
In a case of extramedullary tumour at the level D3–D4 the costopectoral reflex was absent, though the scapulohumeral reflex of Bechterew was retained, as was the motility of pectoralis major. The reflex is related to lesions in the region C8–D7, it is present in all healthy subjects, but is absent on the paralysed side in subjects of hemiplegia with contracture.

R. G. G.

PROGNOSIS AND TREATMENT


It was thought that possibly the method of producing fever by the use of a mechanical method might bring about satisfactory results and have less disadvantages than malarial therapy. The application of treatment by diathermy is here described. Though only a comparatively small number of cases (six) were experimented upon, the findings mostly agree with those who have used diathermy over a longer period. A similar and controllable fever simulating that of malaria could be produced, but the patients expressed extreme discomfort when the temperature rose above 102° F. and begged that the treatment be discontinued. White and red blood corpuscles increased during each individual treatment, the red cell increase being as much as 1,000,000 and the white cell from 1,000 to 4,000. With this increase the cell count showed a decrease in percentage of the lymphocytes and an increase in the percentage of polymorphonuclears. There was loss in weight after each treatment varying from 1/2 lb. to 2 lb. Clinically there was mental improvement in three of the patients. One recovered, left the hospital and maintained himself. In three the colloidal gold curve showed a pronounced reduction. In three there was no change. Blood and spinal fluid Wassermann tests were not modified. This writer feels we must not be too hasty in dispensing with malaria, though there will undoubtedly be a place for diathermy with the more co-operative patients.

C. S. R.

The treatment of juvenile general paralysis.—Howard W. Potter. Psychiatric Quarterly, 1933, 7, 593.

Of 60 cases of juvenile general paralysis 38 were treated with malaria or tryparsamide or both, 20 with common arsenicals and bismuth or mercury, and two with radiotherapy and diathermy respectively. Of the 20 treated with common arsenicals, 17 continued to undergo a mental and physical
deterioration and several of these died. In 27 of the 38 cases treated with malaria or tryparsamide the treatment was effective in so far as it prevented further deterioration; five of these gained a complete remission and nine a partial remission. In the great majority of instances a period of from two to five years had elapsed after the beginning of the treatment. In studying the factors that affect the prognosis in the 38 cases treated with malaria or tryparsamide, the prognosis was found to be better in (a) patients who prior to the onset of the paresis were of normal mental level; (b) patients who were in or past adolescence when the symptoms developed; (c) patients showing the expansive and confused reaction types; (d) patients in whom the elapsed time between the onset of the disease and the treatment did not exceed two years. Sex, character of the onset and antiluetic treatment prior to onset did not appear to affect the prognosis favourably or unfavourably.

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