

*Relationship of Mental State to Results of Treatment.*

|                      |                 | Number<br>of<br>cases. | Remis-<br>sions<br>complete. | High<br>grade. | Moderate<br>grade. | Un-<br>changed. | Died.     |
|----------------------|-----------------|------------------------|------------------------------|----------------|--------------------|-----------------|-----------|
| General<br>paralysis | Demented        | 16                     | 2                            | 4              | 2                  | 4               | 4         |
|                      | Euphoric        | 5                      | 4                            | ..             | ..                 | 1               | ..        |
|                      | Depressed       | 4                      | 2                            | 1              | ..                 | 1               | ..        |
|                      | Asthenic        | 1                      | 1                            | ..             | ..                 | ..              | ..        |
| Tabo-<br>paresis     | Demented        | 1                      | ..                           | ..             | ..                 | ..              | 1         |
|                      | Euphoric        | 1                      | ..                           | ..             | ..                 | 1               | ..        |
|                      | Paranoid        | 1*                     | ..                           | ..             | 1                  | ..              | ..        |
| Tabes                | Psycho-neurotic | 1                      | ..                           | ..             | ..                 | 1               | ..        |
|                      |                 | <u>30</u>              | <u>9</u>                     | <u>5</u>       | <u>3</u>           | <u>8</u>        | <u>5†</u> |

\* This was the only case which had previously shown spontaneous remission.

† In all cases the treatment aggravated the symptoms and precipitated the fatal result.

Thus the best results were obtained in the emotionally disturbed cases of general paralysis and the worst in the tabo-paretic cases.

J. R. LORD.

*The Use of Tryparsamide in Paresis and Tabo-Paresis. (Can. Med. Assoc. Journ., March, 1929.) Menzies, E. C.*

The author reviews forty-one cases of cerebro-spinal syphilis, chiefly general paralysis, which were treated with tryparsamide from May, 1923, to May, 1925. At the time of writing, four years, at least, after cessation of treatment, 10 patients had been discharged, 14 were still living, but with advanced dementia, and 17 had died.

Periodic laboratory tests showed a serum reaction in 10 cases, but there was a definite and permanent improvement in this respect in every instance. The tryparsamide was given in weekly doses of 3 grm., with 0.06 grm. of mercury salicylate. In another series of cases bismuth gave better results. Duration of treatment was well over a year and improvement in the mental state always secondary to physical improvement. This was mainly due to the tonic action of the arsenic, and not to any spirochaeticidal effect. Exacerbation of symptoms frequently occurred after the first two or three injections. In tabes the results were disappointing and pain was not relieved. Malarial treatment gave better results. Tryparsamide is better than salvarsan in cerebro-spinal syphilis.

J. R. LORD.

*The Bromide Treatment for Epilepsy in the Dispensary. (Arch. of Neur. and Psychiat., March, 1929.) Diethelm, O.*

The author starts treatment with slowly increasing doses of bromide, luminal being administered at the same time in amount sufficient to control the attacks. After having established a sufficient storage of bromide in the body, the aim is to maintain a constant bromide-chloride equilibrium. A diet low in salt increases the influence of bromide. Observing the effect of the bromide and noting improvement, one may decrease the luminal gradually and eliminate it entirely or continue it only in small amounts.

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