

*Results of Malaria Treatment of General Paralysis.* (State Hosp. Quarterly, August, 1926.) Green, L. M.

Of 50 paralytics treated with malaria, 26% showed complete remissions. In 30 cases whose serological reactions were examined from 12 to 20 months after treatment, the author found that the blood Wassermann reaction was affected only slightly, whereas the other serological reactions were improved to a much greater extent.

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*The Malarial Treatment of General Paralysis [A Summary of Gerstmann's Monograph based on the work of the Vienna Psychiatric Clinic].* (State Hosp. Quarterly, August, 1926.) Fiertz, C. O.

A review of *Die Malariabehandlung der Progressiven Paralyse*, by J. Gerstmann. Fiertz deals with a few points not mentioned in the reviews of this monograph appearing in this country in the *Lancet*, 1925, ii, p. 386, and the *Tropical Diseases Bulletin*, xxiii, p. 496.

Gerstmann states that "galloping paralysis" is not only not benefited by malaria, but is made worse by the treatment. He believes that intravenous injections of the malarial blood may sometimes have an unfavourable effect on the patient owing to the shortened incubation-period. The incubation-period ends at the first rise of temperature to 39° C., which begins with a chill and terminates with sweating. To stop the fever, Gerstmann now gives by mouth .5 gm. of quinine bisulphate twice a day for three days, followed by the same dose once a day for seven days.

Histologically, in cases dying during or shortly after the treatment, inflammatory and proliferative processes have been found with the presence of large numbers of plasma-cells. In cases dying of intercurrent disease after treatment, a condition of so-called stationary paralysis was present.

Attention is drawn to the development of hallucinations during or after malarial treatment, and also to the appearance of delirium and confusion during the first pyrexia. That these reactions are related to the paretic process is shown by the observation that they never occur after malarial treatment of pure tabes, primary optic atrophy, *lucis cerebri* or *latens*, multiple sclerosis, post-encephalitic Parkinsonism or *dementia præcox*.

With regard to the employment of relapsing fever, Gerstmann prefers not to use it, as, although it is more benign, it is impossible to control or terminate it when necessary, whereas malaria invariably reacts to quinine.

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