
The state of the pupils examined in 225 cases of complete coma is described. No very definite results are found and the author does not think that the pupillary condition is any help in the diagnosis of coma due to alcohol, diabetes, uraemia or carbon monoxide. In cerebral trauma or tumour the pupil tends to be dilated on the side of the lesion, while in pontine haemorrhage the pupils are contracted. In fracture of the skull the light reflex tends to be abolished.

R. G. G.


A woman of 69 gradually became weak in her legs over a course of years. On one occasion she sustained an ictus which was followed by further weakness in the legs and paresthesiae in the hands. Neurological examination revealed some weakness of the right face and tongue and arms. Both legs were paretic but especially the right one. The tone was increased; the ankle jerks could not be obtained, although the knee jerks were present. Both plantar responses were of the extensor variety. Some atrophy was present in the leg muscles and the electrical reactions were those of degeneration. Her tongue was red and somewhat painful; blood pressure 216-90; blood count:—reds 2,100,000; haemoglobin 45 per cent., colour-index 1:38, leucocytes 11,000. There was some sensory loss over the legs. The indirect Van den Bergh reaction was weakly positive.

Autopsy revealed an adeno-carcinoma of the stomach; the cerebral arteries were markedly sclerosed. Microscopic examination of the spinal cord showed a typical combined degeneration in the posterior and lateral column.

The original diagnosis was that of senile paraplegia, but was later changed to subacute combined degeneration. Although no pathological evidence is given, the author suggests that the muscular atrophy was the result of a peripheral neuritis. Perhaps the most interesting feature of this case is the association of a gastric carcinoma with the blood picture of a pernicious type of anaemia, and a combined sclerosis of the cord. Although this association, which has been reported on other occasions, raises etiological points of supreme importance, the author does not discuss this aspect of the question. M. C.

**PROGNOSIS AND TREATMENT.**


Entirely negative results are described by the authors who found that neither was the number or severity of the fits reduced nor was there any sustained increase in the calcium concentration of the blood by the use of either substance.

R. G. G.
Experience with 2,000 intramuscular injections of neoarsphenamine in neurosyphilis.—A. Gordon. Amer. Jour. of Syphilis, 1927, xi, 525.

The author considers that intramuscular injections of 0.15 grm. of neoarsphenamine, dissolved in 1 c.c. of fresh sterile distilled water and repeated either daily or on alternate days, constitute the ideal method of administering arsenical drugs in neurosyphilis. The cure is progressive, neural reactions are not encountered, and unpleasant sequelæ such as hæmoclastic crises and venous thromboses are not possible. When small doses are injected into the muscles overlying the scapula with a fine needle the treatment is practically painless.

J. G. Greenfield.

Psychopathology.

PSYCHOLOGY.


In the rowing of the individual, psychological factors such as his mental attitude are of equal or greater importance than his strength or muscular skill; his style and work are greatly influenced, often unconsciously, by autosuggestion. This applies less to thoroughly experienced oarsmen. The nature of suggestion, namely, indirect mental influence operating through affective dispositions, is demonstrated in individual rowing. In the rowing of the group 'hint' rather than 'prestige' suggestion is of primary importance, since the relationship between members of a crew is one of equality, not of dominance and submission. The eight may profitably be regarded as an organism owing to the reciprocal reinforcement of every attitude in one member by all the others through the medium of the run of the boat. For a boat to go well and win its races there must be developed both a close physiological and psychological interconnection between members of the crew; the former consists in harmonious synchronization of the movements of every member, the latter is a sentiment—group self-respect. Each depends upon and conditions the other. The level of group self-respect rises and falls chiefly with the crew's ideas of the probable success and failure of their boat. It is greatly affected by coaching. The group life of the boat club and the rowing personality are well adapted to the development of the necessary rapport between members of the crew. The boat club is a society of a very primitive type. Observations also support a physiological type of theory of affect and do not support the concept of a general undifferentiated nervous or mental energy.

C. S. R.