3. Clinical Psychiatry and Neurology.

Graves' Disease ["*Basedowsche Krankheit*"]. (*Separat-Abdruck aus "Real-Encyclopædia der gesamten Heilkunde,"* 4 *Aufl.*) *Buschau, G.*

The first to publish characteristic disease of this cases was Dr. Parry in 1825, and in consideration of this fact it should be called "Parry's Disease." In Germany, however, it is called after Dr. Basedow, in England it is known as "Graves' disease," in Italy as "Morbo di Flajani," and in France as "goitre exophthalmique." This last title, the author remarks, is also not a correct one, as recent investigation has shown that the first two of the three symptoms described by Dr. Basedow as being characteristic of the disease (protrusion of the eyes, enlargement of the thyroid gland and over-action of the heart) may altogether fail.

A further history of the discovery of the disease is given, and symptomatology in connection with the circulatory, digestive, respiratory, urinary and genital systems is discussed, as also in relation to the skin and the motor and sensory symptoms. Psychical and general symptoms are not omitted. The ætiology, pathological anatomy, pathogenesis, diagnosis and prognosis receive full attention from the author, and a list of the available literature on the subject is appended.

HAMILTON C. MARR.

Serum Diagnosis in Psychiatry and Neurology [*Die Serodiagnostik in der Psychiatrie und Neurologie*]. (*Allg. Zeits. Psychiat., Bd.* 65, *H.* 4.) *Stertz.*

[*Über das Vorhandsein Syphilistischer Antistoffe in der Cerebro-spinal Flussigheit von Paralytiker*]. (*Deuts. med. Wochensc., No.* 44, *s.* 1769, 1906.) *Wassermann and Plaut.*

Those who wish to repeat these investigations should consult Wassermann's paper, in which his complicated methods of preparation are described at length. Dr. Stertz has for a whole year tried his methods of diagnosis upon insane patients in the Royal Klinik at Breslau. Specimens of cerebro-spinal fluid were removed by lumbar puncture from patients with general paralysis, and on being mixed with an extract from syphilitic organs there was a decided arrest of hæmolysis, while on the cerebro-spinal fluid being mixed with extract prepared in a similar way, but from non-luetic organs, there was no arrest of the hæmolysis. Dr. Stertz found that in 45 cases of general paralysis the cerebro-spinal fluid showed the positive reaction 40 times. In 3 cases the reaction was doubtful and in 2 it was negative. But with these last 5 cases positive reactions were found in 3 with blood serum; only 2 were wholly negative. Thus the reaction was obtained in 95 *per cent.* of the cases of general paralysis examined.

Dr. Stertz observes that corresponding results are not always obtained with the blood-serum and the cerebro-spinal fluid. The number of cases of tabes dorsalis examined in this way was not large, and did not always lead to positive reactions like the paralytics.

In syphilitic diseases of the nervous system a positive reaction with the cerebro-spinal fluid is the exception. In 8 cases, in which there was no reaction with the cerebro-spinal fluid, the blood-serum was

tested in 3 of them, when in 2 it was found to be positive. In 7 cases of latent or of cured syphilis with no nervous symptoms the reaction of the cerebro-spinal fluid was negative. In 46 other cases, comprising a great variety of functional and organic nervous diseases unconnected with syphilis, the reaction was found to be negative.

From these data it is hoped we shall be able to form a differential diagnosis between syphilitic and meta-syphilitic diseases of the nervous system, and that the specific cause of the meta-syphilitic diseases, tabes, and general paralysis, may yet be shown by chemical and biological research. The bearing of all pathological observation goes to support the axiom—"without syphilis no general paralysis."

Dr. Stertz observes that while the occurrence of lymphocytosis in the spinal fluid promises a handy method of diagnosis in general paralysis, it might in some cases lead us into error. An increase of the lymphocytes in this fluid is present in luetic cases, and sometimes lasts long. On the other hand Dr. Hamilton Marr, in his paper on "The Examination of Cerebro-spinal Fluid in General Paralysis for Purposes of Diagnosis,[1] tells us that lymphocytosis occurs in syphilitic insanity, but only when the luetic condition is active.

In the "*Literatuheft*" of the *Allgemeine Zeitung für Psychiatrie*, 1907, a number of articles are cited confirming the view that general paralysis in some unexplained way follows syphilitic infection. Naecke believes that there is also a specific proclivity of the brain, generally congenital but sometimes acquired, which renders the subject liable to yield to the action of lues often combined with other causes.

WILLIAM W. IRELAND.

On the Serum Diagnosis of Syphilitic Diseases of the Central Nervous System [*Ueber das Wassermann-Plautsche Verfahren der Serodiagnostic bei Syphilidogenen Erkrankungen des Zentralnervensystems*]. (*Allg. Zeits. f. Psychiat., Bd.* 65, *H.* 1.) *Foerster, R.*

Reviewing recent researches on serum diagnosis, Dr. Foerster tells us that by these new methods Schütze obtained out of twelve cases eight times a positive and four times a negative result. Marie and Levaditi out of thirty-nine spinal fluids obtained twenty-nine luetic reactions. Morgenroth and Stertz were successful in obtaining the reaction in every case with eight general paralytics, G. Meier twenty-seven times with thirty-nine patients. Even when the test failed with the spinal fluid it was found positive with the blood-serum. This examination should never be neglected. The relation of the so-called antibodies and the part they play in the production of paralysis has not yet been explained. All we know is that in general paralysis there are processes which are connected with syphilis. In tabes and lues cerebri the reaction is more often negative, or is weaker than in paralysis. The amount of albumen and the lymphocytosis in the spinal fluid does not always agree with the presence of the positive reaction.

Coming now to his own inquiries, Foerster found that in fourteen paralytics there was a positive reaction in nine cases; in one it was doubtful, and in four it was negative. These negative results were all in the spinal fluid. In six cases, in which there was increase of the

[1] *Review of Neurology and Psychiatry*, November, 1908.