

cachexia in early years, tabes and general paralysis. While all forms of syphilis may be followed by severe nervous symptoms, it seems to be a fact that the mild forms are particularly liable to be followed by the parasymphilitic affections. Hitzig has a theory that there are several poisons in the venereal infection, and that the soft sore is an infection with a poison especially injurious to the nervous system. As factors contributing to brain-disease in syphilitic subjects, Mott includes injuries to the head, alcoholic excesses of any kind and severe mental strain.

The subject is further considered under the following headings: Basic meningitis; meningitis of the convexity; cerebro-spinal meningitis; arteritis and neo-plastic formations and encephalitis.

In basic meningitis, there are generally profound arterial changes and gummatous masses in the brain substance. The cases closely resemble those of general paresis. Added to the nerve symptoms, e.g. of *optic nerve*, and *oculo motor*, especially the branch to the levator palpebrae and the sensory division of the fifth, are those psychological symptoms rather rare in simple meningitis. Recurrent attacks of drowsiness, stupor and coma, should always make one suspect syphilitic basic meningitis. Dementia, at one time or another is a constant symptom in all cases of severe brain syphilis, and variability of the dementia is especially characteristic. Delirium, moroseness, delusions of persecution, attempts at suicide, epileptiform fits, Jacksonian epilepsy may have their origin in syphilis. Recovery is with mental enfeeblement.

Syphilitic meningitis is always associated with changes in the arteries, but arteritis may occur without meningitis. The inner coat is specially involved. The lumen of the vessel is narrowed and not necessarily thrombosed. Headache is common, sleeplessness, irritability and mental weakness are significant. Transitory aphasia is often one of the earliest symptoms, indeed, transitoriness with recurrence, are very characteristic of the symptoms, till finally a more or less settled condition is found, wherein partial or total mental incapacity, associated with paralysis, is the chief feature. The failure of the therapeutic test to improve patients should not be regarded with surprise by one acquainted with the anatomical conditions at the bottom of such symptoms.

That portion of Dr. Mott's paper dealing with the pathology of cerebro-spinal syphilis is of special interest.

The process is essentially inflammatory, affecting the mesoblastic tissues, usually the meninges or the vessel walls. The parts affected are those where the cerebro-spinal fluid exists in abundance, although the ventricles are not affected as the ependyma of the ventricles is of epi-blastic origin. The arteries are specially involved and often become obliterated.