common. When the lobes are affected, however, highly organized auditory hallucinations are more frequently observed. Neoplasms in the frontal lobes also produce great personality changes and loss of the refinements of civilization.

C. S. R.

PROGNOSIS AND TREATMENT


The series presented in this paper comprised a total of 32 patients, and of this number 28 completed their course of treatment. Of these, three, or approximately 29 per cent., represent almost a complete remission; they have no physical defect, and no psychotic traits, nor outstanding mental defect; they are able to carry on trustworthy positions in hospital. Seven, or 25 per cent., represent partial remissions; they are able to carry on outside work under supervision. Three have physical defects, one has a memory defect, and one has considerable impairment of speech. Seven, or 25 per cent., are unimproved, but are quieter and cleaner in their habits. Three have died.

All showed a marked physical improvement such as gain in weight and strength. Before treatment all showed a positive Wassermann reaction in the blood and spinal fluid, and a typical colloidal gold and colloidal mastic reaction. Afterwards there was found to be a change in the spinal fluid of nine patients. In six of these both the colloidal gold and mastic reactions became normal, but at the same time their Wassermann reaction remained unchanged. In one case the blood Wassermann test was negative and the fluid positive, with a normal colloidal gold reaction. The three remaining cases showed a favourable change in both the colloidal gold reaction and the colloidal mastic. Three of the cases with normal colloidal gold reactions were clinical remissions. In the other six cases the improvement in the serology did not parallel the clinical course.

C. S. R.

[38] Sulphur pyretotherapy in mental diseases (La sulfopiretoterapia nelle malattie mentali).—L. Ceroni. Rassegna di studi psichiat., 1933, 22, 77.

Some 50 cases representing various types of mental disease were treated by means of 'pyretogenic sulphur.' The results among the manic-depressives were particularly good, cures being claimed for a large proportion. In schizophrenia little improvement was obtained, and often none at all. The same remark applies to cases of epileptic insanity.

J. V.
Some remarks on the treatment of general paralysis by diathermy.—

In 24 cases treated by the writer, 52 per cent. obtained a clinical remission. It is thought that the present results are superior to those following treatment by malaria. The mechanical control of the hyperpyrexia makes this method of treatment safe. Risk of burns is negligible if ordinary care is observed. Respiratory complications were a feature and caused one fatality.

C. S. R.

A review of seven years’ malarial therapy in general paralysis.—

Two hundred female cases were studied at Horton Hospital. The percentage of good remissions was low compared with the results of other observers. Leroy and Médakovitch state that in women the disease is less severe and tends to follow a more insidious course. They also report that the condition is more advanced before they become certified. The predominance of the dementing form in the female is probably responsible for the lower rate of remissions following treatment.

From the point of view of prognosis the writer lays most stress firstly on the clinical type assumed, and secondly on the duration of disease before treatment. His experience is that remissions are obtained by the first course of fever, and that subsequent courses of malaria exert no influence on the mental or physical progress. Benign tertian malaria is the most convenient species, but access should be available to quartan malaria for those patients who are immune to benign tertian, or who are in a poor state of health which might be endangered by the more severe type of fever. Whether second and further courses of malaria are necessary to maintain the latency or suppression of the syphilitic process cannot yet be decided.

C. S. R.

Therapeutic malarialization of general paralytics in the tropics.—

General paralysis is as prevalent among the Malays as among the races of Europe. This prevalence is, moreover, even less than it would be otherwise on account of (1) the retarding effect of concurrent protozoal infections, and (2) the tendency of the Oriental’s metabolism towards dermotropic rather than neurotropic lesions in all spirochetal diseases. General paralysis responds very much less to antimalarial treatment in Asia, because these neurotropic cases represent the most developed of the cases of lues, i.e. cases which have persistently resisted the action of exogenous and endogenous antibodies. It is extremely difficult to obtain effective malarial inoculation...
in Asiatics of the coolie class who have been brought up in a country where malaria is indigenous, and who may be presumed to have acquired some degree of immunity.

C. S. R.


From this study the author concludes that of all patients suffering from general paralysis, 31 per cent. are sent home improved each year. Six to nine years after treatment 12 per cent. of the patients are recovered from their illness and living at home. One to five years after treatment, 24 per cent. of the patients are recovered and living at home. Malarial treatment improves the physical condition of general paralytics even when no mental improvement results. As regards the expectation of life, 76 per cent. are living one year after treatment, 50 per cent. four years afterwards, and 22 per cent. nine years afterwards. Malarial treatment used on all cases of general paralysis admitted to hospital is not without danger, and 13 per cent. of cases die within one month of inoculation. The prognosis is best in those patients who have had symptoms of disease present for seven months or less prior to treatment. Reinoculation with malaria is of no special benefit in the treatment of general paralysis. This treatment also has little or no effect on the physical signs present in the nervous system.

C. S. R.