

should be reserved for cases resistant to other treatment. Pyrexia seemed to have beneficial effects on the disease. Massive rectal injections of 4 grm. of neo-arsphenamin in cases where intravenous medication was impracticable gave encouraging results.

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### 3. Clinical Psychiatry.

*The Problem of General Paralysis [Le Problème de la Paralyse Général].* (Gaz. des Hôp., June 24, 1922.) L'hermitte, J., and Cornil, L.

A general survey is here presented in the light of the Bayle centenary conference. Bayle's thesis of 1822, describing and defining general paralysis, is summarised. Early opponents asserted that the condition described was paralysis complicating various psychoses, or, with Baillarger, failing to appreciate remissions, that "paralytic madness" was recoverable and distinct from "paralytic dementia" which Bayle recognised as a later stage. Although Bayle considered the disease a "chronic arachnoiditis," his follower, Parchappe, realised that the basic lesion was cortical. Its syphilitic origin was established by Noguchi, Moore and others. The recognition that "paralytic syndromes" or "pseudo-general paralysis" may occur in many disorders is not incompatible with the conception of the specific disease, "general paralysis of Bayle." Contributory causes such as overwork, alcohol and other intoxications were discussed at the conference, and it was explained that in the east, where mental sufferers often visit temples rather than hospitals, an apparently low incidence may be fallacious.

L'hermitte, reviewing the pathological position, stated that meningitis is now regarded as a subordinate condition which does not determine and may not accord with the cortical changes, while the erosions arising from decortication are merely fortuitous. Histo-pathological examination, which is essential for diagnosis, shows intense general inflammation affecting meninges, vessels, neuroglia and neurons. The vessel sheaths are distended with lymphocytes, plasma-cells, fibroblasts, mast-cells, and occasionally erythrocytes and granular corpuscles. These cells may show hyaline or vacuolar degeneration or altered shapes. Cortical cell bodies disintegrate and atrophy, the changes depending on the intensity and rapidity of the process, and myelinated fibres disappear. Neuroglia proliferation is proportionate to the depth of cortical destruction, and, besides spider-cells, it produces rod-shaped cells in characteristic abundance. Sclerotic plaques, closely resembling those of disseminated sclerosis, have been recently described, and are of great interest in view of the probable spirochætal origin of disseminated sclerosis. In 1920 Herschmann demonstrated foci of necrosis. Bayle's disease is a diffuse process, not necessarily confined to the cerebral cortex. In "focal forms" a relative electivity is shown which determines clinical type, e.g., Parkinsonian, choreiform or cerebellar. Although the lesions are histologically characteristic and of syphilitic type, L'hermitte does not consider them pathognomonic without bacteriological confirmation.

The *Treponema pallidum*, first discovered in the perivascular sheaths and pericellular spaces, have since been also found in large numbers in the vessel walls and the cytoplasm of cells which may be normal, but the distribution is not absolutely diagnostic. The treponema is usually typical, but sometimes morphological changes occur which may be degenerative or adaptive. The organisms are of slow activity and inaccessible or resistive to treponemacides. Noguchi, Berber, etc., have confirmed the syphilitic origin by inoculation experiments with rabbits. The writers support the view that the cerebro-spinal fluid reaction—protein, pleocytosis, Wassermann, gold-sol and colloidal benzoin—are occasionally absent during part of the illness (usually a clinical remission), but are unaffected by treatment. Authorities are agreed on the general clinical features, which were described by Charpentier. A group of "pseudo-general paralysis" of divers ætiology and showing anatomical degeneration instead of inflammation has been propounded by Klippel, but the authors do not consider the delimitation convincing.

Notwithstanding the claims of Sicard and Marie, the authors consider the disease still unmodified by treatment, but advise perseverance and hope for success in the near future.

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*General Paralysis in a Deaf-mute* [*Paralyse Général chez un imbécile sourd-muet*]. (*Bull. de Soc. Clin. de Méd. Ment.*, May, 1922.)  
Marie, M. A.

This is the account of a presentation of a case in a man, æt. 36. His father was deaf and dumb from birth, and his mother when pregnant was frightened by a fire and the patient was born prematurely at the eighth month. He was educated at the deaf and dumb school near Nancy from five to fifteen and showed a taste for designing. After leaving school he was employed by an architect and later retouched photographs in Paris. In 1918 he became difficult to manage and easily angered, got into trouble with the police for stupid crimes (*e. g.*, silly thefts, not paying for his meals in restaurants, etc.), and eventually was medically examined and put away as feeble-minded. He remained quiet except for one bout of excitement and occupied himself with menial tasks. In March, 1922, lumbar puncture and blood tests were being practised systematically amongst the inmates and it was found that the Bordet-Gengou reaction in his case was positive with albumen and lymphocytes in the cerebro-spinal fluid. The patient was then re-examined from this point of view and it was found that his writing was tremulous, unequal, and with numerous faults and letters omitted. His power of doing simple designs is now very small. He is orientated in space, but not in time; his memory is faulty and he has ideas of grandeur, *e. g.*, says he owns fifty millions, can lift heavy weights, run faster than a horse, etc. His pupils are irregular and fixed to light; tongue is tremulous and also his extremities. He denies having had syphilis. He has no testis in the scrotum on the right side. It is a debatable question whether he is simply a case of general paralysis, or of that disease supervening on imbecility, as suggested by his cryptorchism and his