

be accepted as pathological. He performed encephalography on 17 women of 18 to 49 years of age, cases of idiopathic epilepsy. In 47% the observations were normal; in 24% dilatation of the ventricles and of the subarachnoid spaces and some evidence of lepto-meningeal adhesions were found. In 29% the appearances suggested definite pathological changes, but not apparently an active process.

G. W. T. H. FLEMING.

*Narcolepsy.* (*Arch. of Neur. and Psychiat.*, July, 1931.) *Cave, H. A.*

The author reports on 45 cases of narcolepsy amongst the records of the Mayo Clinic during 1919–1928 inclusive. He draws the following conclusions: (1) Narcolepsy occurs in both sexes and is essentially a chronic condition. (2) The occurrence of dreams during the diurnal attacks of sleep, together with marked nocturnal restlessness and vivid dreaming, indicate that a mechanism has been disturbed nocturnally as well as diurnally. (3) The condition may follow epidemic encephalitis. (4) The association of obesity with narcolepsy points to a disturbance of the vegetative centres of the brain and of the endocrine system. (5) Narcolepsy shows many clinical manifestations similar to myoplegia and epilepsy. (6) The author draws particular attention to the marked loss of muscular tone and abolition of deep reflexes, with the occurrence of an extensor plantar response in both cataplexy and normal sleep.

He discusses at length the relation of the work of Pavlov on inhibition and sleep, and is quite convinced that Pavlov's theory of sleep explains the phenomena of narcolepsy—in other words, narcolepsy is due to inhibition, whether this in its turn is due to a functional or organic cause.

G. W. T. H. FLEMING.

*Can Syphilis be Transmitted by General Paralytics and Tabetics?* (*Wien. klin. Wochens.*, 1928, No. 28.) *Fahnel, F.*

Only cases in whom the diseases were well established are under consideration.

*Transmission by intercourse.*—Instances are given of the very rare cases where, in addition to the well-developed disease (G.P.I.), syphilitic lesions of the skin and mucous membranes were present, these constituting a possible source of infection. Apart from these, no evidence of infectiousness has been obtained.

The researches of Hirschl and others are quoted as evidence that general paralytics and tabetics are immune to further syphilitic infection. The author is inclined to infer from this that such patients may be carriers of active spirochætes. A single case of infection during a *post-mortem* examination on a general paralytic patient is on record, namely, that of the psychiatrist Gellhorn, who died seven years later from a gumma in the brain. Unfortunately, the correctness of the original diagnosis cannot be proved

beyond doubt, nor the fact that the autopsy represented the only possible source of Gellhorn's infection. Blood transfusions, where in emergencies tabetics and cases of old-standing syphilitic aortic disease were used as donors, have never resulted in the transmission of the disease (Macnamara). The cerebro-spinal fluid has also been found to be non-infectious.

*Transmission to offspring.*—Children of paralytic or tabetic mothers are mostly born normal. Pilcz reports 32 cases of the former, of whose 34 children 4 showed the clinical signs of congenital syphilis (this was confirmed *post-mortem* in 3 out of the 4). Out of 7 tabetic mothers, one aborted at two months and another produced a syphilitic infant, which was too diseased to survive. In spite of this, Pilcz, Jahnelt and Pfeiffer consider it rare for general paralytic or tabetic mothers to abort or to produce syphilitic offspring. Should, however, the spirochæte be transmitted, it is unaltered, and is therefore capable of producing all the signs and symptoms of ordinary syphilis. The Wassermann reaction of the blood of the newborn infants, or of the retro-placental and umbilical blood, is no criterion. All such infants need antisyphilitic treatment, and a very careful watch for later syphilitic manifestations is indicated.

S. ANTONOVITCH.

*Psychiatric Indications for Sterilization.* (*Das Kommende Geschlecht*, Bd. v, Heft 3.) Rüdin, E.

An extensive investigation—on empirical lines—was undertaken for the elucidation of the two problems, Which types of psychical defect are transmitted hereditarily? and What degree of transmissibility justifies sterilization? The material for this investigation comprised a group of psychotics, psychopaths and their "normal" relatives, a group taken from the average population, and a group of picked families of particularly sound mental stock. The aim of the researches was to arrive at figures showing the relative incidence and degree of heritable psychical defect in the three groups. Concerning the two latter groups, the obvious fact emerges that the incidence of such defect is considerably higher among the average population than among the picked individuals.

Out of the first group, the following diseases are dealt with:

*Hereditary chorea and myoclonic epilepsy.* Both rare, and hence comparatively unimportant, but the two diseases in which the Mendelian laws of heredity are fully established. In the case of chorea 50% of the offspring of each patient are affected. Since the disease remains, as a rule, latent over a considerable number of years, so that the affected individuals cannot be picked out before reaching the reproductive age, sterilization of all such offspring would appear justifiable.

Myoclonic epilepsy only occurs by endogeny, and here 25% of the offspring suffer from the disease. The researches of Lundborg have shown that this condition is frequently associated with other defects and mental abnormalities, so that its eradication by