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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