

agent was destroyed in many cases, as the progress of the disease appeared arrested and some are now earning a living. Nevertheless the patients did not become absolutely normal, as nervous physical signs remained and their mentality was dulled.

The method of treatment is a six weeks' course of neosalvarsan intravenously with mercurial inunctions and potassium iodide. Following the intravenous medication spinal drainage is instituted; in addition special attention is given to diet, excretion, exercise and occupation, and the general physical tone is improved by hydro- and electro-therapy. The author considers that no positive statement can be made regarding the eventual outcome without two years' treatment. Of the twelve cases treated for a year or more, four were unimproved, and the others showed various degrees of betterment, physically, mentally, or both; no one can be said to have actually recovered. In some cases the blood or spinal fluid Wassermann was diminished or became negative. Only two patients showed no reduction in the gold curve or cell counts; the latter reacts to treatment more quickly than the former. It requires three months to produce any great change in the gold reaction. Of the remainder of the eighty cases treated the period of time has been too short to draw definite conclusions.

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*Remissions in General Paralysis (Clinical and Serological Study)* [*Les Rémissions dans la Paralyse Générale (Étude Clinique et Humorale)*]. *Ann. Med. Psychol., March and April, 1922.*) Targowla, R., Badonnel, Mdle., and Robin, G.

During remissions in general paralysis, grosser signs of dementia and especially memory disorders disappear and the subject obtains partial insight into his previous condition. Physical symptoms, however, remain, and there is persistent weakness of the higher mental functions such as association and synthesis. The cerebrospinal fluid changes become attenuated in regular sequence. Cases least affected by the remission show only diminution of benzoin reaction; next occurs a greater benzoin reduction and diminished albumen; a later stage gives a negative Wassermann (except with special methods), although the blood is usually positive; later, Pandy's reaction is affected, and, last of all, there is reduction of lymphocytosis. Serological and clinical changes do not exactly correspond.

The authors admit the possibility on clinical and serological grounds of a genuine cure, with, in some cases, indefinite residual mental changes; but when the serological reactions are merely attenuated, even with apparent clinical cure, the case is a remission.

Remissions indicate an abatement, more or less lasting, of the pathological process. In "pseudo-remissions," where there is clinical improvement, but no attenuation of fluid changes, the rate of progress of the disease is not abated.

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*Serological Changes in Neurosyphilitic Patients during a Period of Non-treatment.* (*Arch. of Neurol. and Psychiat., June, 1922.*) Omar, H., and Carroll, P. H.

Specific treatment has been said to modify laboratory findings in paresis. In this observation a selected group of nine paretic