ZUR FRÜHDIAGNOSE DER TABES (Early Diagnosis of Tabes). Erb (Münch. med. Woch., Vol. 47, 1900, July 17, p. 989).

The author refers to larval forms of tabes dorsalis, the diagnosis of which is difficult, and alludes to the fact that such forms may persist for years. The points of diagnostic value are (1) "lightning" pains, (2) slight paresthesia, (3) diminished sexual power, (4) Romberg's symptoms, and (5) unilateral Argyll-Robertson's pupil. If to these symptoms be added the history of a previous syphilis, the diagnosis is made certain. The knee-jerk may or may not be absent; thus in five cases the knee-jerk was present, but the presence of the other signs confirmed the diagnosis. In one class of cases visceral crises (gastric, laryngeal, recto-vesical, etc.) appear early, and such cases may persist in the larval condition for a considerable time, or may develop into typical tabes dorsalis. For treatment mercurial inunction should be freely employed, and suspension may be regularly carried out by the use of suitable apparatus. The ultimate prognosis is, however, not favorable. JELLIFFE.

DU TRAITEMENT DE LA CHORÉE HYSTERIQUE PAR L'IMMOBILISATION (Treatment of Hysterical Chorea by Fixation). L. Huyghe (Le Nord Médical, Vol. viii, 1901, Aug. 1, p. 173).

Huyghe has been able to cure six cases by immobilization. The patient is chloroformed slightly, and the choreic limbs vigorously massaged, so that the patient feels it, and at times even painfully. Thus the choreic has the belief that she is being operated upon. The limbs are then placed in splints and immobilized for five or six days, and generally all choreiform movements cease. If they still persist, the limbs are again immobilized. This is a species of autosuggestion which has met with some permanent successes. BASTEDO.

HYDROPHOBIA AND THE LEUCOCYTES. J. Courmont and C. Lesieur (Journal de Physiologie et Pathologie Générale, July, 1901).

The question as to whether there occurs in this disease a quantitative or qualitative modification in the number of leucocytes, and, if so, whether it can be utilized for diagnostic purposes, both before and after death, has recently been studied by these authors. Their researches were carried on clinically on a man, the cat and the dog and experimentally on the guinea-pig, rabbit and dog. Their blood smears were stained with Erlich's tri-acid solution, eosin-hematoxylin and thionine. They find that at times the total number of leucocytes is considerably raised, especially in the terminal stages. Often it is preceded by a hypoleucocytosis particularly in rabbits. Independent of the degree of total hyperleucocytosis there occurs in man a marked increase in the number of the polynuclearneutrophils so that they constitute from 84 to 88 per cent. of the total number of leucocytes. This increase is established at the time of appearance of the nervous symptoms and augments until death. No abnormal leucocytes or nucleated red blood-cells are present. Good preparations can be made from the pulmonary blood within six hours after death, but this contains a less number of the leucocytes than other blood. They conclude that the total leucocyte-count is not available for diagnostic purposes at any stage of the disease. From the onset of the nervous symptoms the differential count is of great value. An increase in number does not absolutely establish a diagnosis as this is found in other conditions, but a normal or reduced number at this stage absolutely negatives a diagnosis of rabies. HIGLEY.