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.) *Jahnel, 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