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Insulinschockbehandlung bei chronischen schizophrenen Psychosen. (Insulin shock therapy in chronic schizophrenic psychoses.) H. Fröshagen and H. Thomsted. 139.
Über Trigeminusneuralgie und ihre Ursachen, insbesondere ihre Beziehung zu Zahns- und Kieferleiden. (Trigeminal neuralgia and its causes, especially in relation to diseases of the teeth and jaw.) M. Melchior. 163.

Nerves to Cerebral Vessels.—By means of staining with methylene blue, it has been possible to demonstrate a rich network of non-medullated nerves in the cerebral vessels down to arteries of a diameter below 0.1 mm. Medullated nerves were only found on the largest arteries. Excellent illustrations. (E. A. C.)

ALLGEMEINE ZEITSCHRIFT FÜR PSYCHIATRIE UND IHRE GRENZGEBIETE


Erbliche Fallsucht, Erfahrungen bei Erbgesundheits-begutachtungen. (Hereditary epilepsy. Experiences from reports on sterilization.) F. Laubenthal. 197.
Der Erbkrke der Epilepsie, (Hereditary aspect of epilepsy.) K. Conrad. 226.
Über schizophren Halluzinosen. (Schizophrenic hallucinations.) J. Wyrsch. 231.
Das Elektrenkephalogramm des Menschen. (The electroencephalogram in man.) H. Berger. 254.
*Anatomisch-pathologische Bemerkungen zur Frage der Schizophrenie, (Anatomo-pathological observations on the question of schizophrenia.) G. Peters. 274.
*Die Frage der Dosierung bei der Insulinbehandlung der Schizophrenie. (The question of dosage in the insulin treatment of schizophrenia.) H. Müller. 296.
Noch einmal Caligula und Domitian. (Caligula and Domitianus : a further contribution.) E. Müller. 343.
Zur Durchführung der Diagnostistik. (Statistics of diagnoses.) H. Göllner. 347.
Veränderungen der Leberfunktionen als Voraussetzung von Störungen des Zentralnervensystems. (Liver disturbances as a cause of disturbances of the c.n.s.) F. Fischer. 350.

Morbid Anatomy of Schizophrenia.—There is no evidence for the view that schizophrenia is primarily a disease of the brain. All the changes hitherto described as pathognomonic can be found in brains of mentally normal persons. (K. S.)

Dosage of Insulin in Treatment of Schizophrenia.—The individual is sensitized to insulin after the first coma, after epileptic attacks, and after the date of ovulation. During menstruation, on the other hand, higher doses are tolerated. (K. S.)

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*The Histopathology of the Psychoses with Subacute Bacterial and Chronic Verrucose Rheumatic Endocarditis. W. B. Bruech. 335.
The Effective Use of Phenobarbital and Benzodrine Sulfate (Amphetamine Sulfate) in the Treatment of Epilepsy. B. Cohen and A. Myerson. 371.
Treatment of Schizophrenia with Insulin Shock.—The results of insulin shock therapy in a series of schizophrenic patients are described together with the chief complications encountered in their treatment. In 18 cases with duration of psychosis of under 1 year there were nine full remissions, two social remissions, two improvements and five unimproved. In 16 cases with a duration of over 1 year there was one full remission, two social remissions, 3 improvements, and 10 unimproved. The authors consider that remissions of good quality can be obtained in 70 per cent. in acute schizophrenia if insulin shock therapy is instituted within 1 year of onset, and that this figure is double that of spontaneous remission.

Metrazol Treatment in Schizophrenia.—Detailed analysis of the 35 cases of schizophrenia treated shows that the factors determining the prognosis are: duration of the disease; age of patient; age at onset; type of disease, whether catatonic, paranoid, or hebephrenic; personality prior to onset; but the most important single factor is the absence of deterioration. The authors obtain better results with catatonic than with the paranoid type of disease.

Early Effects of Metrazol Therapy in Chronic Over-activity.—Metrazol treatment was carried out in a group of 42 patients (16 men and 26 women) characterized by chronic excitement over a period of 6 months to 22 years. Treatment was administered daily and terminated when further improvement seemed improbable. The authors found generally, as early effects, that there was marked general improvement after treatment: there was a diminution of over-activity, over-talkativeness, aggressiveness, destructiveness, and incontinence. The necessity for sedation ceased: and about half the patients became capable of productive work.

Histopathology of the Psychoses with Rheumatic Endocarditis.—From an etiological point of view two types of psychosis with endocarditis can be distinguished: (1) psychosis with sub-acute bacterial endocarditis, dying soon after the onset of mental symptoms: (2) psychoses with chronic rheumatic endocarditis. The first group of cases is characterized by acute delirious mental symptoms and post-mortem histological examination shows numerous miliary abscesses and numerous cocci in the capillaries of the cerebral cortex. The second group of cases may present any reaction type. Some cases are diagnosed as dementia paralytica, others as manic depressives or involutional psychoses. A case has even been classified as senile psychosis. The cerebral lesions consist either of small or large areas of infarction with a normal macroscopic appearance: microscopic examination may show numerous cellular areas, occasional granulomata, and small connective tissue scars.

Adrenalin and Methylchol in Anxiety States.—The effects of intramuscular injections of adrenalin or methylchol were investigated in a series of 20 psychoneurotic patients. The patients received an intramuscular injection of 1 c.c. of adrenalin chloride or of 5–25 mgs. of acetyl betamethyl choline. It was found that anxiety attacks typical for the patient were reactivated by adrenalin in six patients and by methylchol in five cases.
authors to the conclusion that presenile psychoses do not necessarily differ in their pathogenesis from psychoses arising in early life, and that many cases resembling the one under consideration are to be regarded as late manifestations of schizophrenia.

**Treatement of Dementia Precox with Tuberculin.—**Twenty-six cases of dementia precox were chosen for this treatment. The duration of the psychoses varied from a few months to 22 years. All the cases were in good bodily state and were free from all signs of previous tuberculous infection. The tuberculous focus was preceded by cutaneous allergic tests. In all the cases except three the reaction was strongly positive. The treatment was carried out for three months and crude tuberculin of the Pasteur Institute was used. In 18 cases the administration was oral. The eight others received intramuscular injections of tuberculin. Local and general reactions were insignificant in the injected cases. The results were entirely negative.

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La "Démence Précoce" ou la "Schizophrénie" constituent-elles une Maladie ? (Are dementia precoex and schizophrenia one disease?) H. Baruk. 256.

L'Importance du Système Neuro-Végétatif dans la Myasthénie Bulbaire. (The importance of the vegetative nervous system in bulbar paralysis.) A. Salmon. 266.

Les Foyers Psychiques Pures ou Prévallantes de l'Hypothyroidisme. (The mental forms of hyperthyroidism.) P. Costo. 280.

**ARCHIVES OF NEUROLOGY AND PSYCHIATRY**

**Vol. 39. No. 4. April 1938**


- Periarteritis nodosa.—The clinical history of five cases of periarteritis nodosa are presented. In three the peripheral nervous system was widely degenerated; in one the brain and in one the choroid of the eye was involved. Degeneration of the peripheral nerves appears to be the result of occlusion or marked narrowing of the lumens of the nutrient arteries to the nerves. The degeneration begins as infiltration at higher levels, the infarcts being single, multiple, or confluent. Inflammation of the nerves does not occur. (R. M. S.)

