Syphilis Infection and Paretic Dementia. (*Med., October*, 1905.) *Kiernan, J. S.*

The possibility of syphilitic infection of paretic dements is still an issue which continues to be raised, although their disease is now generally recognised, says the author, as a parasyphilitic phenomenon. Referring to Krafft-Ebing's unsuccessful attempts to inoculate these patients with syphilis, he truly points out that had they succeeded they would not have settled the question, as Auzias-Turenne's experiments have shown that syphilis will not always infect a non-syphilitic, whilst, on the other hand, syphilitic reinfection has been demonstrated by competent syphilographers.

If the parasyphilitic doctrine be adopted as regards paretic dementia, the psychosis is past the specific stage, since it no longer responds to antisyphilitic treatment. The question therefore arises, he says, as to whether the organism may not have been so changed as to yield once more to syphilitic infection. There are two possibilities which would lead to syphilitic infection of paretic dements—the possibility of reinfection and the possibility of a non-syphilitic paretic dementia.

Kiernan then describes ten cases which have been under his own observation, in which syphilitic infection occurred during paretic dementia. "In the greater number of these cases," he says, "preparetic dementia syphilis could be excluded, while in the remainder it was a bare possibility." These cases demonstrate, he thinks, that the ordinary tests of the syphilitic origin of paretic dementia are valueless unless carefully scrutinised. A. W. WILCOX.

Two Cases of General Paralysis of the Insane. (*Antiseptic, December*, 1904.) *Maidu, M. S.*

These two cases are of interest as occurring in natives of India, in which country general paralysis of the insane is generally acknowledged to be less prevalent than in Europe. These are the only two cases occurring amongst Indians in India that the author has met with during the last twenty years. Both occurred in native gentlemen of education and position, leading lives of great mental activity. In the first case there was a history of syphilis and alcoholic and sexual excess; in the second there was no history of syphilis, and the patient had always led a most exemplary life.

The records of these two cases only, although of interest, hardly warrant the author, we think, in dismissing some of the most generally accepted theories as to the causation of general paralysis of the insane, and in asserting that mental strain is one, if not the *chief*, cause of the disease. A. W. WILCOX.

On Family Amaurotic Idiocy and Allied Diseases [*Ueber Familiäre Amourotisce Idiotie und Verwandte Krankheitsbilder*]. (*Monats. f. Psychiat. und Neurol., Oct.*, 1905.) *Vogt, H.*

In a paper of forty pages Dr. Vogt concludes his studies on this subject. The remarkable combination of symptoms described by Sachs, and other physicians of New York, of blindness owing to amaurosis, with a red spot in the retina, fading of the intelligence,

paralysis, and early death, occurring in children of Jewish origin, has naturally excited much attention amongst pathologists. As Dr. Vogt remarks, this affection presents a broad difference to ordinary idiocy. The latter is generally the result of different conditions before or after birth, the deficiency of intelligence is fixed or slowly improves; whereas in this amaurotic dementia there is a steadily downward tendency; the blindness and mental deficiency increase, and the child soon dies. Dr. Vogt has collected a number of cases of a similar tendency to dementia in older children, some of them suffering from cerebral diplegia. In these he has observed atrophy of the optical neuron; the red spot on the retina is wanting, but this has not been observed in all the cases of infantile amaurosis. There is a certain resemblance in the nature and course of the cases described by Dr. Vogt, though the symptoms are not quite the same nor so closely grouped. This, however, may be owing to the child having obtained a later stage of development before the disease set in. Many of Dr. Vogt's cases were also of Polish Jewish origin. WILLIAM W. IRELAND.

Neuropathic Halos. (*Rev. de Med., April*, 1905). *Féré, Ch.*

CASE 1: February 23rd, 1883.—Married woman, æt. 28. Neuro-arthritic family history. Personal history showed various hysterical manifestations during the previous ten years, and there were several permanent stigmata of hysteria. Moreover, she had attacks of migraine, usually at the monthly periods, which began in the morning, and ended in the evening with glairy vomitings. During an attack which was worse than usual, and was accompanied by a feeling of great pressure in the frontal region, and by coldness and cyanosis of the extremities, Dr. Féré saw her about 4 p.m., and was struck by the sight of a luminosity around the head, about eight inches in radius, of an orange colour, and diminishing in brightness towards the periphery. A similar phenomenon appeared round the two hands. The skin, which was ordinarily of a dull white, had an orange tint, deeper than that of the halos. The luminosity round the head and hands had appeared about two hours before Dr. Féré saw the patient, and the colouration of the skin a few instants earlier still. Both ceased about two hours later, at the time of the habitual vomiting.

CASE 2: February 15th, 1884.—Married woman, æt. 25. No nervous trouble known except migraine, which had occurred at the monthly periods from the time of puberty. She had two healthy sons, æt. 6 and 5, and a daughter, æt. 4, who suffered from hysterical convulsions. During an attack of migraine of unusual intensity, the patient received a shock on finding that her little daughter, whom she thought to be recovering from her convulsions, had had a return of them. The mother fell back in bed, became stiff, and at the same time her skin suddenly became of an orange colour, which seemed to Dr. Féré exactly like that in the first case, and at the same time a luminosity appeared round the head and hands of the same orange colour. This luminosity was smaller than that in the first case, was more distinctly rayed at the periphery, and was brighter, though the hour was earlier (3 p.m.). The phenomenon lasted only some minutes, after which the patient recovered the power of speech.