TREATMENT.


The authors describe their method of treating general paralysis by injections of foreign protein. Each course consists of a series of from eighteen to twenty-three intravenous injections of foreign protein in the form of typhoid combined vaccine (administered every second or third day) sufficient in quantity to produce a chill followed by fever with a fastigium of from 103° to 104° F. The vaccine is diluted with physiological sodium chloride solution, so that each cubic centimetre of the dilution contains 200 million dead bacilli. The initial dose is fifty million, and the number of bacilli given in subsequent doses depends entirely on the individual response of the patient, and must be gauged by the height of the temperature resulting from the previous dose. A fastigium as low as 102° F. indicates that the next dose must be increased by from 25 to 100 million bacilli. In the majority of instances an increment of 100 million dead bacilli per dose is sufficient to elicit the desired effect, so that on the eighteenth treatment the patient receives an intravenous dose of 1,800 million dead bacilli. After a two months' interval a second course of injections may be instituted. Modifications of the serological tests occur in almost every patient treated in this way. The colloidal gold curve is strikingly modified so as to approach that found in cerebrospinal syphilis, or in some cases no change above 2 or 3 is apparent. The cell count is reduced, and the blood Wassermann reaction may become negative.

In the forty-nine unselected cases thus treated, twenty-one obtained remissions sufficiently good to restore them to their former social conditions. Eight patients of the forty-nine are dead, four of whom were in an advanced stage of the disease before treatment began.

Sufficient time has not yet elapsed to allow of any definite conclusions being drawn, as the authors have published their results four months after the first course of treatments.

R. M. S.


References are given to the meagre literature bearing on the effect of artificial malaria in general paralytics who have previously suffered from ordinary malaria, and some seven personal cases are described in considerable detail. They are all those of males, and adults. The longest interval between the original malaria and the development of symptoms of general paralysis was 22 years; in most of the others it was materially shorter. The clinical type manifested was variable.
As for results, in five cases no amelioration took place, either early or late; two only showed definite improvement. The conclusions would appear to be:

(1) Previous infection with malaria by ordinary ways does not prevent general paralysis from developing subsequently;

(2) Pre-existing malarial infection does not alter the latent interval between syphilitic infection and the appearance of paralytic symptoms;

(3) The same conditions which influence favourably or not the possibility of malarial cure are equally in action in ex-malarial cases.

S. A. K. W.