

deaf-mutism, and whether he acquired syphilis or is a hereditary case of that disease—an opinion his hearing and speech defects rather encourage.

L. H. WOOTTON.

*A Case of General Paralysis following Chancre of the Lips [Paralysie général et chancre des lèvres]. (Bull. de la Soc. Clin. de Med. Ment., December, 1921.) Marie, M. A.*

The author draws attention to the particular gravity as regards the central nervous system of syphilis inoculated near the brain. The case presented was a soldier who was infected by the regimental barber on the occasion of a "shaving parade" ordered on the eve of an inspection of the barracks in June, 1910. He was treated energetically for three consecutive years, but in spite of this he was admitted into an asylum in 1920 with progressive general paralysis, positive Wassermann in blood and cerebro-spinal fluid, ideas of grandeur, speech slow and slurred, Argyll-Robertson pupils, reflexes absent, Rhombergism, etc. His wife had no children or miscarriages and in her the Wassermann reaction was positive.

The author makes four points in the consideration of the case: (1) The extragenitality of the chancre, inoculated on the edge of the lower lip by the infected razor of the military barber; (2) the infection of the central nervous system in ten years in spite of energetic treatment; (3) the contamination of the wife; (4) there remains the hypothesis of a centripetal neurotropism *viâ* the envelope of the peripheral nerves comparable to that which occurs in rabies.

L. H. WOOTTON.

*Concerning a Case of Infantile General Paralysis [À propos d'un cas de paralysie générale infantile]. (Ann. Med.-Psychol., No. 5, May, 1922.) Hamel, J., et Merland, P. A.*

Whilst willing to admit that it may determine the onset of meningo-encephalitis, there are still a certain number of authors who will not concede that syphilis is the primary factor in the ætiology of general paralysis. This opinion may be said to be based on the following clinical considerations put forward by Klippel: (1) the inefficacy and even harmfulness of specific treatment; (2) the absence of skin and mucous lesions which might demonstrate the presence of syphilis in evolution; (3) the impossibility, as a rule, of discovering the slightest trace of infection. In contradiction to these arguments are a certain number of well-established cases, and, to the list already published, the authors have been induced to add the following description of a case of infantile general paralysis:

G. L.—first came under treatment at the age of 12 years, when he was regarded as suffering from congenital mental deficiency. No history of syphilis in the antecedents was obtainable. At the age of fifteen he was admitted into the asylum, being no longer a suitable case to receive treatment in an institution for abnormal children. The following symptoms were noted: logorrhœa, insomnia, incontinence of fæces and urine, with periodical attacks of excitement. Direct mental examination revealed the fact that the patient must have led a normal mental existence up to about the age of ten, when the

mental and physical development became arrested. Physically the patient was the subject of infantilism and presented many of the stigmata of degeneration, including double cryptorchidism. He had Hutchinson's teeth, fine tremors of the hands, tongue and lips, paresis of the lower extremities, diminished knee-jerks, pupils unequal and not reacting to light, Babinski's sign present. Examination of the cerebro-spinal fluid: Wassermann reaction positive, hyper-leucocytosis, lymphocytosis. Syphilides made their appearance in the form of radiating fissures extending from the angles of the mouth backwards along the internal surface of the cheeks. The tongue was similarly affected. Later on the patient had a seizure, and after this both speech and mastication became impossible. From this time on the patient was only able to take liquid nourishment, and the general physical condition became gradually worse. A bed-sore formed over the sacrum. Treatment by subcutaneous injections of neosalvarsan every six days was instituted, and though this was attended with decided improvement for a time, a stage was reached when it lost its effect, the disease rapidly progressed and the patient died. At the autopsy a condition of diffuse meningo-encephalitis was found.

This case is of interest not only because of its comparative rarity, but also because it furnishes further proof of a direct pathogenic action of the spirochæte in general paralysis. The facts observed are in direct opposition to the arguments of those who support the parasymphilitic theory quoted above. Thus, to take the statement that specific treatment is useless and sometimes harmful, it should be noted that as a result of the injections the patient actually recovered his lost speech for a time. Again, though there was an absence of syphilitic antecedents in the case, examination of the cerebro-spinal fluid proved beyond dispute that syphilis was the cause of the disease. Moreover, the presence of the spirochæte was further evidenced by the appearance of characteristic muco-cutaneous lesions which yielded rapidly to the treatment.

NORMAN R. PHILLIPS.

*Neurosyphilis in Ex-Service Men.* (*Amer. Journ. of Nerv. and Ment. Dis.*, June, 1922.) Price, R. H.

This is an account of the treatment and results obtained in a group of cases in ex-service men. The symptomatology and serology of the disease in ex-service men appeared identical with any other similar group of patients, but the average age when the symptoms became noticeable was 33 years, probably due to the low average age of the *personnel* of the United States Army and Navy during the late war.

The author points out that the specific treatment for neurosyphilis has been regarded by some as a hopeless therapeutic measure and that remissions occur in untreated cases, presumably because the body is constantly attempting to overcome the destructive work of the spirochæte; however, he worked on the lines that the outcome is unfavourable unless the individuals are aided in the struggle by medical therapy. Solomon, in 1916, published statistics of 50 cases of general paralysis treated systematically for at least two years; 68 *per cent.* had remissions, and 32 *per cent.* were clinically improved. The author has studied these cases and believes that the infective