

Crance. TABES DORSALIS SIMULATED BY FOCAL INFECTION. [Med. Rec., April 10, 1920.]

This is a short report of the case of a man suffering from "lightning pains" and "a rope sensation round the waist," the pupils reacted sluggishly to light, Romberg's sign was doubtful, and the patellar reflexes were diminished but not absent. The gait was somewhat suggestive of ataxia. For nine years the patient received antisyphilitic treatment, but the pains gradually became worse. X ray examination showed the existence of several abscesses in connection with the teeth, the extraction of which was followed by a complete cessation of the subjective symptoms.

Piccinino. ELECTROPUNCTURE OF THE SPINE IN TABES DORSALIS. [Rif. Med., January 24, 1920. B. M. J.]

Electro-puncture by means of two needles, so as to avoid unnecessary shock after removal of a needle, is here advocated for tabetic therapy. The positive plate is placed on the neck or sacrum, and the needle attached to the negative pole and inserted from 1 to 2 centimeters into the skin and subcutaneous tissues. A current of 10 to 15 milliamperes is used. As soon as bubbles of gas appear around the needle it is slowly withdrawn, and the second needle inserted before complete withdrawal. From 50 to 100 punctures can be made. As the proceeding is very painful, local anesthesia is advisable. In the particular patient treated, his troublesome incontinence of urine was almost completely cured by this treatment. The site of injections should be near the lumbar swelling—that is, just below the twelfth dorsal vertebra. What the dynamics may be is left unexplained.

Rubritius. TABETIC URINARY RETENTION. [Wien. klin. Woch., July 29, 1920.]

The author here records a case in which retention of urine of tabetic origin was remedied by removal of a wedge-shaped portion of the internal sphincter.

Salomonson, J. K. A. Wertheim. TABES WITH HEMIATHETOSIS. [Nederlandsch. Tijdschr. voor Geneeskunde, 1920, LXIV, H 2, 2622.]

Salomonson reports to the Amsterdam Neurological Society a case of tabes, in a man of fifty, with a hemiathetosis of right arm and leg. Ten years previously he had a hemiplegia, possibly as the result of cerebral softening due to luetic endarteritis; the only residue of this was the presence of a doubtful Babinski extensor or reflex and the hemiathetosis. At the time of clinical observation the cerebrospinal fluid was negative, but the patient had already had several courses of strong antiluetic treatment. [Leonard J. Kidd, London, England.]

Sprenger, Georg. MORPHOLOGICAL DIFFERENCES OF THE SPIROCHAETA PALLIDA IN THE BRAINS OF PARALYTICS. [Archiv. f. Psychiat. u. Nervenk., 1920, Vol. 61, p. 480.]

Since Schaudinn and Hoffmann first announced the discovery of the