Correspondence

Neurological Complic

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Because of heavy pressure on our space, correspondent asked to keep their letters short.

Tabo-paresis

SIR,—Some senior and experienced psychiatrists hav cently had cause to give considerable thought to the of tabo-paresis. One British psychiatrist recently f that there was concern in responsible circles in Americ the same topic. When the time-lag between primary i tion with syphilis and the onset of tabo-paresis is consid it appears possible that the recent virtual disappearan tabo-paresis is due to the efficiency of arsenical treat in the years before the large-scale employment of antibi

It may be that cases treated in the early years o antibiotic era have yet to develop tabo-paresis. The factor suggests that the next few years may be partic important in this respect. Recently a senior psychi with considerable experience of neurosyphilis had cases referred to him within a very short period—more than he had seen for a very long time previously. Tv these cases could easily have been missed by a more j man with little practical experience of tabo-paresis. over, some of the old, characteristic physical signs seem to be changing somewhat.

It may be hoped that fears of a reappearance of tabo-paresis on a considerable scale may prove groundless, but there appears to be reason for clinicians to be very alert on this topic, so that if an increase in the number of cases

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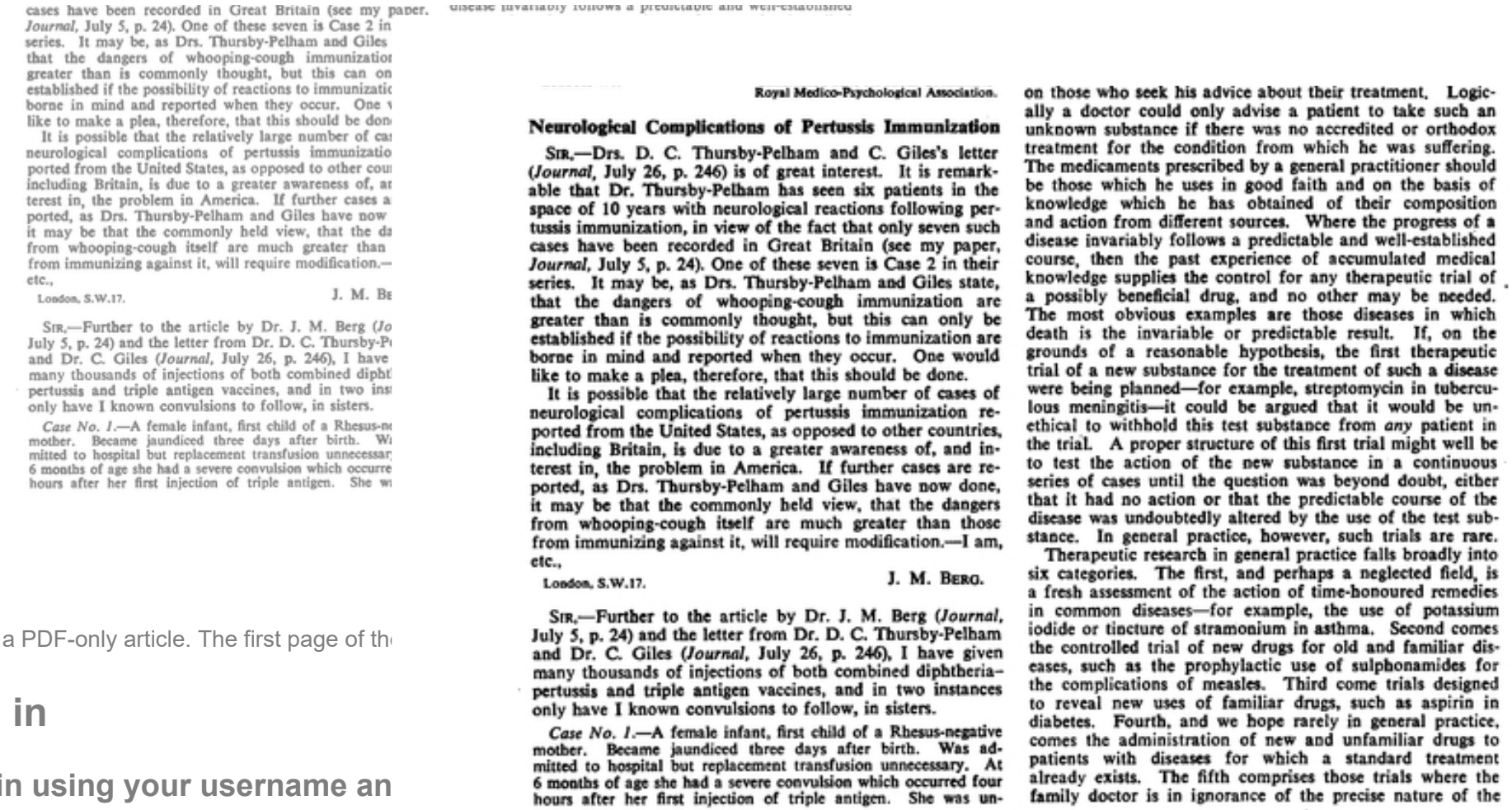
for a doctor prescribing dummy tablets, when he has to choose between honesty with his patient and impersonal science; and concludes "regretfully, that it would be wrong for the *B.N.F.* to include a dummy tablet. . . ." May I set out in detail some of the considerations which should guide



