

*A Post-Encephalitic Sequela, in the Form of Delayed Cerebellar Atrophy* [Séquelle Postencéphalitique à Forme d'Atrophie Cérébelleuse Tardive]. (Fourn. Neur. et Psychiat., July, 1926.) Delbeke, R., and Van Bogaert, L.

This paper describes a peculiar cerebellar syndrome occurring in a man of 37, about a year after an attack of encephalitis. The main features are disorders of equilibrium, asynergia, symmetrical distribution of morbid signs, and a peculiar dysarthria, with absence of intention tremor and nystagmus. W. D. CHAMBERS.

*Late Myopathy of Distal Type* [Myopathie Tardive de Type Distal]. (Fourn. Neur. et Psychiat., July, 1926.) Van Bogaert, L.

A full description of a case of myopathy affecting the shoulder-girdle, hand, face and palate muscles, associated with a thyro-suprarenal syndrome and changes in the basal metabolism, the whole probably a sequel to an enteritis of uncertain origin. W. D. CHAMBERS.

*Some Cases of Conjugal Neuro-Syphilis* [Quelques Cas de Neuro-syphilis Conjugale]. (Fourn. Neur. et Psychiat., July, 1926.) Hoven, H.

The author records five cases of conjugal neuro-syphilis. He discusses the theory that such infections are due to a special neuro-tropic *treponema*, but does not regard that as proved. W. D. CHAMBERS.

*Tabes: New Pathogenic, Anatomic-pathological and Clinical Studies* [Sur les Tabes: Nouvelles Études Pathogéniques, Anatomopathologiques et Cliniques]. (L'Encéph., March, 1926.) Larora, G. R.

The author, after discussing recent research on tabes, demonstrates that this disease starts in an inflammation of the posterior roots due to the presence of the *Spirochæta pallida* in the meningeal processes which cover them. The destruction of fibres in the posterior columns is secondary to this. The infection in the root may or may not be accompanied by a meningitis. Tabes appears as a system disease only when well advanced and when many roots are affected, the greater part of the posterior column then showing secondary degenerative change. In the earliest stages only the short fibres forming the column of Clarke are affected.

The importance of early diagnosis, before the posterior columns are seriously implicated, and before the knee-jerks are lost, is emphasized, and the value as a symptom of tabetic pains is noted.

Early and very prolonged treatment is essential. The author has had good results with intrathecal injections of mercury and bismuth in small doses over long periods. He has found that arsenical preparations employed early lead to severe exacerbations. W. D. CHAMBERS.

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