On the right, from D7 to S5, is found a degree of hyperalgesia and of thermal anaesthesia. No change in the appearance of the sella turcica was noted by X-ray examination. Normal secondary sexual characters have appeared and menstruation is established. An interesting discussion of the nature of the case is given.

S. A. K. W.


The classification of tetany given by the author may be summarised in the following way:

1. Tetany of childhood and youth.
2. Late tetany. In these cases the symptoms make their appearance in the third decade or subsequently. Certain varieties can be distinguished.
   (a) Gastrointestinal form.
   (b) Postoperative form: (1) after strumectomy; (2) after other operative procedures.
   (c) Tetany in association with maternity.
   (d) Primary endocrine tetany without recognisable cause.
   (e) Toxi-infective variety, endogenous or exogenous.
   (f) Tetany accompanying other nervous conditions.
   (g) Experimental tetany.

These clinical groups are discussed at considerable length, with illustrative instances.

S. A. K. W.

TREATMENT.


The authors used a strain of *spirocheta Duttoni* obtained originally from Central Africa. Mice and rats were infected with the organism and their blood (usually heart’s blood, obtained by direct puncture) was injected into the patient concerned either subcutaneously, by scarification, intracutaneously, or intravenously. Later, blood from patients who had been successfully infected was withdrawn during an attack and utilised for others (commonly four to five cubic centimetres). As a rule four to six attacks of fever occurred; occasionally the relapses went up to eight or ten. In some six weeks the recurrent fever usually died down spontaneously; on rare occasions the authors had recourse to tincture of strophanthus or "kardiozol."

A very long and well documented analysis of the clinico-pathological features of cases treated by this method is given in the paper, but only one or
two of the chief considerations can here be conveniently summarised. In the series of cases there were 74 of general paralysis. Of these 37 showed clear improvement (50 per cent.); 20 were unchanged, in 17 the patients became worse, and of these 15 died. The death rate was higher than the 5-10 per cent. of other workers who have employed the same method, but is to a large extent explained by the fact that the majority of the cases handled were already in an advanced stage of the disease. It was specially noted that patients who received endocisternal or endolumbar injection of infected fluid formed a higher proportion of the fatal cases than did those in whom the intravenous route was chosen, even though precisely the same material was used for both. One of the patients developed herpes zoster during the recurrent fever; his cerebrospinal fluid, to the amount of 8 c.c., was injected endocisternally into another, who developed herpes two weeks after his fourth recurrent attack; on the other hand, two other patients similarly treated did not develop herpes.

The authors found a frequent parallelism between changes in the clinical symptoms and in the fluid findings in cases treated by this method, but the association did not apply to the Wassermann reaction in the fluid, which did not vary correspondingly with the other tests. Certain complications of the method are fully described.

S. A. K. W.


It is concluded that tryparsamide is undoubtedly a most valuable therapeutic agent in general paralysis, and in allied neurosyphilitic infections. Its marked tonic effect is unique and is produced early in the course of treatment. It arrests the progress of dementia and prevents paralysis. Mental improvement of some degree may be expected in almost every case. Decided mental improvement may occur long after treatment (e.g., six months). Serological improvement may occur a long time after the completion of treatment. In one case the cerebrospinal fluid only became negative eighteen months later. Serological improvement need not accompany clinical improvement. There seems no reason to expect untoward effects of a serious nature with weekly 3-grm. doses of this drug.

It must be observed that these cases did not include any with disease of the optic tract, the presence of which is generally regarded as a contraindication to this mode of therapy.

C. S. R.


The authors have used tryparsamide both alone and in conjunction with mercury, bismuth or other arsenical preparations and have found that it is of more value in neurosyphilis than any of the older drugs. They consider that
the results obtained by its use in general paralysis are even superior to those following malarial treatment. Sixty-three patients suffering from general paralysis were treated with tryparsamide. Of these 61 were not working at the beginning of treatment and only 25 were unable to return to work after treatment, whereas 21 were able to work full time. The best results were obtained in early cases, 82 per cent. of which showed clinical and 66 per cent. serological improvement. The drug proved efficacious also in cases of tabes and of cerebrospinal syphilis, but the difference between the results of treatment by tryparsamide and those obtained by other drugs was not so striking in these diseases as in general paralysis.

J. G. GREENFIELD.


In dealing with the treatment of general paralytics, there are certain factors always to be borne in mind. These are: (1) The possible tonic effect of arsenic, resulting in general improvement; (2) the beneficial effect of arsenic in certain meningeal complications which frequently accompany paresis; (3) the possibility of paretic serum and cerebrospinal fluid undergoing in themselves marked variations; (4) the tendency to remissions. Taking these into consideration, and in view of the limited number of cases which were under observation, it is extremely difficult to come to any definite conclusion. As, however, only one course of treatment has been tried, and as the improvement which took place in the majority of cases has now held for over six months, it is considered that these clinical results together with the coincidental laboratory findings are of sufficient import to justify further investigations along similar lines. The most significant features in the writers’ cases were: (a) Disappearance of the psychoses; (b) increase in weight; (c) absence of seizures; (d) the conversion of dull, listless patients into useful units.

In view of the general consensus of opinion, it would appear that a preliminary course of tryparsamide followed by malarial injection is at present the most rational method of treatment, particularly in the debilitated type of early paretic.

C. S. R.