- Nucleus Lateralis Medulla.—In macacus rhesus the nucleus lateralis constitutes, with the arcuata nucleus and the nucleus of Clarke and Monakow, a relay system between ascending proprioceptive pathways of the cord and the cerebellum. (R. M. S.)

- Metrazol Shock Treatment of Functional Psychoses.—Metrazol shock treatment in this series of patients with "functional" psychoses gave a relatively high rate of recovery for persons with manic-depressive conditions and those "without psychosis. For the schizophrenic group, treatment yielded a relatively high rate of recovery only if given within 6 months after onset of the
Migraine Headache and Ergotamine Tartrate.—The authors conclude that the head pain of the migraine attack is produced by the distension of cranial arteries and that the termination of the headache by ergotamine tartrate is due to the capacity of this agent to constrict these cranial arteries and thus reduce the amplitude of their pulsations. (R. M. S.)

Human Autonomic Pharmacology.—In the Argyll Robertson pupil the light reflex may be restored in a partial way by instillation of a dilute solution of benzedrine sulphate, ranging from 0/125 to 0·5 per cent., or by repeated subcutaneous injection or oral ingestion of the drug. Under such circumstances the pupil dilates, and while ordinarily only slightly mobile to flash-light, it widens in darkness and constricts in daylight, the movements of dilation and constriction being slow and deliberate but certain. (R. M. S.)

Experimental “Encephalitis.”—The present study was undertaken to observe what changes, if any, in the central nervous system result from hypercoagulability of the blood produced experimentally. In experiments continued for some time, the resulting cerebral lesions closely resembled those of certain human “encephalomyelitides”—for example, those of the post-vaccinal and post-measles types. (R. M. S.)

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animals with cerebellar and those with vestibular lesions, thus simplifying the symptom elements associated with lesions of the gross cerebellum. (R. M. S.)

Sensory Discrimination after Lesions of Parietal Lobe.—The authors report the findings in parallel studies of the cortical localization for discrimination of roughness and of lifted weight in monkeys, chimpanzees, and man. (R. M. S.)

Dystonia musculorum deformans.—Four cases of dystonia musculorum deformans are described. The main lesions were in the striatum and dentate nuclei. Status marmoratus and status dysmyelinisatus were observed in three cases, and status fibrosus in one. The role of the striatum and dentate nuclei in the causation of extrapyramidal disorders and the relation of dystonia to these dyskinesias are discussed. (R. M. S.)

Astereognosis and Tumours of Foramen Magnum.—Eight cases of a tumour protruding through the foramen magnum with associated unilateral astereognosis are described. In this region tumours may give rise to sensory changes of the so-called cortical type which are probably due to pressure on, destruction of, or interference with the vascular supply of the posterior columns and their nuclei or the region of the decussation of the medial lemnisci. (R. M. S.)

Encephalitis occurring with Vaccination, Variola, and Measles.—Allergy is discussed as an important factor in the pathogenesis of encephalitis associated with vaccination, variola, and measles. (R. M. S.)

*Sensory Discrimination in Monkey, Chimpanzee, and Man after Lesions of the Parietal Lobe. T. F. Recker, J. F. Fulton, and W. J. German. 919.


The Ayala Index. N. Savitsky and M. M. Kessler. 988.
Role of Vitamin C in Metabolism of Nerve Tissue. H. Worts, S. B. Worts, and F. I. Marsh. 1,055.

*Descending Connections from the Hypothalamus. H. W. Magoun, S. W. Ranson, and A. Hetherington. 1,127.
*Autonomic Innervation of the Face. II. An Experimental Study. F. H. Lewy, R. A. Groff, and F. C. Grant. 1,238.
*Reduction of Increased Intracranial Pressure by Concentrated Solutions of Human Lyophilized Serum. J. Hughes, S. Mudd, and E. A. Streecker. 1,277.

Descending Connections from Hypothalamus.—The information which these experiments have yielded regarding descending hypothalamic pathways may be summarized as follows: In the midbrain descending connections which mediate impulses induced by hypothalamic stimulation occupy a wide area in both the central and the tegmental region. At the pontine level the results fail to support any conception of an exclusive or predominant disposition of descending hypothalamic paths in either the periventricular or the midline region. Some connections are present in the medial portion of the pontine region of the brain stem, but sections must be extended practically to the lateral margins of the tegmental region to abolish the responses to hypothalamic stimulation. If there is any concentration of descending hypothalamic paths at this level, these experiments point toward the pontile tegmentum as containing the area concerned.

Stimulation after hemisection reveals that even as far caudal as the first cervical segment of the spinal cord the connections which carry descending impulses from the hypothalamus are chiefly uncrossed, but that there is a smaller crossed component in the paths concerned with the respiratory and vasomotor effects. (R. M. S.)

Vascular Pattern in C.N.S. Lesions.—A study of the vascular architecture in neuro-pathological lesions by the use of Lephe- Christmas's benzidin Stain. (C. F. List and M. M. Peet. 1,228.

Autonomic Innervation of Face.—The results of the authors' investigations show that the pseudomotor phenomena of the eyelid, the lip, the whiskers, and the tongue of cats may be elicited by stimulation of (1) autonomic efferent fibres in the sensory root or sensory divisions of the fifth nerve originating in the mesencephalic nucleus of the nerve, and (2) the preganglionic and postganglionic fibres of the cervical portion of the sympathetic trunk. (R. M. S.)

Reduction of Intracranial Pressure by Lyophilized Serum.—Concentrated human blood serum was found to be an extremely effective dehydrating agent for reducing intracranial pressure, and its ability to raise blood pressure indicates that it should be useful in the treatment of circulatory failure due to shock or hemorrhage. (R. M. S.)

Reduction of C.S.F. Pressure by Lyophilized Serum.—In dogs 8 c.c. of serum per kilogram maintained a reduction in pressure for longer than 20 hours. (R. M. S.)

Visualization of Dorsal Nerve Roots by Myeloscope.—An instrument is described which permits direct visualization of the contents of the subarachnoid space within the spinal cord. The dorsal roots of the cauda equina form the artery of Adamson as their blood-vessels. In addition, the actual flow of blood through the vessels can be perceived. (R. M. S.)


Structure of the Filum Terminale. I. M. Tarlov. 1.
*Sweat Secretion in Man. II. Anatomic Distribution of Disturbances in Sweating associated with Lesions of the Sympathetic Nervous System. C. F. List and M. M. Peet. 27.
*Vesicular Abnormalities associated with the Parkinsonian Syndrome. O. R. Langworthy. 44.
*Cevitamic Acid Content of Blood Plasma in Alcoholic Psychoses. L. Alexander, M. Pijuan, P. G. Schube, and M. Moore. 66.
*Variations in Magnesium and Potassium associated with Essential Epilepsy. A. D. Hirschfelder and E. G. Haury. 66.
A Method of testing Cortical Function and Sensitivity of the Skin: an Aid in Differentiating Organic and Psychogenic Disturbances. W. H. Gantz. 79.

