most part archaic. Hence, lesions apparently affecting this whole area in common involve speech in a maximum degree. Again, the abdominal reflex occurs only in primates; hence it likewise is a late phylogenetic development, and is therefore lost early. Horizontal nystagmus is brought into relation with the fact that the side movements of the eyes in the horizontal plane is present only in higher mammals on account of the position of the eyes in the front of the head. That the disturbances of motility are greater and more frequent than those of sensibility is due to the fact that the pyramidal tracts are young both from the racial and individual standpoint. The cerebrocerebellar tracts in the pons are conspicuously developed in the higher mammals, and particularly in man; therefore there is a frequency of disturbed co-ordination, since these tracts, developed late, are often involved in the sclerotic process. Finally, the much-discussed temporal pallor of the optic disc finds its explanation in the imperfect crossing of the optic fibres in the mammalia, including man. Phylogenetically, the temporal half of the disc is the younger; hence, according to the theory, it suffers more in the pathological process than does the nasal side. The well-recognized mental changes are naturally explainable on the same basis.

R. M. S.


In 90 per cent of multiple sclerosis there are mental alterations, but because of the accompanying physical disability disorders of conduct leading to commitment are rare. In the Manhattan State Hospital there were only three cases of multiple sclerosis among the 6,700 insane patients. Euphoria, sometimes even resembling that seen in mania, is perhaps the commonest mental symptom. Even when completely helpless, these patients are often optimistic, cheerful, and not in the least concerned about their condition. Depression is also seen, but is unaccompanied by great retardation, and even in these cases euphoria tends to develop as the disease progresses. Mental deterioration is very variable in degree, and auditory hallucinations without insight are not unusual. The mental symptoms which are incidental and secondary may be placed in a secondary group, and probably depend to a considerable extent on the mental make-up of the patient before the disease developed. To this category belong transitory delusional states, depressions, and delusional trends having a certain resemblance to dementia praecox.

The authors quote illustrative cases, and supply a fairly complete bibliography.

R. M. S.

TREATMENT.


This paper is based on the routine examination of a series of 281 cases of early syphilis at the Mayo clinic. They find that in very early untreated cases of secondary syphilis the spinal fluid shows evidence of syphilis (most
often pleocytosis) in from 60 to 70 per cent of cases, falling to 40 per cent within the first six months, and to 25 to 30 per cent after the first year or two. From this time on the decline is more gradual. These alterations are often associated with absence of clinical signs pointing to affection of the nervous system. In fact only 16 per cent of early cases showed such symptoms. Their observations suggest that when syphilis involves the nervous system it usually does so at an early stage, and that in patients who are free from nervous involvement during the whole of the secondary stage, thorough early treatment prevents such involvement at a later stage. They advise examination of the cerebrospinal fluid in all cases of syphilis before the patient is discharged from a first course of treatment, as the nervous system appears to be much more amenable to treatment at this than at any later stage in the disease.

J. G. Greenfield.


The author cites several illustrative cases to show that the asymptomatic nature of neurosyphilis is not so common as is believed. Neurosyphilis, even in the early stages, is nearly always symptomatic, but as these symptoms are, more frequently than not, atypical, they are not revealed by the conventional clinical methods of examination. He insists that the only method of detecting early neurosyphilis "is that which tests, routinely, all functions of the nervous system and all chemical reactions in the cerebrospinal fluid."

J. G. Greenfield.


This paper is a reply to the recent criticism by Dercum of the intraspinal treatment of neurosyphilis. Fordyce does not place any faith in such treatment in the parenchymatous stages of neurosyphilis, but considers it of great value in clearing up early syphilitic meningitis. He states that in some cases he has obtained complete cures when prolonged treatment by intravenous arsphenamine and mureuralization had failed. He does not, however, in this paper give either statistics or references bearing on the subject.

J. G. Greenfield.


By the term 'internal stigmas' the authors refer to the deformities in various regions of the digestive tube which may be observed by use of the Röntgen ray; and in their experience visceral ptosis, intestinal stasis, and so on, are quite common in children exhibiting mental or nervous symptoms. They believe that measures devoted to the relief of such gastro-intestinal disorders may cause the mental retardation and other
psychic disturbances of childhood to disappear. Five brief case reports are presented, but in only one is it definitely stated that the mental state benefited from this form of treatment.

R. M. S.

[85] The treatment of general paresis by the intracistern route.—F. G. Ebaugh, Arch. of Neurol. and Psychiat., 1922, vii, 325.

With the object of obtaining a wider dissemination of salvarsanized serum, Ebaugh made his injections into the cisterna magna in twenty-eight cases of general paralysis. In all, 250 punctures were performed without accident of any kind. The clinical and serological results were disappointing, but seemed to justify further use of the method.

R. M. S.


The presence of blood in the cerebrospinal fluid is much more common as the result of secondary effusion from an ordinary cerebral hæmorrhage than of a primary rupture of the vessel in the wall of the ventricles or in the choroid plexus. Bleeding into the ventricles can be recognized clinically by such signs as deepening or renewal of unconsciousness, by spreading of the paralysis to the opposite side, by Cheyne-Stokes breathing, and by tachycardia, etc., but the decisive diagnostic evidence is the character of the fluid. The presence of blood in the spinal fluid is a certain proof that the hæmorrhage has invaded the ventricles. In such cases the prognosis is very grave, and most authors agree that death is a matter of hours. Charcot published a case which recovered, and the author describes three others. He concludes that hæmorrhage into the ventricles may be spontaneously arrested and the focus become encysted as in an ordinary cerebral hæmorrhage. The presence of blood diffused in the fluid may produce a serious syndrome of meningeal irritation. Lumbar puncture may mitigate or remove all immediate danger of death if the oozing of blood from the vessel is arrested, and may favour the elimination of the hæmorrhagic focus, and with this the recovery of the patient.

The prognosis of bleeding into the ventricles is bad, not only because of the increased pressure produced by the escaping blood, but also because of the meningeal irritation which ensues, and which causes increased secretion of fluid and so still further increase in the pressure. With reference to this irritative effect of blood on the meninges, the author noticed that in many cases of head wounds during the war where blood was present in the fluid, lumbar puncture prevented in many cases the neck rigidity and rise of temperature which were supposed to be due to the onset of septic meningitis. He thinks that the risk of increasing the hæmorrhage by reducing pressure to the extent of removal of 12 c.c. or less of fluid is negligible, since the pressure in a small artery is not more than 100 mm., as compared to 100 to 130 mm. in the ventricular system. On the other hand, any increase of pressure must be detrimental to the delicate vital structures on the floor of the 4th ventricle.

R. G. Gordon.