PROGNOSIS AND TREATMENT.


By definition, a case of genuine syphilis is stated to have a primarily negative spinal fluid if the finding is negative at the first examination, either when the patient has had no treatment at all, or has had none of an antispecific character for not less than five years prior to the examination.

The number of cases investigated by the author was 155, all of which came under this category; they either had had no treatment, or none for five years, and their fluid was negative. Of these, 71 (16 per cent.) showed no nervous symptoms of any kind; 57 (37 per cent.) gave clinical evidence of cerebrospinal syphilis; and 27 (17 per cent.) of tabes dorsalis. (It should be stated that in all cases all the usual tests of the spinal fluid were conducted.)

None of the 71 cases of the first group has subsequently developed nervous symptoms, nor has in any case the fluid become positive. None of the 57 cases with cerebrospinal syphilis has since shown any sign of progression of the disease.

With one exception (and that probably a case of hereditary tabes) none of the 27 cases of the third group has since shown increase of tabetic symptoms; they have remained mono- or oligosymptomatic. The author reaches the important conclusion that primarily negative fluid cases (as defined) must be considered extraordinarily favourable as far as prognosis is concerned.

S. A. K. W.


PROFESSOR WALTER and Dr. Lax report very good results from the treatment of trigeminal neuralgia by X-rays. Since 1920 they have treated thirty cases and have had nineteen cures (63 per cent.); in addition, six cases showed great improvement, i.e., the patients remained free from attacks of neuralgia but were conscious of a hypersensitiveness of the affected side of the face when eating or when exposed to wind; only one patient failed to derive benefit from the treatment. In one of the cured cases recurrence took place after two years and cure again followed application of the rays. The authors tried to direct the radiation on to the Gasserian ganglion of the affected side through the temple, and sometimes, in subsequent exposures, through the temple of the opposite side. The tubes used were mostly hard, the exposures 5–10 minutes and the dose on the average "128 ekl. Belastung ½ der H.E.D., eine Filterung von 0.5Z+1A1" at 24 cm. distance. The number of exposures...
in many cases was only one, and, except in one unsuccessful case, was never more than five. Exposure was usually followed by an exacerbation of the disease and it was soon observed that such exacerbations had a very favourable indication.

It is possible that much depends on the technique employed, for two of their patients failed to derive benefit when treated at other institutions.

J. P. M.

[99] The treatment of tabes and general paralysis with tryparsamide (De Tryparsamide-behandeling bij tabes en dementia paralytica).—

VAN WULFF TEN PALTHE. Neurotherapie, 1925, v, 95.

The author treated eight cases of general paralysis, two of tabes, and four of taboparesis, with tryparsamide in the course of one year. Tables are given with full details of the cases. Of the total of 14 neurosyphilitic cases, two were much improved or exhibited complete remission of symptoms; six improved; three were unchanged; two became worse, while one patient died. One of the two greatly improved cases was that of a general paralytic, the other that of a taboparetic; the patient who died was a general paralytic, death ensuing four days after the first injection.

These results are compared with those of Dawson and of Lorenz, and with a number of reports on the treatment of general paralysis with malaria, the conclusion being that tryparsamide is not to be depreciated in comparison with malarial methods and is well worth further trial.

S. A. K. W.

[100] A comparative study of various methods of the administration of luminal in epilepsy.—H. A. PATTERSON, LE GRAND A. DAMON, and P. LEVI.


The authors find that luminal may be given orally, intravenously or intraspinously. No ill effects have followed the administration of therapeutic doses of this drug by any of these methods. No tolerance is developed for phenolbarbital by any of the forms of treatment used. The effect of luminal in epilepsy is palliative rather than curative.

Sudden withdrawal of the drug is contraindicated. Luminal treatment by any of the four methods mentioned apparently has more influence upon severe than on mild attacks. The period required for the appearance of therapeutic effects is as follows: orally, 1–2 hours; subcutaneously, 15–30 minutes; intravenously, almost immediately; intraspinously, half-an-hour or more.

The subcutaneous method of administration is preferable in serial seizures. The employment of the intravenous method is indicated in status epilepticus. Intraspinous injection may subsequently render refractory cases more amenable to other types of treatment.

R. G. G.