Dangerous Effect of Thorotrast used intracranially, with Special Reference to Experimental Production of Hydrocepha Ius. R. M. Stuck and D. L. Reeves. 85.

Encephalographic Findings in Athetosis.—In a series of 13 cases of athetosis and dystonia encephalography has been performed. Certain changes appear with considerable constancy in the roentgenograms. They include: enlargement of one or both ventricles, especially at the
expense of the floor of the ventricle; enlargement of the third ventricle in a direction away from the clinically affected side; and enlargement of the basal cistern. Similar changes are occasionally seen in other conditions characterized by enlargement of the ventricles. In general, however, in the cases of athosis the basal atrophy is more marked as compared with the size of the ventricles and the cortical atrophy than it is in other diseases. Indications for employment of encephalography in relation to diagnosis, prognosis, and operation are discussed. (R. M. S.)

Sweat Secretion in Man (2).—Localized lesions of the sympathetic chain and of its rami lead to circumscribed loss of thermoregulatory sweating. The area of anhidrosis is frequently bounded by a zone of increased perspiration (so called prelesional hyperhidrosis). The typical areas of anhidrosis which occur after various forms of sympathectomy are described. The postganglionic sweat fibres contained in the grey communicant rami supply the skin in a segmental manner corresponding to the sensory radicular innervation. The thermoregulatory sweating test is a simple and accurate clinical method to determine the extent and site of lesions in the sympathetic nervous system. (R. M. S.)

Venous Abnormalities in Parkinsonian Syndrome.—Certain patients with the parkinsonian syndrome complain of frequency of micturition. Graphic records of vesical activity may reveal two abnormalities. The resting intravesical pressure is abnormally high both in the empty bladder and during filling. The volume of the bladder is often decreased. The stretch reflex in the muscle is not usually hyperactive. The pathological changes in these patients are not sharply localized or limited to one group of cells or fibres. For this reason, the records of vesical activity are not exactly similar, as they are after injury of the corticospinal tracts. The discussion is concerned with the explanation for these differences in vesical activity. (R. M. S.)

Cevitamic Acid Content of Blood Plasma

in Alcoholic Psychoses.—Patients with chronic alcoholism have a diminished cevitamic acid content of the plasma as compared with persons used as controls. In some instances the cevitamic acid level in the blood is as low as that in subclinical scurvy. (R. M. S.)

Magnesium and Potassium associated with Epilepsy.—The plasma magnesium is frequently low during the convulsions of essential epilepsy. The ultrafilterable magnesium is low more frequently and is proportionately lower than the total plasma magnesium. The plasma potassium increases during epileptic convulsions. The molar potassium/magnesium, especially the ultrafilterable potassium/ultrafilterable magnesium ratio, increases during epileptic convulsions. The phosphate and dextrose contents of the blood increases during epileptic convulsions. All these abnormalities are most intense in the severest forms and are less frequent and less intense before and after the convulsions. They tend to return to normal between periods of convulsions. The magnesium and potassium of the cerebrospinal fluid usually remain normal during convulsions. The magnesium content of the cerebrospinal fluid remains higher than that of the plasma; the potassium remains lower. Continuous oral administration of magnesium did not ameliorate nor did potassium chloride aggravate the epileptic seizures. (R. M. S.)

Metabolic Studies during Insulin Hypoglycaemia Therapy.—A study has been made of concomitant metabolic changes occurring during the hypoglycemic state in psychotic patients treated with insulin. In addition to lowering of the blood sugar, changes were observed in amino-acids, potassium, inorganic phosphorus, cholesterol, and serum protein. The importance of some of these changes in the physiologic relations of the nervous system is discussed. The possible significance of a marked and persistent lowering of serum potassium observed in a small group of patients is pointed out. The severity of the changes was not dependent on the size of the dose of insulin administered. (R. M. S.)


Cerebral Pathologic Changes in Schizophrenia.—Removal of specimens of cerebral cortex for biopsy demonstrated that a pathologic change affecting the oligodendroglia cells of the brain operates in cases of schizophrenia and manic-depressive psychosis. (R. M. S.)

Sweat Secretion in Man (3).—Sweating responses following subcutaneous injection of pilocarpine and mecholyl were studied in man under physiological and pathological conditions. The influence of obstruction

*Studies of Cerebral Pathologic Changes in Man. III. Clinical Observations on Sweating Produced by Pilocarpine and Mecholyl. C. F. List and M. M. Peet. 269.
of the circulation and of various lesions of the nervous system was investigated. When injected subcutaneously, pilocarpine and mecholyl act on the periphery through the circulating blood. They have apparently no effect on the central nervous system. Pilocarpine and mecholyl stimulate the endings of cholinergic nerve fibres. Administered subcutaneously in customary doses, both drugs usually show no visible direct action on the sweat glands. There is evidence that two sets of cholinergic fibres exist: (1) postganglionic sympathetic, and (2) parasympathetic cholinergic fibres. The majority of the cholinergic fibres for the trunk and extremities seem to pass through the thoracolumbar sympathetic system. The cholinergic fibres supplying the head, however, travel largely via cranial parasympathetic nerves. Cholinergic fibres convey nerve impulses indirectly to their end organs by releasing a substance with the properties of acetylcholine. This chemical transmitter may produce an effect on sweat glands, even though the cholinergic fibres (at least those of parasympathetic origin) make no direct anatomical contact with the sweat glands. Sweat glands deprived of their postganglionic sympathetic innervation tend to become hypersensitive to direct chemical stimulation, in particular, the deafferented sweat glands of the face may show sensitization to acetylcholine liberated by the remaining parasympathetic cholinergic fibres. (R. M. S.)

Intracerebral Blood Flow.—In the parietal area of the cat's brain, with the animal under dial anaesthesia, the following observations were made. The vagus nerve has no direct effect on the blood flow through either side of the brain. Stimulation of the cervical portion of the sympathetic chain causes a decrease in the blood flow on the ipsilateral side. Carbon dioxide is a powerful agent in increasing the blood flow. Inhalation of pure oxygen or hyperventilation with atmospheric air causes a decrease in the blood flow. Epinephrine, ephedrine, and solution of posterior pituitary increase the blood flow secondarily to the increase in blood pressure. Caffeine, acetylcholine, and acetylbetamethacholine cause an increase in the blood flow, in spite of depressed blood pressure. Amyl nitrite in moderate amounts maintains the rate of blood flow in spite of depressed blood pressure. Histamine decreases the blood flow secondarily to the decrease in blood pressure. Hypertonic solutions of sodium chloride cause an increase in the blood flow. (R. M. S.)

