

where syphilitic infection was denied antibodies were demonstrated. They were also found whether specific treatment had been carried out or not. The time between the infection and the occurrence of paralysis fluctuated considerably. Positive results were obtained in cases of 6 to 20 years duration. The severity of the diseases did not have any influence upon the production of antibodies. No parallelism could be ascertained between the content of lymphocytes and antibodies in the spinal fluid. All control experiments on non-syphilitic patients, made by the different investigators were universally negative. The blood serum and the spinal fluid should be examined in each case. Marie and Levaditi are of the opinion that the production of antibodies begins in the advanced stages of progressive paralysis and that they increase as the disease progresses. These authors consider that the "antibody reaction" is specific for paralysis and tabes dorsalis. Plaut has not found that the production of antibodies are in any way an index for the intensity of the disease. He is of the opinion that at present the reaction is not specific for general paralysis and tabes dorsalis. We do not know what syphilitic antigen is and accordingly know nothing of its reaction product, the antibody. One may say that syphilitic antigen is a substance which exists in the organs of syphilitic patients. It has only been demonstrated, with fitting amboceptores, in the fluids of patients suffering from syphilitic and meta-syphilitic affections.

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HYSTERICAL SWEAT. Hans Curshmann (Münch. med. Woch., 54, 1907, August 20).

The author reports two cases, mother and daughter, who had suffered for one year from profuse perspiration three times a day, always at a definite hour. There was no fever present. Both were confined to bed. The perspiration occurred without tonic or clonic convulsions, and was always accompanied by a subfebrile temperature. The patients were mentally quiet. Not even at the time of sweating did they show any psychical unrest. Physical examinations revealed nothing abnormal. No organic changes of the nervous system. Hysterical stigmata were absent, except both mother and daughter showed a marked psychical suggestibility. The anamnesis and the psychical behavior of the patients led the author to the conclusion that it was a purely hysterical disturbance. The suggestive treatment for the patients proved the diagnosis to be correct. Mother and daughter promptly recovered. Vulpian, Binswanger and Siredey have reported cases of hysterical sweating in the literature. In neurasthenia the psychical origin of a profuse sweat is of a local nature. In many nervous cases with hyperhidrosis of the hands, the sweat paroxysm occurs at a time when they are especially afraid of it, as for instance in society when they are obliged to shake hands. Hyperhidrosis may become a phobia in these cases as erythrophobia, nervous diarrhoea and the desire to urinate. The writer considers his cases as purely hysterical hyperhidrosis. He is of the opinion that his cases speak in favor of the probability and reality that purely hysterical fevers may occur in certain patients. Typical fever reaction has been observed by investigators with tuberculin in patients entirely free from fever by the mere suggestion and introduction of the hypodermic needle without injecting tuberculin.

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