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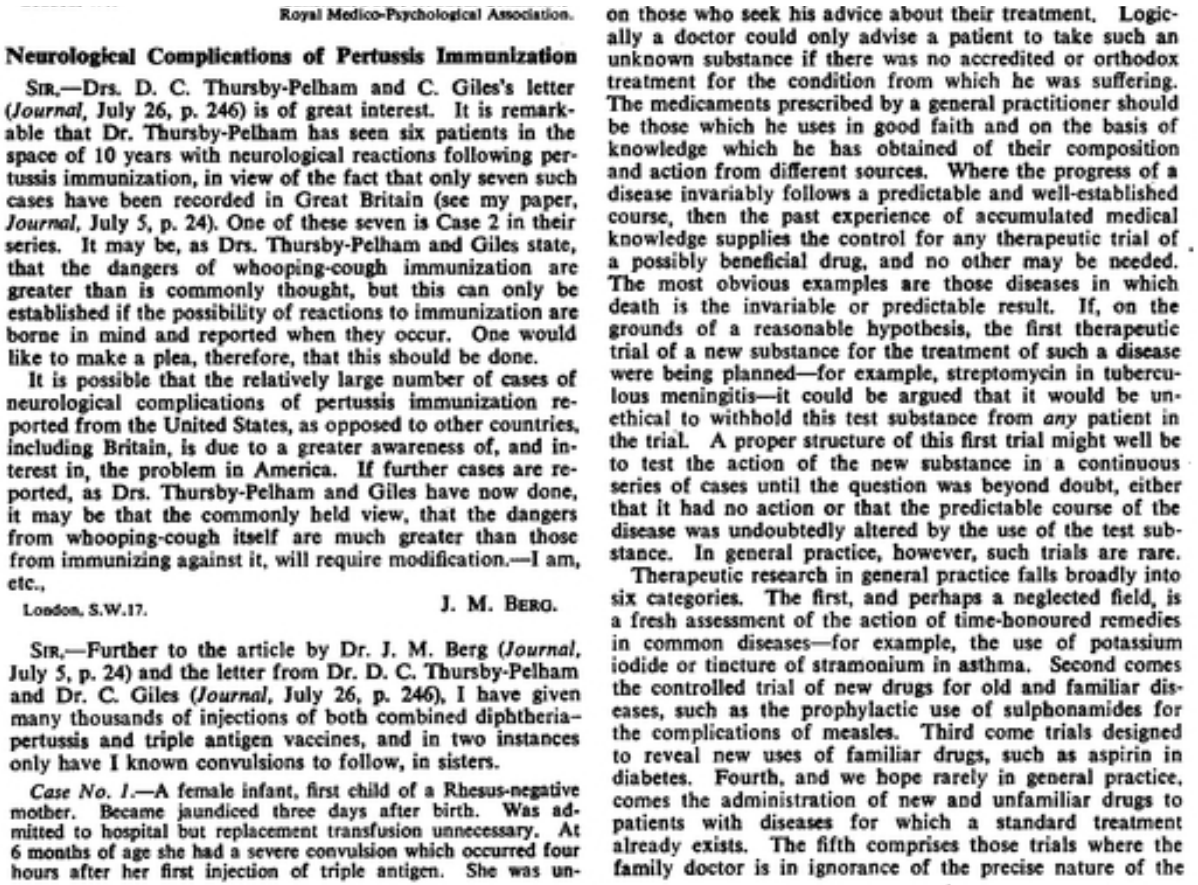

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