Mechanism of After-contraction.—After-contraction is the involuntary movement which follows prolonged muscular contraction in man. It may be elicited when any set of muscles is voluntarily kept in action for a time against resistance. After relaxation of the contracting muscles and subsequent removal of the resistance, there usually follows an involuntary repetition of the originally intended movement, accompanied by a sensation of lightness or floating upward of the part. It is concluded that the after-contraction is mainly an after-discharge from the cortex or its projection pathways. It is modified by other parts of the nervous system, as is voluntary activity. Suggestions are offered concerning the usefulness of after-contraction as a method of investigating the physiological behaviour of the cortex and of studying drugs used in controlling its excitability. Theoretical views are advanced as to the possible role of after-contraction in habit formation. (R. M. S.)

Moro Reflex and Startle Pattern.—Both the Moro reflex and the startle pattern may be called forth in infants by the same stimulus. While the Moro reflex gradually disappears, being usually gone by the fourth month of life, the startle pattern becomes regular and persists throughout life. Examination of the Moro reflex shows it to consist of two phases: a primary extension of the upper extremities and a subsequent flexion or clasping movement. The primary extension is the important part of the response and the secondary "clasping" movement may represent merely the influence of normal postural habits. It thus seems erroneous to refer to the Moro reflex as an adaptive protective clasping response. It is rather a phenomenon representative of cortical immaturity. (R. M. S.)


The Cerebral Cortex in Man.—An outstanding contribution to the study of the function of the cerebral cortex based on stimulation of the cerebral cortex in conscious patients. (R. M. S.)

Sweat Secretion in Man (4).—The sweating responses of the face were studied with Minor's iodine and starch method in patients presenting nerve lesions. The distribution of the sympathetic sweat fibres was determined by the thermoregulatory sweating...
test. The postganglionic sweat fibres arising in the superior cervical ganglion either pass through the periarterial plexus of the external carotid artery or are carried into the cranium via the periarterial plexus of the internal carotid artery (internal carotid nerve). The trigeminus nerve receives its sweat fibres distal to the gasserian ganglion. Most of the fibres for the ophthalmic branch probably enter this nerve intracranially, whereas the fibres destined for the second and third divisions join these nerves extracranially. The peripheral branches of the fifth nerve contain all sweat fibres for the trigeminal area. There is no definite proof that the facial nerve carries sympathetic sweat fibres, except perhaps a few for the auriculotemporal and parotid areas (anastomotic branches from the autonomic plexus and greater auricular nerves). The intracranial portions of the glossopharyngeal, the greater superficial petrosal, and the chorda tympani nerves contain no sympathetic sweat fibres.

Perspiration of the face is produced not only by the sweat glands of the face, but by those on the neck, the back, and the axillae. The sweat glands in the axillary region are purely sudoriferous, but contain also a few cholinergic fibres, which act indirectly by releasing a chemical transmitter, probably acetylcholine. Only a few parasympathetic fibres enter this area, which is mainly drained by the sympathetic system, and there is no influence of the seventh, ninth, and tenth cranial nerves. There are no postganglionic fibres for this area except perhaps a few for the auriculotemporal syndrome, such as pilocarpine or mecholyl: (2) a neurodynamic response, confined to the face, is produced by the gustatory salivary reflex. After degeneration of a peripheral branch of the trigeminal nerve cholinergic, like thermoregulatory, sweating is abolished in the distribution of this nerve. After postganglionic sympathetic denervation (superior cervical ganglionectomy) the cholinergic response may be diminished, or it may be increased because the deafferented sweat glands become sensitized to acetylcholine. Gustatory sweating may be elicited by the reflex stimulation of cranial cholinergic fibres. A faint gustatory sweating response is present in many normal persons. Pathological gustatory sweating response is present in many normal persons. Pathological gustatory hyperhidrosis occurs: (1) in sympathectomized areas, probably owing to sensitization to acetylcholine; and (2) as the auriculotemporal syndrome, which is explained by abnormal local irritability of cholinergic fibres. (R. M. S.)

Optically Excitable Cortex in Rabbit.—Treatment of the optically excitable cortex was studied by recording the characteristic interruptions of the spontaneous rhythm which followed the application of single maximal electrical shocks to the contralateral optic nerve. Comparisons were made between the extent of the optically excitable area in histological preparations used as controls and that of the area striata as delimited in the Rose cytoarchitectonic parcellation of the cortex of the rabbit. The optically excitable area is more extensive than the area striata as delimited by Rose in that it extends across the peristriate field (Pstr) medially and may enter area parietalis 3 anteriorly. Laterally, it follows Rose’s zone of transition between the striate (Str) and the occipital (Oc) field to the posterior pole of the hemisphere. (R. M. S.)

Lesions in Vestibular Part of Cerebellum.—The work indicates that localization of function, based on comparative anatomical facts and afferent fibre connections, may be demonstrated to exist in the cerebellum of monkeys and chimpanzees. The similarity between this syndrome and that seen in cases of cerebellar tumours which originate in this part of the vermis is mentioned. (R. M. S.)
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Pick’s Disease—A Specific Type of Dementia. A. C. Nichols and W. C. Weigner. 237.


The Tonic Foot Response to Stimulation of the Sole: Its Physiological Significance and Diagnostic Value. K. Goldstein. 269.

*Note on the Nucleus Ruber Magnocellularis and Its Pathway in Man. K. Stern. 284.


Efferent Pathway of Ruber Magnocellularis—Retrograde chromatolytic changes were observed in the nucleus ruber magnocellularis (v. Monakow) in serial sections of the midbrain of two cases. One with a transverse lesion of the thoracic cord showed bilateral changes in the nuclei, and the other had changes on the contralateral side only, following thrombosis of a posterior inferior cerebellar artery. Correlating these findings with those observed in animals and with earlier observations on tract degeneration in man it is concluded that a rudimentary paleo-rubrum and rubro-spinal tract exist in man. There has been a phylogenetic deterioration in the size of these structures. (D. J. W.)

Sweat Response to Faradic Stimulation.—Stimulation of the skin of the forearm in a man with a faradic current resulted in a local sweat response which was demonstrated by the iodine-starch method of Minor. Study of modifications in the response with lesions in the peripheral somatic and sympathetic nerves suggested that it was dependent on a local axone reflex of the postganglionic sympathetic fibres. It appears that single sympathetic nerve fibres divide near their terminations into many fine filaments which supply a group of sweat glands. A complicated system of axone reflexes can take place through this system of filaments. There appears to be considerable overlap in the distribution of these neurone systems. (D. J. W.)

BRAIN

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No. 3.

Fibrillation in Voluntary Muscle.—Simultaneous records were obtained of the electrical and mechanical activity of voluntary muscle undergoing degeneration as a result of various lesions in the muscle, its motor nerve, and in the anterior horn cell. Different types of spontaneous movement result from these different lesions. The fine fibrillation of degenerating muscle discharges from abnormal anterior horn cells and the coarse, slow twitches resulting from intramuscular nerves could be distinguished. The discharge from degenerating anterior horn cells is regular and causes a rhythmic fasciculation which is distinct from the “contraction fasciculation” of voluntary movement. The fibrillation of denervated muscle is extremely fine, and appears to be due to increased excitability of the rapidly conducting portion of muscle fibres to traces of free acetylcholine in the tissues. The contraction of facial muscles is unique in re-innervated muscle, and appears to be of central origin. The slow undulating fascicular contraction seen in fatique and in NaCl deficiency are caused by contraction which begins in and spreads throughout the muscle fasciculus. The nature of these different types of involuntary muscle movements have been related to what is known of the anatomy of the neuromuscular mechanism. (D. J. W.)

