

*The Treatment of Post-encephalitic Parkinsonianism by Large Doses of Atropine Sulphate* [*Le traitement du syndrome parkinsonien encéphalitique par le sulphate d'atropine à haute dose*]. (*Ann. Méd. Psych.*, vol. xv (1), p. 420, March, 1935.) Bauer, E., Golse, J., and Marquet, G.

A report on eight cases of post-encephalitis treated by Roemer's method.  $\frac{1}{4}$  mgrm. of atropine sulphate is administered *t.d.s.*, and this dose is augmented daily by one or two  $\frac{1}{4}$  mgrm. In case of intolerance, giddiness, palpitations, gastric disorder, retention of urine, the dose is not increased for several days. Otherwise the quantity is gradually augmented until there is no further evidence of objective or subjective amelioration. The maximum dose is maintained for a time, and is then decreased daily until the first manifestation of an aggravation of symptoms is shown. The optimum should be fixed by experiment just above the minimum. The maintenance dose varies considerably in each subject, and in the reported cases was between  $7\frac{1}{2}$  and  $22\frac{1}{2}$  mgrm. per day. The treatment is, as a rule, well tolerated, and in only a single case the maximum quantity, 25 mgrm., had to be slowly decreased on account of digestive disturbance. Initial intolerance was *nil* or insignificant; one case on two occasions showed digestive trouble, but supported treatment well at the third attempt.

Regarding the results of treatment on the parkinsonian syndrome, rigidity completely disappeared in one severe case; it was considerably diminished in the others. 25 mgrm. a day had no appreciable influence on the only case of torsion spasm. In all cases tremors were diminished to a marked degree. Ocular spasm disappeared or was diminished both in intensity and in frequency in those cases in which it had occurred. Functional recuperation was remarkable in certain cases. Salivation was arrested.

Concerning the mental state, depression and hypochondria gave place to mild euphoria. These were, however, secondary disorders in lucid patients, provoked by a consciousness of their disability. On the contrary, suicidal obsessions in one case persisted despite considerable neurological improvement. Character disorders—irritability, unsociability, impulsiveness, perversions, intellectual deficiency—remained unaltered by the therapy.

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## 6. Pathology and Biochemistry.

*The Colloidal Gold Reaction in 500 Cases of Neurosyphilis.* (*Journ. Lab. and Clin. Med.*, vol. xx, p. 383, Jan., 1935.) Menninger, W. C., and Bromberg, L.

The writers describe the appearance of the colloidal gold reaction in 500 cases of clinical neurosyphilis with a positive fluid Wassermann. They found that there was no constant correspondence between the pattern and degree of precipitation and the type of central nervous system involvement, and that the colloidal gold curve is not in itself diagnostic, i.e., 28.9% of the cases of asymptomatic neurosyphilis and 39% of cases of tabes dorsalis showed a paretic curve.

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*The Blood Wassermann Test in 500 Cases of Neurosyphilis with Positive Cerebrospinal Fluids.* (*Journ. Lab. and Clin. Med.*, vol. xx, p. 698, April, 1935.) Menninger, W. C., and Bromberg, L.

In the entire group 31% showed a negative blood Wassermann; 4.2% showed a one plus, 12.4% a two plus, 8.4% a three plus and 44% a four plus blood Wassermann. In 297 cases of asymptomatic neurosyphilis 33.6% showed a negative blood Wassermann. In 133 cases of tabes dorsalis 27.8% showed a negative blood Wassermann. In 38 cases of general paralysis 21.1% and in 19 cases of taboparesis 26.3% showed a negative blood Wassermann. In 13 cases of meningo-vascular neurosyphilis, 30.8% showed a negative blood Wassermann. The Kahn test was positive in 38 cases, showing a negative blood Wassermann.

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