25 had no liability insurance; 2-4 was the median number of previous difficulties; 13 were acceptable as drivers on a liberal valuation. From the foregoing it would appear, to the extent that the group may be considered as representative, that an appreciable percentage of the traffic violators who actually came to court are hardly to be deemed adequately competent or safe drivers. Further, it would seem a permissible inference that a certain fraction, although naturally a much smaller one, of the general driving public as well must be so regarded.

C. S. R.

PROGNOSIS AND TREATMENT.

[253] Intensive antisyphilitic treatment following induced malaria in nineteen cases of general paralysis.—J. C. Ramsay. Jour. of Ment. Sci., 1930, lxxvi, 82.

The balance of evidence shown in this paper is neither for nor against the use of intensive antispecific therapy (potassium iodide, mercury and tryparasamide) compared with a short course of sulfarsenol as the supplementary routine procedure. The number of cases, however, is small, and it would be a presumption to condemn the treatment before observing the results in a larger series. Possibly better figures might be obtained if the therapy were more protracted, or delayed until the lapse of a longer postmalarial period.

C. S. R.


In the cases under consideration it was found that changes occurred in the bone-marrow and blood in paralytic dementia, which showed that the leuco-poietic functions were impaired and the leucocyte reserve was diminished. In untreated cases there was a definite leucopenia. When leucocytosis was stimulated the intensity of the neutrophilic reaction varied inversely with the stage to which the paralytic dementia had advanced. Under the same conditions the Schilling index rose in direct proportion to the stage of the disease. The rise was most marked in those cases whose decline was accelerated by pyretotherapy, and least marked in those who were benefited. Six to nine months after treatment by the induction of relapsing fever the Schilling index, in favourable cases, was restored to normal limits after having been at a high level before treatment. The better the condition of the patient after treatment, the nearer did the differential leucocyte count and Schilling index approach the normal, and the converse was equally true. The changes
described are referable to affection of the reticulo-endothelial system. It would appear that involvement of the reticulo-endothelium by the syphilitic virus constitutes one of the factors which determine whether a given syphilitic subject will develop paralytic dementia. Since involvement of that system is characteristic of paralytic dementia, it follows that therapeutic measures should take this into account. Pyrethotherapy stimulates the resistive action of the reticulo-endothelial system at a time when this function is flagging under the influence of a chronic infection, viz., syphilis.

From the therapeutic point of view the following considerations arise:

1. Malarial therapy should be reserved for those cases in which a satisfactory leucocytic reaction has been obtained by means of a preliminary test with a mild leucogenic agent.

2. In view of the importance of the reticulo-endothelial disturbance, patients who have derived benefit from malarial treatment should reside for a time at a high altitude in order to stimulate erythropoiesis, in the hope that the closely allied function of leucopoiesis will benefit.

3. Prophylactic malarial treatment should be advised for all patients known to suffer from syphilis in whom few, if any, secondary or tertiary lesions have been observed.

C. S. R.


_Amer. Jour. of Psychiat.,_ 1929, ix, 501.

In non-specific protein therapy (combined typhoid and paratyphoid vaccine) of cerebral syphilis and paresis, we have an excellent substitute for malarial inoculation. In a series of fifty-five unselected cases treated by this means, results obtained compare favourably with malarial therapy, and appear superior to the other methods of treatment thus far advocated. It is better tolerated, more benign in action, can be given in advanced cases of syphilitic brain disease, and also where malaria is not readily obtainable or is otherwise contraindicated. The average height of temperature in these cases was 103 degrees; the highest temperature registered 108 degrees on two successive occasions. The tolerance and reactions of the patient to this therapy are generally good even with injections increased to three billion five hundred million dead bacilli per dose. The secondary anaemia and loss in weight are appreciably less marked than those encountered with malarial inoculations, and the patient's recovery from the effects of the treatment is often very rapid. Serologically, the most striking reduction occurs in the colloidal-mastic or gold curve test. In more than eighty per cent of the cases, modification occurred from a high paretic curve to a negative one. The average reduction however being to a reactive zone curve, varying degrees of modification may also occur in the Wasserman reactions of the blood and spinal fluids. This treatment may be repeated a second or third time at intervals of two or more months with very little or no hazard to the patient.

C. S. R.
ABSTRACTS

[356] **General paralysis and its treatment by induced malaria.**—E. T. MEAGHER.  
*Jour. of Ment. Sci.*, 1929, lxxv, 714.

The prime object of this report was to ascertain, in cases of general paralysis treated by induced malaria, to what extent life is prolonged and improvement, mental and physical, takes place. Inquiries from those mental hospitals where this treatment was not practised gave the following results: Admissions of general paralytics, 624; deaths, 560 (90 per cent.); in hospital, 52 (8 per cent.); discharged, 12 (2 per cent.). The figures from mental hospitals where malaria treatment was practised were (during the same year, i.e., 1923): Treated, 152; now dead (1927), 71 (45 per cent.); in hospital, 45 (30 per cent.); discharged 36 (25 per cent.).

In analysing the causes of death little doubt is left that malaria is itself a potent factor, as the death-rate is exceptionally high in the first and second months—40 per cent. of the total deaths took place in the two months succeeding inoculation. At Vienna Prof. Wagner-Jauregg says that deaths from malaria have ceased to occur, on account of careful cardiac treatment and quinine control.

C. S. R.


A somewhat succinct review of recent work on the malarial therapy of general paralysis sets forth the following conclusions:

1. Ten years of experience of the method has proved its superiority to all others.

2. Applied to early cases, excellent remissions can be obtained in no less than 83 per cent. For later cases the percentage is very much less.

3. All forms of the affection are amenable to this treatment, with the exception of the galloping variety. Contraindications include cardiopathy, tuberculosis, persistent thymus, and obesity.

4. Double tertian is the usual clinical form taken by malarial inoculation, and it is easily controlled by quinine.

5. Improvement is confined to mental symptoms; neurological signs do not disappear. Serological improvement is usual, and in the fluid also.

6. The exact mechanism of ameliorating malarial action has not yet been made clear.

J. V.


After presenting four psychoanalytic studies of schizophrenic cases, the author concludes that only those acute schizophrenics who cannot be kept at
home should be sent to a sanitorium, and they should only stay there until the acute process subsides. Though that is only possible in few cases, he feels that the ideal hospital treatment should consist of well-trained physicians who would study the patient in the hospital or sanitorium even while the patient is still in the inaccessible acute stage. Following the acute state, the same physician should treat them psychologically and continue to watch and guide them after they are discharged from the hospital. Such patients require guidance for a long time, perhaps for the rest of their lives.

C. S. R.

[259] Report of the treatment with manganese chloride of 181 cases of schizophrenia, 33 of manic depression, and 16 of other defects or psychoses at the Ontario Hospital, Brockville, Ontario.—W. M. English. *Amer. Jour. of Psychiat.*, 1929, ix, 569.

The results showed that a larger percentage of men than of women exhibited both physical and mental improvement, and that though the discharge list from hospital oversight—21 in number—was not high, yet the general welfare of the patients was much improved and the majority of them were able to be ‘up and about.’ Some were enabled to engage in useful employment.

C. S. R.