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Relapsing Juvenile Chronic Subdural Hematoma. L. M. Daviddle and H. D. Dyke. 95.


The Relation between Area and Intensity of Light and the Size of the Pupil, with Formulas for Pupillary Reactions. C. A. Elsberg and H. Spotnitz. 160.


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Essai sur le Rôle de la Syphilis dans le Détérmination de la Démence Précoces. (The rôle of syphilis in determining dementia praecox.) P. Faveret and J. Rondepierre. 194.

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L'Électro-encéphalographie Clinique. Technique et Résultats du Central Pathological Laboratory of the Maudsley Hospital de Londres. (The electro-encephalography clinic. Technique and results from the Central Pathological Laboratory of the Maudsley Hospital, London.) J. Golse. 244.

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Les Modifications de la Chronaxie Vestibulaire chez les Lapins sous l'Influence de l'Alcool. (Changes in vestibular chronaxie of rabbits under the influence of alcohol.) M. Brun. 46.
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Conception Clinique des Neurones et des Neuromyélies. (Clinical outline of the neurites and neuromyélies.) A. Austregesilo. 61.

Remissions Spontanées et Remissions Thérapeutiques. (Spontaneous and therapeutic remissions.) G. Teulé. 82.

Observations sur l’Application du Traitement par le Cardiazol à quelques Cas de Schizophrenie. (Observations on the cardiazol treatment in certain cases of schizophrenia.) G. Pamboukis and J. Tsimitriakos. 94.

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The Localization of the Human Gum. W. Lewinsky and D. Stewart. 531.


**The Thalamus of the Cat after Hemidecortication.**

W. H. Waller. 475.

*On the Third of the Posterior Commissure. M. F. L. Keene. 488.*

*Observations on the Problem of the Proprioceptive Innervation of the Tongue. A. Carleton. 502.*


*On the Presence of Sensory Fibres in the Ocular Nerves. Shafik Abd-El-Malek. 524.*

*The Localization of the Human Gum. W. Lewinsky and D. Stewart. 531.*


**Thalamus of Cat after Hemidecortication.**

In four cases of nearly complete hemidecortication in the cat, with varying amounts of injury to subcortical structures, complete degeneration was found in the antero-ventral, ventromedial, ventrolateral, arcuate and lateral posterior nuclei, the pulvinar and the geniculate bodies. There was nearly complete degeneration of the lateral anterior and ventral anterior nuclei, and partial degeneration of the antero-dorsal, anteromedial, recticular, medial, paracentral, and central lateral nuclei, and the centrum medianum, indicating that these nuclei have both cortical and sub-cortical efferent fibres. No cell changes were found in the paratalenan, paraventricular, or central nuclei, or in the group of nuclei about the posterior commissure, nor was there any definite degeneration in the ventro-medial nucleus of the lateral geniculate body. (A. G. M. W.)

**Posterior Commissure.**—An extensive amount of material was examined which included serial sections of the brains of 44 human fetuses ranging from 9 mm. to 9 months, and serial sections of brains of 21 specimens of vertebrate animals. The investigation included the examination of a Rhesus monkey brain stained by the Marchi method, in which the posterior commissure had been cut experimentally. The chief connections of the posterior commissure were found to be as follows. A ventral group present throughout the series, consisting of coarse fibres which in mammals connect with the nuclei of the commissure. Coarse fibres which connect with the tegmental region. Fine horizontal laterally placed fibres, possibly providing a striatal connection. Fine fibres connecting with the thalamus. Fibres connecting with the tectum, found only in chameleon and in frog. (A. G. M. W.)

**Proprioceptive Innervation of Tongue.**—The proximal part of the hypoglossal was cut in nine rabbits and time allowed for degeneration, varying from 6 to 21 days. Except for one doubtful instance, no evidence was found to support Tarkhan's suggestion that ganglion cells exist along the course of this nerve. Using a pyridine silver method on the tongue, no muscle spondles were found in the tongue of the rabbit or in the prehensile tongues of the chameleon (Chameleon dilapris) and the aneater (Myrmecophaga tridactyla). The lingual nerve in one rabbit was cut on one side and the hypoglossal nerve on the other. Pyridine-silver staining revealed nerve terminals in relation to muscle fibres of the tongue on the side where the lingual had been cut, but were absent on the other side. The mucous membrane of the tongue and mouth was anesthetized with 5 to 10 per cent, cocaine in eight persons. All sense of position of the tongue was lost in four, partial loss in three, and no loss in one case. (A. G. M. W.)

**Nerve Centres of Extrinsic Ocular Muscles.**—The oculomotor nucleus in the cat is well developed, but its subdivisions are not very distinct, a paramedian nucleus is missing. The Edinger-Westphal nucleus is clearly seen on either side. Its cells resemble those of the Tsuchida nucleus both in size and shape. The central nucleus of Perlia in this animal is concerned with the nerve supply of the medial rectus muscle. Enucleation experiments resulted in chromatolysis in the cells of the nuclei of both sides, those of the same side being much the most affected. Avulsion of individual muscles resulted in chromatolysis in certain areas indistinctly localized from the rest of the nuclear cells. Chromatolysis was often bilateral. After enucleation chromatolysis was observed in both trochlear nuclei, but most pronounced on the side opposite to that operated upon. (A. G. M. W.)

**Sensory Fibres in Ocular Nerves.**—The...
third, fourth, and sixth cranial nerves of dogs were isolated and cut, and the central ends stimulated intracutaneously both electrically and mechanically. Each stimulus gave rise to a reflex rise in blood pressure. It was concluded that sensory fibres were incorporated in these nerves when they emerged from the brain. (A. G. M. W.)

Devascularization of Cortical Areas.—The blood supply of the cerebral cortex in macaque monkeys was investigated experimentally by obliterating the superficial supply from the pial vessels and examining the resultant degenerative changes, and also by isolating cortical areas without interruption of the pial vessels to determine the part played by deep medullary arteries in the supply of the deepest cell laminae. The cerebral cortex receives its entire effective supply from the superficial pial vessels. Ascending vessels from the subjacent medulla are functionally insignificant. Although anastomoses are present, the individual pial vessels function as end arteries. The extent to which subjacent medulla is supplied from superficial cortical vessels varies. In small lesions involving narrow, well folded convolutions, the medullary damage is a minimum, and almost certainly involves only the fibres arising in the devascularized area. In larger lesions, involving the summit of larger, less convoluted areas, the medullary damage extends more deeply and involves the area composed predominantly of the fibres arising from the devascularized cortex. It is concluded that devascularization is preferable to ablating in producing cortical lesions, because it is simpler, just as effective if not more so, does not involve instrumental interference with the cortex, and allows an identical lesion to be repeated. (A. G. M. W.)

