

**Sanz, E. F.** TABES AND PARESIS. [Siglo Méd., 66, June 7, 1919.]

This paper recommends the use of mercury cyanide as a useful adjunct to the intraspinal use of salvarsanized serum. He advises its intravenous use. In tabes the results, he holds, have been fruitful, but as for paresis no signal success has yet been observed, although he maintains a definitely hopeful attitude towards ultimate control in this syphilitic trend.

**Sands, I. J.** INTRAVENTRICULAR TREATMENT OF PARESIS. [Am. Arch. Neur. and Psych., 2, July, 1919, J. A. M. A.]

Sands claims that this is the first case which has received this form of therapy and has been studied clinically as well as at the postmortem. The patient was a man, aged 40, who had one living child, a negative family history, but an alcoholic personal history, who had no knowledge of any venereal disease. He began to show lapses of memory in December, 1915, which increased in severity so that he was obliged to discontinue his work in the middle of 1916; he then became irritable, showed speech defect and became ataxic; in March, 1917, he received one intraventricular injection of arsphenamin through a trephined opening in the skull. May, 1917, he showed disorientation, poor memory, expressed grandiose ideas; showed marked speech defect, pupils were unequal and reacted very sluggishly to light, and the spinal fluid showed positive globulin, fifty-four cells, and a positive Wassermann reaction. He soon began to soil himself, became very euphoric and died following a convulsion. The postmortem examination showed the characteristic lesions of general paralysis in the brain; namely, a thickened pia showing a characteristic milky exudate in the anterior two thirds, atrophy of the anterior poles of the cortex, lymphoid and plasma cells infiltration into the pia, neuroglia increases, cortical disorganization and perivascular exudation of lymphoid and plasma cells, many mast cells and a few rod cells, granulations on the floor of the ventricles, syphilitic aortitis and bilateral bronchopneumonia and pulmonary edema; the lesions in the left side of the brain which received the arsphenamin were more intense than those on the right side.

**Hanser, A.** VISCERAL ANALGESIA IN TABETICS. [Deut. med. Woch., 1919, No. 5.]

The author describes a tabetic of 45 years of age in whom there was an ulcer of the duodenum with perforation with resulting peritonitis and collection of feces and gas in the peritoneal cavity. The patient had no discomfort and was unaware that anything was wrong save for nausea. He compares this case with analogous cases in literature.