

*Carbon Monoxide Poisoning* [*Intoxication par l'oxyde de carbone*]. (*Bull. Soc. Clin. Ment. Méd.*, April, 1913.) *Truelle, M. V.*

This is the case of a man, æt. 56, who, with his wife, was poisoned during sleep by escape of gas from a defective stove. The wife died after an illness of about a fortnight. The man was at first little affected—in fact he went to work the day after the accident. A few days later, however, a condition of progressive stupor set in—he became apathetic, incapable of attending to his work, he lost his memory, and showed no distress at his wife's condition and subsequent death. When admitted to the asylum, three weeks after the accident, he was apparently quite demented, incoherent, turbulent, and dirty in habits. He was pale and tired-looking, with unsteady gait, tremulous tongue, exaggerated knee-jerks, normal plantar reflex, and no disturbance of pupillary reactions or sensation. He was constantly wet, and his bowels were very constipated; there was nothing abnormal in heart, lungs, or urine. He was quite indifferent to his surroundings, his attention could not be fixed, his face was expressionless, and his bearing apathetic. Complete disorientation in space and time was evident, but he seemed to understand what was said to him. In about two months a distinct improvement was noted, his memory began to return, and his habits were no longer faulty; his health also rapidly improved, and his reflexes returned to normal.

The case is interesting as showing that a condition simulating a grave and incurable dementia may result from CO poisoning. This gas, beside the effect which it produces on the red blood-cells, also has a very destructive action on the cells of the liver, and as the patient in the case under notice was an alcoholic, it is probable that his liver was more than usually susceptible to its toxic action.

This secondary hepatic toxæmia is capable of initiating a toxic encephalitis and myelitis of more or less rapid evolution, with manifestations more or less grave, permanent or transient, according to the time of its onset, the extent of the lesions, and their tendency to progress or to disappear.

In such cases, then, it is wise to give a guarded prognosis, and not to despair of improvement, even when an apparent dementia is present.

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*Unilateral Clonic Tremor in a Case of Tabetic General Paralysis* [*Tremblement clonique à prédominance unilatérale au cours d'une paralysie générale tabétique*]. (*Bull. Soc. Clin. Ment. Méd.*, June, 1913.) *Marchand and Petit.*

This is the case of a female patient, æt. 56, who was the subject of typical general paralysis of the tabetic type. There was no heredity of insanity, etc. She had a miscarriage, but denied syphilis. The usual motor and mental signs of general paralysis were present, but in addition a marked tremor, amounting to a continuous clonus, affecting the right leg. This persisted for the five months prior to her death. At the autopsy, besides the classic evidences of general paralysis, there were found atrophy of the motor cells of the anterior horns, marked sclerosis of the posterior columns, and a lesser degree of sclerosis of the