Wandering Cells in Cultural Nervous Tissue.—If cultivated by the technique of Fischer and Parker, the free wandering cells around the cultures of retina and brain, which in the first days have the character of "macrophages," transform into "histiocytes." The histiocytes retain their form for months, and divide mitotically. The same cells with the same transformations appear in cultures of non-nervous tissue. (A. G. M. W.)

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*Sur un Processus Necrotisant Miliaire d’Origine Inconnue, chez Macacus Rhesus, se Presentant Cliniquement sous Forme d’une Cecite. (A necrotic miliair process of unknown origin in the Macacus Rhesus, showing the clinical presentation...
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of blindness.) L. v. Bogaert and A. Dewulf. 583.

Nouvelles Contributions au Problème des Troubles Psychiques dus à des Lesions de la Région Frontale. (Fresh contributions to the problem of psychic disturbances due to lesions of the frontal region.) H. K. Karst. 598.


Le Pentaméthylénétetrazol Injecté dans les Muscles à Doses Moyennes et Répétées, Calme Souvent l’Anxiété du Mélancholeque et Guérit de même l’Eczéma, l’Urticaire et vraisemblablement d’autres Syndromes de la même Famille ; Asthme, Migraine, etc. (Pentamethylenetetrazol injected into muscles in average repeated doses, frequently calms the anxiety of the melancholic and at the same time heals eczema, urticaaria and other similar syndromes of the same family : asthma, migraine, etc.) A. Leroy. 613.

**Histopathology of Trypanosomiasis.**—An experimental study of changes in the nervous system associated with infection by Trypanosoma Gambiensis. Excellent article with many illustrations. (E. A. C.)

**NECROTIC MILITARY PROCESS WITH CLINICAL PRESENTATION OF BLINDNESS.**—A record with pathological material of an acute encephalitis affecting monkeys. (E. A. C.)

**JOURNAL OF CLINICAL INVESTIGATION**


An Attempt to Increase Resistance to Pertussis in Newborn Hypothyroidism by Thyroxinizing their Mothers during Pregnancy. J. A. Lichty, B. Slavin, and W. L. Bradford. 615.


Experience with the Hamilton and Highman Test for Parathyroid Hyperfunction in Chronic Nephritis, Toxic Goiter, and Pagent’s Disease of Bone. D. R. Gilligan, M. C. Volk, and S. L. Gargill. 641.


The Effect of Artificial Pneumothorax upon the Anoxemia of Pneumonia. D. Goldstein, M. Block, and M. Rosenbluth. 659.


Requirements for Vitamin C in Man. M. Heine- mann. 671.


**FIRST REPORT : PSYCHIATRY.**

Les Rapports Cliniques entre les Encephalites et la Demence Précoces. (Clinical resemblance between encephalitis and dementia praecox.) G. Vermeulen. 647.

This number is devoted to the reports presented to the Holland-Belgian Congress held at Ghent and Brussels in September, 1938.


Gliomas having Variable Histological Structure. —An interesting paper dealing with the frequency of cell types seen in each of a 100 tumors when submitted to a systematic and detailed study. A combination of different glioma tissues were found in 40 and in 26 “benign” and “malignant” growth types were to be found. (E. A. C.)

**SECOND REPORT : NEUROLOGY.**

Les Affections Parenchymateuses du Cervelet et leur Signification du Point de Vue de l’Anatomie et de la Physiologie de cet Organe. (Parenchymatous diseases of the cerebellum and their significance from the point of view of the anatomy and physiology of this organ.) B. Brouwer and A. Biemond. 691.

A Review of Modern Conceptions of the Structure and Classification of Tumors Derived from the Medullary Epithelium. P. Bailey. 759.


Recklinghausen’s Neurofibromatosis Combined with True Syringomyelia. J. de Buscher, H. J. Scherer, and F. Thomas. 786.

Development of the Brain of a Thalamus

Structural Organization of Celiac Ganglia.

The results of a very considerable number of experimental operations upon the cerebellum of macaques, baboons, and chimpanzees are reported, with the following main conclusions: (1) Simultaneous unilateral section of all three cerebellar peduncles is followed by conspicuous ipsilateral ataxia, tremor, and disturbances of gait. The equilibrium is disturbed. Ipsilateral hypotonia is only transient and is not very marked. Nystagmus does not persist for more than 24 hours in any animal wherein the vestibular nucleus is undamaged. (2) Complete longitudinal midline splitting of the cerebellum gives rise to serious enduring disturbances of equilibration unaccompanied by much tremor of the extremities. (3) Lesions involving the palaecocerebellum only (pyramis, uvula, nodulus, and fastigial nuclei) give rise to serious equilibratory disturbances with only slight tremor and ataxia of the extremities. (4) Enduring tremor of the extremities together with errors of range and direction of movement of the extremities, occurs when the globose and emboliform nuclei are extensively damaged. (5) Unilateral lesions restricted to neocerebellar cortex cause ipsilateral awkwardness of gait and volitional movement, with some hypotonia. Bilateral lesions increase the degree and duration of these defects. The effects are seen equally in upper and lower extremities. No evidence of functional localization within the hemispheres is found. (6) When neocerebellar cortical lesions are accompanied by damage of the dentate nuclei, all the above defects are more marked, and to them are added transient ataxia and tremor. (7) Very extensive functional recovery occurs after all manner of cerebellar lesions in those animal species investigated.

A. M. B.

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The Cerebral Cortex of the Cebus Monkey. G. von Bonin. 181.
The Ontogenetic Development and Phylogenetic Significance of the Cortex Telencephali in the Gecko, Gymnodactylus Kotschiyi. L. T. Evans and J. Minckler. 301.

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The Low-Rate Private Patient and Some Changes. E. G. Gilman. 596.
Disturbances of Somatic Functions in Catatonia with a Periodic Course, and their Compensation. R. Giesing. 608.
The Influence of Pharmacological Shocks on the Psychoses. M. Sakel. 626.

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Blood Vascular System of Amblystoma Tigrinum.—In amblystoma there is no evidence of a hypophysio-portal venous system, such as was first described by Popa and Fielding in man. (A. M. B.)

Proprrioceptive Components of Cranial Nerves.—Afferent proprioceptive impulses from the trapezius and sternomastoid muscles travel via the ventral roots of C1, C2, C3, C4, and C5 to their cells in the corresponding dorsal root ganglia. There is no evidence of sensory activity in that portion of the accessory nerve just external to the jugular foramen. These conclusions are chiefly based on the results of stimulation experiments with oscillographic recording. (A. M. B.)

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The Range of Mental Reaction States Influenced by Cardiazol Convulsions. L. C. Cook. 664
Insulin and Cardiazol: Experiences of the Combined Method. L. W. Russell. 672.
Cardiac Complications in Cardiazol Treatment:
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Observations in Four Cases. A. Dick and W. McAdams. 677.

Dangers and Emergencies of Insulin Therapy of the Psychoses. L. A. Finieis. 678.

Some Genetical Problems in Mental Deficiency. L. S. Penrose. 693.

Consanguinity and Mental Disorder. T. A. and D. Dangers. 708.

The Technique and Complications of Insulin Therapy S. W. Gillman. 718.

