

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

The possibility of syphilitic infection of paretic demented is still an issue which continues to be raised, although their disease is now generally recognised, says the author, as a parasymphilitic 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-symphilitic, whilst, on the other hand, syphilitic reinfection has been demonstrated by competent syphilographers.

If the parasymphilitic doctrine be adopted as regards paretic dementia, the psychosis is past the specific stage, since it no longer responds to antisymphilitic 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 demented—the possibility of reinfection and the possibility of a non-symphilitic 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 Amourotische 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,