

shortened or prompt recovery was effected. Only one case was refractory. Thirteen other cases, developed on a basis of constitutional diathesis, were unaffected by the specific treatment notwithstanding the presence of syphilis; in only one case of this sort did the disease show any deviation from the typical course because of the presence of the syphilitic infection.

**Weichbrodt, R.** CONCERNING THE THERAPY OF PARALYSIS. [Archiv f. Psychiat., 1919, Vol. 61, p. 132.]

The few good results from attempted cures in paralysis might seem to indicate that the disease is incurable, but experience demonstrates that improvement sometimes takes place without any therapeutic intervention whatever, so that, theoretically, at least, it may be assumed that such improvements could be indefinitely prolonged, and Spielmeyer in 1912 expressed the opinion that complete recovery is not absolutely impossible. The author reviews the various experiments in therapeutic treatment of paralysis (224 works) and adds experiences in the Frankfurt university clinic which he personally observed. Salvarsan preparations were administered in doses of various quantities; no ill results due to the treatment were observed, but it is an open question whether the remissions which occurred were the result of the salvarsan or whether they would have taken place without treatment. The author refers also to experiments with the intravenous and intraspinal injection of salvarsan according to Swift-Ellis technique or modifications of it. Opinions differ in regard to the good results of the Swift-Ellis treatment. Gennerich, Nonne, Kafka, Kleist and others suggest modification from which they claim to have secured better results. From this comprehensive oversight the author comes to the conclusion that all chemical remedies, inclusive of the spirilloclides, have proved futile in the treatment of paralysis. For this reason he turns attention to another treatment about which there is still much controversy, namely the fever therapy. Cases are cited where there was anamnesis of febrile diseases after the infection and where, notwithstanding this, paralysis developed. However, in one group of 157 individuals who shortly after syphilitic infection had malaria, pneumonia, erysipelas, etc., there was not a single case of paralysis though lues cerebrospinalis developed in five cases. Again in 241 luetics in whom the anamnesis showed a febrile disease there was no paralysis and eight cases of lues cerebrospinalis. The author is of the opinion that while the fever therapy does not always produce beneficial results, an intercurrent febrile disease, either acute or having a suppurative or phlegmonous inflammatory character affecting the skin and underlying tissue, has a favorable influence on an already existing lues. The author's experiments showed that in a rabbit inoculated with syphilis a temperature between 42 and 43 degrees destroyed the spirochetes so that after a few days no more could be

discovered. Experiments with hot baths were also made, but only in exceptional cases could a temperature be produced which was sufficient to have any influence on the spirochetes.

### III. SYMBOLIC NEUROLOGY

#### 1. NEUROSES—PSYCHONEUROSES.

**Sanz, E. Fernández.** ACCIDENTAL AND CONSTITUTIONAL PSYCHONEUROSES. [Med. Ibero, Nov. 8, 1919, J. A. M. A.]

Fernández expatiates on the difference in the outlook between what he calls constitutional and accidental psychoneuroses. The constitutional is continuous, with waves of aggravation and remission, while other psychoneuroses are intermittent, with relapses, separated by periods of latency. The constitutional group includes hysteric and psychasthenic psychoneuroses; the accidental group includes the cases of neuropsychic asthenia, anguish and simple depression. The prognosis is better with this latter group. He warns in speaking to patients to avoid the term "constitutional" in this connection as liable to depress them.

**Kollarits, Jenö.** METHODS OF EXAMINATION OF, AND THE FOUNDATION FOR PSEUDOANESTHESIA. [Zeitschr. f. d. ges. Neur. u. Psych., July 11, 1919, Vol. 49, p. 87.]

The author believes that these pseudoanesthesias are in most cases of artificial iatrogenic origin, that is, they are suggested unconsciously by the physician in the examination and that it is less important to invent methods to discover them than to find ways to avoid them. The physician may make sure of not giving rise to these symptoms either by not looking for them at all, or by looking for them in such a manner as not to favor their production in the hysterical patient. That the hysterical pseudoanesthesias have no reality is proved by the fact that the patients use the extremities in a perfectly normal manner. Not being real, of what nature are they? A suggestion which overwhelms the patient and which he accepts implicitly as a fact, or a simulation? The writer believes that the patients suspect what is desired of them and they pretend that the condition exists. It is only a stage play on their part, a form of simulation, and mythomania is at the root of the process. The author does not assert that all hysterical symptoms must be of the same mythomantic origin as are the pseudoanesthesias, but he places stress on the fact that this manner of regarding pseudoanesthesias and similar disturbances as of mythomantic character is at variance with the "suggestion" theory of hysteria. Suggestion implies a communication which is believed. There is absolutely no proof in these hysterical symptoms that the patients believe in the affection from which they claim to be suffering;—there is proof to the contrary, and the author