*Cardiazol Treatment of Schizophrenia. A. Harris. 735.

Neurological Manifestations Seen During Cardiazol and Insulin Treatments. D. Blair. 776.

Some Observations on Vitamin-C Deficiency in Acute Mental Disorder. F. T. Thorpe. 788.

Home-Sickness and Immigrant Psychoses. Australian and German Domestic Servants the Basis of Study. I. Frost. 801.

Somatic Functions in Catatonia.—In patients with catatonic psychoses a nitrogen balance sheet is constructed. As a preliminary it is important to eliminate local sepis. The essential metabolic change in periodic catatonia is periodic variation in nitrogen balance with alternating phases of retention and over-excretion. Stupor or excitement can begin at the beginning or the end of the negative phase of nitrogen balance. This psychosis is benefited by treatment with thyroid extract, given in a dose just sufficient to prevent nitrogen retention. (A. M. B.)

Pharmacological Shocks. — Dementia precox, no matter of what duration or type, receives benefit from treatment by insulin. The results of treatment with insulin are much better than the results obtained from cardiazol alone. (A. M. B.)

Convulsion Therapy with Triazol 156.— In the treatment of dementia precox triazol 156 has many advantages over cardiazol, notably in ease of administration. It is probably equally effective. (A. M. B.)

Cardiazol Treatment of Schizophrenia. — When critically examined the percentage of recovery in a group of schizophrenic patients treated with tetrazol according to Meduna’s method does not appear significantly higher than in a control untreated group. There is some evidence that the treatment hastens remissions when these are on the way, and shortens psychotic episodes. (A. M. B.)

Electro-Encephalogram in Schizophrenia. —The electro-encephalograms of 30 schizophrenic patients have been studied. Eye movements and refusals to co-operate introduce certain difficulties and defects into the records. A certain number of the patients displayed a delta discharge: this was most marked over the frontal lobes of the more stuporous cases. This delta discharge vanished in two cases undergoing cardiazol therapy and in one case of spontaneous remission. (A. M. B.)

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Observations on Two Hundred Dartmoor Convicts. J. J. Landers. 960.


Psychotherapy and Psychoses Associated with Alcohol. L. Minsky. 985.


Cardiac Complications in Cardiazol Treatments: Observations on Four Cases. A. Dick and W. McAdams. 999.


Brain Phosphatases.—Histochemical and biochemical methods for the estimation of phosphatase in nervous tissue are described. The alkaline phosphatase is firmly united with the tissue. The phosphatase activity

JOURNAL OF NERVOUS AND MENTAL DISEASE


The Phenomenon of Transference in a Case of Phobia. F. Wettles. 12.


*Multiple Sclerosis.—This article deals with the etiological significance of the regional and occupational incidence. The author evidently favours an infectious origin. He discusses familial cases and also cases of apparent conjugal multiple sclerosis. No pathological examination of these cases is described. (E. A. C.)

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Psychotherapy and Psychiatry. H. Flournoy. 141.
*A Study of Fifty Cases of Bromide Psychosis. F. J. Curran. 163.
Cerebellar Coma. A. Gordon. 193.

Bromide Psychosis.—The author reports 50 cases of which 70 per cent. were women; 33 patients had delirium and one marked hallucinosis. Treatment consists in stopping the bromide, giving chlorides by mouth and forcing fluids. (E. A. C.)

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The Abortion of Recurrent Depressive Psychoses. L. B. Holman. 273.
Some Clinical Neurological Findings in Epilepsy. S. M. Vaginogrow, T. Fitch, and A. W. Pigott. 281.
Indices of Body Build. Their Relation to Personality. S. H. Kraines. 309.
Neurosis of the Cranial Nerves. A. T. Steegmann. 316.

Blindness Passed Unobserved for Many Years. W. S. Bab. 327.

Prostigmin in Myasthenia Gravis.—Two cases reacted well at first to prostigmin therapy. In one case, tolerance to the drug developed rapidly and the patient died. (E. A. C.)

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Morbid Hunger in Relation to Narcolepsy and Epilepsy. M. Levin. 414.

Present Day Research Trends in the Field of Human Deficiency. E. J. Humphreys. 474.
Sounds in Language. T. K. Davis. 491.
The Treatment of Epilepsy with a Synergistic Combination of Phenobarbital and Belladonna. A. E. Loscalzo. 500.

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Olivo-Ponto-Cerebellar Atrophy and Unilateral Involvement of Cranial Nerve Nuclei. C. Davison and I. S. Wechsler. 569.


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Experimental Data on the Architectonics of the Peripheral Nerves. B. A. Favorsky. 3.
The Ultra-High Frequency in the Clinic of Nervous Diseases. V. A. Millich. 17.
Certain Clinical-Anatomical Correlations in the Concept of the Ascending Landry Paralysis. E. V. Schepkovskaya. 39.
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The Effect of Anoxemia upon the Function of the Higher Nervous System. Y. F. Samiter. 74.

An Analysis of the Relation of the Motive Synergy in Act of Fixation of the Glance upon Vision at Short Distance. V. G. Labadze. 81.
The Clinic and Symptomatology of the Hepatolenticular Degeneration. O. A. Hodkarian. 90.
Neriodynamic Cutaneous Vascular Changes in Trauma. V. P. Kuznetzov. 106.
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The Treatment of the Peripheral Diseases of the Nervous System by Iontophoresis of Novocaine. N. N. Mikhailov and V. N. Popova. 122.
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Vasopathies and Their Differentiation from Arterio-Scoros. N. O. Grechenich. 12.


On the Role of the Thalamus Opticus in the Clinic of Sensory Involvement. (On the Genesis of Thalamic Hyperpathias.) G. G. Sokoliansky and E. F. Rubinstein. 57.

The Problem of the So-Called Comprehensible Relations. E. N. Kameneva. 51.


The Influence of Phosphorus Intoxication on the Content of Phosphor in the Central Nervous System. M. T. Pevzner. 130.


The Influence of Phosphorus Intoxication on the Content of Phosphor in the Central Nervous System. M. T. Pevzner. 130.


A Case of Inherited Hypergenesis of the Muscles of the Forearm. A. G. Panov, 142.


The Effect of Complete Eclipse of the Sun upon Behavioural States. N. A. Kunzel and V. A. Kunzel. 144.


The Rupture of Vessels—the Pathologic Basis of Traumatic Lesions of the Brain. B. J. Sharapov. 34.

On the Question of Introducing the Course of Nervous Diseases in Medical Institutes. V. P. Pervushin. 56.

Amenia and Schizophrenia. I. S. Pavlonsky. 61.

Some Experience in Acting upon the Vegetative Centres by Physical Therapy. N. A. Albov. 72.

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The Euphoria Syndrome in Brain Tumors and Its Local Diagnostic Evaluation. N. M. Viazemsky. 86.

The Pathology of the Nervous System in Hypothyroidism. J. V. Diskin. 99.

A Case of Double Madness. The Structure of Schizophrenic Outbreak. V. G. Chernorukov, 110.


The Clinic and Pathogenesis of Myotonic Dystrophy. V. J. Avramenko. 122.

