spirochæte and the body receives a distinct blow, causing the paralysis process to react as a kind of delayed lues. Besides the early and progressive decrease in albumin, in lymphocytes, and in globulin in the spinal fluid, the appearance during or at the end of the post-malarial cure, of a negative Wassermann in the fluid, the transformation of the gum-mastic curve from a paralytic type to a luetic type, and a notable increase of lymphocytes in the blood, give one ground to hope that in cases in which there is already improvement in the clinical picture the remission will be lasting.

G. W. T. H. FLEMING.

Paresis Treated with Malaria; The Relations between Clinical, Serologic and Histologic Observations, with Special Reference to Permeability Determinations. (*Arch. of Neur. and Psychiat., December*, 1929.) *Malamud, W., and Wilson, R. B.*

The authors studied fifty-four cases of neuro-syphilis in which the patients were treated with tertian malaria. Examinations of the blood and spinal fluid at regular intervals show that there exists a definite correlation between the behaviour of the index of permeability for bromide and the clinical course. It was found that (1) in practically all cases of paresis in which treatment is not given there is an increased permeability for bromide (index below 2·80); (2) in cases in which malaria treatment is given there may or may not be a further increase of permeability after the cessation of the fever; (3) following this, in cases that subsequently show improvement there is a gradual fall in permeability (rise of index to normal limits of 2·8 to 3·2); and (4) in cases which do not show improvement or in which the condition becomes worse there is no such decrease, and there may be an even greater increase of permeability. These fluctuations in the permeability index generally precede the changes in the clinical pictures.

Histological studies of cases of paresis in persons whose permeability index was determined shortly before death showed that there was a definite relation between the index and the amount of iron in the walls of the cerebral vessels.

G. W. T. H. FLEMING.

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5. Treatment.

Standards in Occupational Therapy. (*Occupational Therapy, August*, 1929.) *Kidner, T. B.*

Occupational therapy has been introduced into many hospitals merely because it is fashionable. The products of such therapy are only incidental, and are not the aim of treatment. A fully trained and experienced organizer is essential; to put this work in charge of an attendant who happens to possess an elementary knowledge of handicraft is worse than useless. M. HAMBLIN SMITH.

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The Importance of Eye Health in Occupational Therapy. (*Occupational Therapy, August*, 1929.) *Hathaway, Winifred.*

If a blind person happens to have unusual acuteness of hearing, this is not due to any law of "compensation," but because, having been deprived of one faculty, he has been obliged to train others to bear an extra responsibility. Idleness, not blindness, is the curse of the blind. Three things are really necessary to see—the eyes, the light, and the brain. Walls and ceilings of wards should be coloured in ivory or light buff. Hyperopes have far less concentration than myopes, and tend to be far more irritable. Weaving is specially unsuitable for astigmatic cases. If typewriting is selected as an occupation for patients with eye disease, it must be taught by the touch system. M. HAMBLIN SMITH.

Neurosyphilitic Criminal Insane: Criteria of Cure. (*Medico-Legal Journ., March–April*, 1929.) *Richmond, F. C.*

Should the neurosyphilitic criminal insane patient be dismissed from treatment when the maximum of clinical improvement has been obtained; or should he be detained and treated until the cerebro-spinal fluid reaction is negative? The author inclines to the latter view. There should be administration of at least 100 doses (3·0 grm.) of tryparsamide; and the patient should be treated for at least one year after the first negative cerebro-spinal fluid reaction, and until a second negative cerebro-spinal fluid reaction is obtained.

M. HAMBLIN SMITH.

Psiquiatria y Neurologia. (*Revista de Criminologia, Psiquiatria y Medicina Legal, Buenos Aires, Ano. xvi, No.* 94, *Julio–Agosto de* 1929.) *Claude, H., and Dimolesco, A.*

The authors discuss the results of malaria therapy in general paralysis and quote the following figures:

Bunker and Kirby (New York): In 118 cases of general paralysis treated with malaria 20% died of pneumonia, hæmorrhages and pulmonary tuberculosis following the "shocks."

Ferraro and Fang (Washington), in 120 cases of general paralysis treated with malaria obtained 60 complete and partial remissions, with 20 deaths.

Bunker in 90 cases of general paralysis treated with malaria, noted a diminution of the albumen and lymphocytes in the cerebro-spinal fluid.

B. Wilson, in 38 cases of general paralysis found that between the fourth and fifteenth days after the malarial "shocks" a diminution took place in the mastic reaction, the lymphocytes and the albumen in the cerebro-spinal fluid. The fluid tended to become normal in three to five months, but between the sixth and ninth month the reactions became positive again.

He also observed that the colloidal and Bordet-Wassermann reactions were less intense immediately after the malaria treatment.

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He considers, however, that malaria treatment helps in an energetic way to diminish the inflammatory processes in the cortex and meninges. J. R. BEITH ROBB.

La Malarioterapia en la Paralisis General Progressiva. (*Revista de Criminologia, Psiquiatria y Medicina Legal, Buenos Aires, Ano xvi, No.* 94, *Julio–Agosto de* 1929.) *Balado, L. E., and Esteves, J. V. d'O.*

Balado and Esteves state that at first they were not favourably impressed with the idea of treating general paralysis with malaria. Their early results were so unfortunate that they temporarily ceased using this method. They suspected their technique, but soon they discovered that other workers were also getting discouraging results.

They considered, however, that further investigation was necessary, as in the words of Dr. G. Bosch, " to contemplate with arms folded a patient with general paralysis, is to enter into a compact with Death."

They believed that exaggerated claims for and against malaria therapy had been made, but on reviewing their work since 1925 they would classify the results of malarial treatment in general paralysis as follows—

Remissions :

Class 1.—Patients appeared cured both mentally and neurologically.
,, 2.—Apparent mental cure with great neurological improvement.
,, 3.—Great mental improvement with little neurological change.
,, 4.—Little mental and great neurological improvement.
,, 5.—Slight mental and neurological improvement.
,, 6.—No change.

Percentages are not given with the above classification.

In the opinion of the authors, although malaria may be the cause of the remissions in the course of the disease, it is not a cure for general paralysis, as the patient is still suffering from syphilis. They consider, therefore, that in addition antisyphilitic treatment is imperative. This they carry out while the patient is having malaria, the whole treatment being modified according to the patient's physical condition.

In support of their opinion they quote the following authorities :

Fribourg-Blanc : Malaria therapy only—46% remitted, of which 22% died later. Malaria plus anti-syphilitic drugs—66% remitted, of which 6·7% died later.

Claude, Targowla, Cenac and Prieur : Malaria causes the remission, but the patient still suffers from syphilis.

Demay, Prugnaud and Sicard consider that anti-syphilitic drugs must be used in addition to malaria.

Balado and Esteves use the ordinary preparations of bismuth and mercury, but arsenical preparations, such as sodium stovarsol (1 gr. dose), had to be abandoned owing to optic and liver complications. J. R. BEITH ROBB.

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