The cutaneous reflex of the chin (Le réflexe cutané du menton).—

Marinesco and Radovici have described a reflex contraction of the muscles of the chin following stimulation of the palm of the hand, especially the skin of the thenar eminence or index finger with a blunt object. This reflex, they claim, is to be obtained in about 50 per cent. of normal individuals.

The writer has obtained it rarely in normal persons, but frequently in hemiplegics on the affected side. Of greater value is a contraction of the chin muscles in response to direct stimulation of the overlying skin by scratching it lightly with a pin. This reflex is not present in normal persons but may be seen in high lesions of the pyramidal tract. A case is recorded in which the reflex was sought for and found to be absent in a chronic alcoholic. A few days later he had a cerebral haemorrhage. Two hours after the onset, both the palm-chin reflex and the direct chin reflex were present.

C. P. S.

PROGNOSIS AND TREATMENT


Twenty-three unselected cases of tabes dorsalis and ten of paresis were treated with bismuth, and observed from four months to one year afterward. Improvement in subjective complaints was noted in practically all cases. The treatment was especially effective for pain, numbness, urinary disturbances and ataxia. The prompt relief of severe pains was gratifying. Some of the patients who had been chairfast became able to walk. Incontinence and retention of urine were either completely relieved or improved in most instances. Impairment of vision did not progress in any case, and in one case it was definitely improved. The findings on neurological examination were usually unchanged, and the treatment exerted no marked influence on the serology.

One case of paresis showed a remission following treatment which may or may not have been induced by the treatment.

Stomatitis and local induration were the only ill effects, both of which can be avoided with proper precautions.

In the authors' experience bismuth has yielded as good results as any other form of antiluetic treatment in cases of tabes dorsalis and paresis.

R. G. Gordon.


The use of tryparsamide at the Mayo Clinic extending over a period of three years, in 207 cases, leads the writers to believe that it is of value in the treatment
ABSTRACTS

of the paretic type of parenchymatous neurosyphilis. Evidence based on subjective and serological improvement justifies the assertion that there is a certain small group of patients with early paresis who derive marked benefit from tryparsamide. In seven cases in the whole series there was a complete return of the spinal fluid findings to a normal state, but no associated clinical improvement. The clinical and serological criteria by which to determine beforehand the patients with paresis who will improve could not be ascertained. The use of bismuth intramuscularly in conjunction with tryparsamide seems to offer better therapeutic results than either given alone. This treatment, however, does not seem to offer as much encouragement as the treatment of general paresis with malaria, but it is indicated in patients not suited to the risk of the latter treatment.

LEWIS YEALLAND.

Endocrinology.

[34] The present position of vegetative nervous therapy (Der heutige Standpunkt der Vagus- und Sympathicus-therapie).—GLASER, Fortschr. d. Med., 1926, xliv, 11.

This is a review of the action of the vegetative nervous system on various organs and of the ways in which this action may be influenced and made to serve a therapeutic purpose in disease.

Nearly all the elements of the febrile state are manifestations of sympathetic hyperactivity and the drugs of the antipyretic group act in opposition to the sympathetic and aid the vagus. In certain fevers, especially in severe cases of influenza, the sympathetic centres or nerve endings may be poisoned and then a nervous heart failure may ensue; this must be combatted by stimulants of the sympathetic. Whooping cough and asthma among respiratory diseases are influenced by therapy directed towards the vegetative nervous system; and in the circulatory system, the cardiac neuroses, and hyperpiesis and angina pectoris; among gastric disorders cardio-spasm, pyloric spasm and loss of appetite depend on sympathetic and vagal activity. Recent work on the control of the gall-bladder and the reflex influence of gall-bladder disease on the stomach and bowel via the vegetative nervous system are considered.

As regards the kidneys, glomerular nephritis is influenced by diuretics which cause a release of arterial spasm, and orthostatic albuminuria depends on vegetative nervous factors. Endocrine diseases and diabetes, and disorders of menstruation also are much affected by the vegetative system.

Though it contains no original matter this is a useful review and it is accompanied by a considerable bibliography of recent work, which gives it value as a reference article.

J. P. MARTIN.