litter distilled water and placed in the thermostat for some hours. The fluid is conserved for some days; the thinner upper portion is poured out and used as reagent. The reagent is put in a watch-glass; by a Pasteur's pipette a small drop of the cerebrospinal fluid is carried to the bottom of the glass; if no precipitation is seen after five seconds the reaction is considered negative; all transitions are found between a cloudy precipitation and a very voluminous one. This test was applied in 225 cases and compared to the Bisgaard-Ross-Jones reaction. The reaction is far from being of the same value as the B. R. J., but as it practically does not take any time it is worth while to use before the B. R. F. J. When only 1–4 cells are found and the Pandy reaction is negative, it is extremely seldom that the W. R. J. and the W. R. Sp. is positive. I wrote in the summary: "A wanting Pandy's reaction makes it probable but not certain that the B. R. J. is normal, while a positive Pandy's reaction in 15 per cent. of the cases is found together with a normal B. R. J."

II. On the Inconveniences of the Lumbar Puncture.—The summary reads: By lumbar puncture in 490 cases without symptoms from the central nervous system we got rather severe troubles (headache, nausea and vomiting as well as vertigo) in 28 per cent. These symptoms were more pronounced, when a greater amount of fluid was poured out, and more troublesome, when the patients were not hospitalized. In 121 cases of nervous symptoms the troubles were generally less pronounced; on the other side they were well marked in the neurasthenics. A lumbar puncture ought not to be done the same day as an injection of salvarsan is given.

III. On the Indications of Lumbar Puncture Especially in Syphilis.—The conclusion reads: The cerebrospinal fluid ought to be examined in all syphilitics, treated in hospitals. [Author's abstract.]

With, Carl. The Intraspinal Salvarsantherapy. [Ugeskr. f. Laeger, No. 33, 1917, pp. 1607-13.]

A short review of the literature together with the description of a single case of dementia paretica, in which intraspinal injection of neo-salvarsan in distilled water were used. The patient got five injections; after the second injection of 6 milligrams there was involuntary discharge of the urine; the next injection of 7.5 mg. did not trouble him, but a week after the last injection of 9 mg. the sphincter troubles set in once more and the paresis became much aggravated. [Author's abstract.]


In Galliot's two cases the inherited syphilis had been absolutely mute in one; the tabs developed at twenty-nine and thirty-six. The uneven