from the very beginning of the infection in the sense of being a distinct form has long been discussed but never decided. Fischer has attempted to solve the problem by statistics on the frequency of metaluetic disease from the same source of infection. The author states, however, that the material from which his figures were taken was much too limited to permit inferences and that Fischer is the victim of one of the most misleading errors of statisticians, namely, that of concluding from a difference of relative frequency in two groups that there is a difference of nature in the groups examined. The frequency of paralysis in the total of luetics is a quantity of complex structure and the author is of the opinion that the problem of the *lues nervosa* can only be solved in direct way, that is, in experiences with infections which originate from the same source rigidly traced to the outcome in every instance. While there are some experiences of this sort which seem to be evidence of the existence of a *lues nervosa*, the

revue de la medaille is wanting—it is not proved that there are no cases, but those of the metaluetic character arising from the same source of infection. Discussing the influence of antiluetic therapy on metalues the author states that opinions can only be formed concerning the older Hg. treatment, as there is absolutely no statistical foundation for inferences concerning the more modern salvarsan therapy for the central nervous system. In order to form a judgment on this question from statistics it is necessary to compare two complementary categories. Fournier, Neisser, Schuster and others have made the mistake of comparing simply those treated with those not treated or insufficiently treated within the group of paralytics. Statistics of this sort are wholly worthless, and later students of the subject have followed in the footsteps of these pioneers. The author arrives at the conclusion that from the material at hand it is impossible to form a conclusion as to the efficacy of the Hg. treatment, and the main rôle in metalues is perhaps played by a factor upon which the therapy has no influence. The decision of this question may depend on whether or not a lues nervosa is at the foundation of the metaluetic disease. [J.]

Holfelder, H. OPERATIVE TREATMENT OF TABETIC GASTRIC CRISES.

[Therapeutische Halbmonatshefte, June 1, 1920. J. A. M. A.]

Holfelder holds still to the view that the cause of the gastric crises in tabes is an isolated pathologic condition of the sensory nerves of the stomach. The motor phenomena are from reflex action. By destroying the sensory nerves an end is made of the crises. The nerves can be temporarily blocked with paravertebral injection of procain, and this is his practice when the patient is too debilitated to stand thorough operative measures. The effect is immediate, but lasts only a few days; it can be repeated, while the patient is regaining strength for the Foerster operation. This he regards as indicated in all cases of pronounced gastric crises in which the participation of the vagus can be excluded. The latter can be suspected from the epigastric reflex and the coincident disturbances on the part of the heart and larynx. In this case treatment requires subphrenic severing of the terminals of the vagus at the cardia, according to Exner. But in the majority of cases, the sympathetic fibers in connection with the splanchnic nerves are the ones involved, and these can be severed at the only point where they can be isolated, namely, at the posterior roots. It is necessary to resect the nerves from the fifth thoracic to the first or second lumbar spinal nerves. This is done under local anesthesia, the patient lying face down, the head low, with a few whiffs of ethyl chlorid as the most difficult part of the operation, but it can be and must be done liquid-tight. As the motor function of the stomach is paralyzed by the operation, it is indispensable to conclude the intervention with gastroenterostomy.