Castex, M. R. LATE INHERITED NEUROSYPHILIS. [Preuss. Med. Arg., Jan. 20, 1919.]

Bifurcation of the spinous process of the first lumbar vertebra is said by this observer to be a frequent sign of inherited syphilis. One or more vertebræ may be involved; in one case the bifurcation was in the twelfth dorsal vertebra. Castex has no explanation.

Chotzen, F. SCAPHOID SCAPULA. [Berl. kl. Woch., Oct. 7, 1918.]

This supposed stigma of inherited syphilis has been here reported upon by Chotzen. He has found 270 instances out of a total of 400 children in the schools for weak-minded at Breslau. Chotzen was unable to discover a luetic origin in his cases. On the other hand, the history of rickets was common in the children affected. The malformation is frequently accompanied by other evidences of degeneration. Among the children with scaphoid scapula, mental insufficiency reaching to manifest idiocy was found in ten cases, five of which were instances of mongolian idiocy. Examination of 550 soldiers in active service showed that 19 per cent. had scaphoid scapula and in them the history of hereditary syphilis was not more common than in the others, but as in the case of the children the history of rickets was frequent.

Barbier, H. ATROPHY AND CONGENITAL SYPHILIS. [Bull. d. l. Soc. Méd. d. Hop., Dec. 27, 1918.]

In 93 children with various types of muscular atrophy 33 per cent. gave a positive Wassermann reaction and in 9 per cent. additional other signs of congenital syphilis were present. The use of mercury was followed by excellent results in some of these patients, but was not well borne by others.

Sanz, F. INTERESTING CASE OF A FACIAL PARALYSIS IN A SYPHILITIC. [El Siglo Medico, 1918, Vol. LXV, p. 522.]

A man 46 years of age, four years before had suffered from a stroke of hemiplegia with resulting aphasia. Under appropriate treatment he had secured much benefit without the development of any new accident. The aphasia vanished and the asymmetry of the facial innervation had been restored. In the limbs recovery was much less in evidence and he presented a classical picture of spastic hemiplegia. His treatment went ahead, both specific and physical, and incidentally he had been badly salivated on several occasions as a result of bad mouth hygiene. These attacks interfered with the original plan of treatment. During a fresh course of injections of grey oil he was suddenly seized with left facial paralysis. The diagnosis was peripheral facial paralysis due probably to a gummos meningitis of the base of the brain involving the facial nerve. But further investigation showed the possibility of another