

arm and leg was temporarily lost, and there was transient hyperæsthesia of the right side. For two days micturition needed some straining. Wassermann was now 0.6 positive in blood. Anti-luetic treatment quickly did good. Klessens concludes that the gumma must have pressed on the lateral column of the right second cervical segment of the cord. It has left residual signs, *viz.*, an atrophic palsy of the upper part of the right trapezius, with reaction of degeneration, and disturbances of pain- and temperature-sensibility in the left leg from a handbreadth above the groin-fold to beneath the toes. [Leonard J. Kidd, London, England.]

Westphal, A. STATIONARY TABES. [Deutsche Ztschr. f. Nervenhe., Vol. LX, p. 80.]

The author describes a case which furnishes additional evidence that tabes at times has a nonprogressive character and remains stationary at an initial stage of development. In this case the disease lasted twenty-seven years and during this entire period the symptoms were not sufficiently pronounced to permit the diagnosis of tabes to be made with certainty. The patellar and Achilles reflexes were entirely absent on both sides as well as the tendon reflexes in the upper extremities, but beside these symptoms there were no deviations from the normal in the nervous system. The pupillary reflexes were normal, nor was there any fatigability; the patient moved with certainty and celerity and was on his feet all day attending to his business. The "four reactions" were repeatedly tested with the result that the Wassermann in blood and spinal fluid were always negative, as well as the Nonne-Apelt test. Only once the lymphocyte count in the blood reached the suspicious number of 10 in 1 cm. At the section the degenerations of the posterior column characteristic of tabes were discovered. The author's observation shows that great caution should be used in regarding absence of reflexes as a congenital stigma. [J.]

Brodniewicz, Kasimir. PSYCHIC DISTURBANCES IN TABES. [Allg. Zeitschr. f. Psychiatrie, Vol. LXXV, p. 701.]

Because of the frequent combination of tabes with progressive paralysis, and because of the transitional forms between the two diseases there is always an inclination, where there are psychic disturbances in tabes, to suspect that the symptoms belong to paralysis. But in many cases of tabes with psychic symptoms paralysis is improbable, there being no evidences of paralytic processes of degeneration, but on the other hand, symptoms of stationary character or even remissions. The author describes three cases of psychic disturbances in tabes, calling attention to the fact that they are of two types and furnish new illustrations of the two general forms assumed by psychic disturbances in tabes, namely, either that of acute transitory crises, or of a prolonged paranoid condition. The third case cited by the author, which took the form of acute crises, was noteworthy because it did not follow the form of an hallucinatory delirium, but of a confused excited condition. The two

chronic cases also differed from the hallucinatory paranoid type usually described, being a combination of an insane system in which ideas of reference predominated with falsifications of memory. The insane ideas had a uniform and consistent direction, so that the picture suggested the psychosis consisting of an insane system with an exaggerated idea (Wernicke). In both cases the dominating idea was the unfaithfulness and enmity of the wife. Case three (confusional excitement) suggested an intensive injury of the brain by toxin or spirochetes. The pictures in cases one and two which were of paranoid character suggest, on the other hand, an insidious and less powerful brain injury. [J.]

Seelert, Hans. 'FAMILY EXAMINATIONS IN NEUROSYPHILIS. [Monatsschr. f. Psychiat. u. Neurol., Vol. XLI, No. 6, p. 329.]

Syphilis and especially syphilitic nervous diseases are much more frequent in the families of paretics and tabetics who were infected after marriage or shortly before, than in the families of those in whom the infection took place two or three years before marriage. In the five families examined by the author the father had been infected shortly before marriage. It is to be assumed that in these families the infection of both parents takes place with only a short intervening interval, and the infection of the mother is therefore from a fresh source where the virulence has not yet been reduced by the defense reactions of the organism. These facts indicate that those cases of syphilis are more severe where the infection takes place from an individual who has recently been infected than one who has long suffered from syphilis. [J.]

Pagniez, P. TREATMENT OF GENERAL PARESIS. [Presse Médicale, October 16, 1920. J. A. M. A.]

Pagniez refers to recent attempts in Germany to arrest the progress of general paresis by inoculation with malaria or relapsing fever. He thinks, with the writers, that the percentage of remissions is not high enough to be convincing, but that the way in which the remission occurred seems to indicate something beyond a mere coincidence. Mühlens and Weygandt have had an interval since of only a few months, but in Wagner's case the remission after inoculation with malaria had persisted for three years. Pagniez cites thirty-seven cases in which this treatment has been applied, and mentions also Weichbrodt and Jahnke's experiments on rabbits with induced syphilitic chancres in the scrotum. The chancres retrogressed and subsided completely in a few weeks after the animals had been kept at a temperature of 41° C. for half an hour once or twice a day for several days. The central temperature of the rabbits reached 42° or 44° C. after half an hour in the incubator at 41° C. (105.8° F.). Although this result was not quite constant, yet it is accepted as demonstrating the sterilizing action of high temperatures on the vitality of the spirochetes in experimental syphilis. The deduction seemed clear that in general paresis inoculation of some disease inducing waves of