of the pathogenesis of choreo-athetosis is adequate that does not take into account the neo-striatum as a factor in the production of such movements.

The essential condition for the development of choreiform movements is a diminution of muscular tone. Should a hypertonus be subsequently added to the symptoms, then the involuntary movements will tend to abate, or even disappear.

G. W. T. H. FLEMING.

Tryparsamide in the Treatment of Late Neurosyphilis. (*Journ. of Nerv. and Ment. Dis., June*, 1926.) *Moore, J. R., and Sutton, I. C.*

Tryparsamide penetrates to the nervous tissue, and when it reaches the lesions resolves and heals them. It has little direct action on the spirochætes, but builds up resistance. The authors recommend the giving of bismuth simultaneously with the tryparsamide. They showed abnormal sexual stimulation and an excitement during the early stages of treatment. Whilst most authors emphasize the importance of examining the fundi, Moore and Sutton point out that as the damage is central, not peripheral, there is little to be gained by examining the fundi. Changes in the peripheral fields and the objective symptoms of blurring, spots before the eyes, etc., are of much more importance. Treatment should be stopped for several weeks or damage may be done. The improvement after tryparsamide, while chiefly clinical, is also manifest in the spinal fluid findings. Globulin, cell-count and colloidal reactions are commonly affected; the Wassermann is less often changed.

Clinically, tryparsamide occasionally produces brilliant results, especially in cases with gastric crises and lightning pains. Patients as a rule put on weight. The authors were of the opinion that those cases which had received a prolonged and intensive saturation with mercury and arsphenamine showed better results than those who had received no preparatory treatment. The previously treated case is also less subject to the Herxheimer-like flare-ups so often seen during the first course of tryparsamide injections.

G. W. T. H. FLEMING.

Pathological Changes of Senile Type in Charcot's Disease. (*Arch. of Neur. and Psychiat., September*, 1926.) *Bogaert, L. V., and Bertrand, I.*

The authors describe in a woman, æt. 46, and a man, æt. 59, both suffering from amyotrophic lateral sclerosis, characteristic senile formations in the cortex. These formations are exceptional in Charcot's disease. The authors then discuss the question of senile plaques, which Alzheimer described in senile dementia. Ley considers these to be the expression of a general senile process. Simchowicz supports this and says that senile dementia does not necessarily differ from old age, and constitutes merely its highest degree. Bogaert and Bertrand consider that there is no relation between the crystallized plaques of Laignel-Lavastine and Tinel,