Aneurisms of the Large Cerebral Artery. E. M. Vizen. 127.

The Visceral Nervous System and Pain. A. M. Grienstein. 3.

The Course and Outcome of Exogenous Psychosis. I. G. Rakvin. 18.

The Structure and Dynamics of Schizophrenic Mentality in Defective States. A. I. Molochev. 30.


The Clinic of the Hepato-Lenticular Degeneration. N. N. Kozakov. 62.


The Encephalitis-like Syndrome in Schizophrenia. J. I. Leberman. 82.

The Significance of a Calcified Pineal Body in Topical Diagnosis of Brain Tumours. N. N. Altheusen. 90.


Some Experience with Employment of Intracutaneous Injections and Intrathorax of Novocaine in Diseases of the Nervous System. Y. A. Tumskoi, T. S. Lebovitch, N. N. Mikhailova, and V. N. Popova. 115.


The Clinic of Neuro-Brucellosis. (According to Records of the Kuchukhevy Central Hospital and Gai Health-Resort of the Orenburg District.) M. A. Mostviltshik. 128.


A Case of Rare Deformity of the Spinal Cord. B. D. Kaaren. 136.

On Benign Cysts of the Brain. S. G. Akhundov. 139.
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Potential Records from the Optic Cortex of the Cat.
G. H. Bishop and J. O'Leary. 391.

A Sensory Cortical Representation of the Vagus Nerve.
P. Bailey and F. Bremer. 405.

Distribution of Disturbance-Patterns in the Human Electroencephalogram, with Special Reference to Sleep. A. L. Loomis, E. N. Harvey, and G. A. Hobart. 413.

The Fright Reaction after Section of the Facial, Trigeminal, and Cervical Sympathetic Nerves. M. B. Bender and M. A. Kenward. 431.


The Influence of Posture on Responses Elicitable from the Cortex Cerebri of Cats. J. W. Ward. 463.

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Degenerative Changes in the Axis Cylinders of the Dental Nerves, Due to Diets Deficient in Vitamin A and Carotene. J. D. King, W. Lewinsky, and D. Stewart. 206.


The Dependence of the Activity of the “Apneustic Centre” on the Carbon Dioxide of the Arterial Blood. G. Stella. 263.


The Relation of Contracture to the Increment in the Resting Heat Production of Muscle under the Influence of Potassium. C. G. Smith and D. Y. Solandt. 305.

*Synchronized Impulse Discharges from Receptors in the Deep Tissues in Response to a Vibrating Stimulus. F. Echlin and A. Fessard. 312.


The Phase Angle of Normal Human Skin. A. Barnett. 349.


Experiments on the Relation Between the Thyroid Gland and Lactation in the Rat. S. J. Folley. 401.

Maximum Growth Rate of Capon Comb. C. W. Emmons. 413.


*The Effect of Hypertonic Solutions on Gastric Secretion and Intravascular Pressure. R. L. Noble and J. D. Robertson. 430.

Response to a Vibrating Stimulus.—Cats, rabbits, and frogs were used and nerve impulse discharges were recorded by Dubois' oscillograph. Tuning forks of frequencies from 85 to 530 vibrations per second were used. It was found that the vibration of a tuning fork will stimulate the "stretch" receptors in muscle and tendon when the base of the fork is applied to a bone. It is suggested that the synchronized discharges from "stretch" receptors may be responsible for vibratory sensibility. (E. A. C.)

Subarachnoid Histamine.—The author found that subarachnoid infusion of histamine in solution had no effect on absorption of tyrode solution from the subarachnoid space. He believes that this result indicates that meninngus does not result from the escape of histamine into the subarachnoid space. (E. A. C.)

Intracocular Pressure.—By studying blood pressure, intracocular pressure, gastric secretion and haemoglobin concentration following the administration of 30 per cent. NaCl, the authors found that the intracocular pressure continued to fall while the body tissues were taking up water following the dehydration by the hypertonic solution. It was found that the gastric secretion also diminished and remained low during this period. They conclude therefore that the aqeous humour is not a dialysate, but is the product of a secretory process. (E. A. C.)


The Effects of High Doses of Androgenic Substances.


Undernutrition and Liver Fat. C. H. Best and J. H. Ridout. 47.

The Electrical Activity of the Cerebellum and Its Functional Significance. R. S. Dow. 67.


Liberation of Acetylcholine by the Perfused Superior Cervical Ganglion. F. C. Maclintosh. 155.

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Plant Growth Hormones. K. V. Thimmann and J. Bonner. 524.

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The Use of Intravenous Sodium Amytal in Psychogenic Amnesic States. M. Herman. 738.

Uric Acid in Schizophrenia and Epilepsy. C. N. Baganz. 750.

Control of Tuberculosis in the Hudson River State Hospital. A. A. Leonidoff. 754.

Water Intoxication in a Mental Case. H. S. Barahal. 767.

Estudio del reflejo oral.—El reflejo oral consiste en un contracción del músculo orbicular de los labios en respuesta a la excitación de los labios. El centro de los labios es el área más excitable. La excitabilidad se disminuye progresivamente desde el centro. El reflejo oral fue estudiado en un colectivo de 16 niños y 79 adultos sanos de todas las edades. Durante la infancia la incidencia del reflejo oral fue muy baja y aumentó gradualmente hasta alcanzar un valor constante en el 59-60% de los adultos. La intensidad media del reflejo mostró un aumento progresivo con la edad. La incidencia y la intensidad del reflejo son más frecuentes en los psicóticos y en aquellos que sufren de parálisis agitans.

Método de Rorschach en el tratamiento con insulina.—Los psicóticos que fueron tratados con insulina fueron estudiados con el método de Rorschach. Un estudio de los resultados del tratamiento se comenzó en 25 casos. El tratamiento mejoró en los tratados con personalidades funcionando a un nivel intelectual más alto que en los que no mejoraron. Muchos Rorschach recordaban las personas con enfermedades mentales. Las personalidades fueron mejoradas en los casos con personalidades funcionando a un nivel intelectual más alto que en los que no mejoraron. Los reflejos mejoraron, y los casos recuperados poseían más reflejos que el tipo previo.

Observaciones neurológicas en estados hiperglicémicos.—El reflejo del labio se presenta en los síntomas precursores de la parálisis agitante. En los pacientes que fueron tratados con insulina, los reflejos se mostraron un aumento progresivo con la edad. Además, la incidencia y la intensidad del reflejo aumentaron en los psicóticos y en aquellos que sufren de parálisis agitans.

Pacientes con Trastorno del Metabolismo—inflamación.-El tratamiento con insulina fue efectivo en el tratamiento de la hiperglicemia. Sin embargo, los efectos adversos, como la insulina hipoglicémica, fueron comunes.

Relaps en pacientes tratados con insulina.—Relaps ocurren in a considerable percentage of insulin remissions, 8 out of 31 or 25 per cent. When relapsed patients are treated again the majority show favourable responses. No criteria are available as to the type of patient who will relapse.

Tratamiento con Insulina en estados hiperglicémicos.—Tres casos fueron reportados en pacientes que mostraban signos negativísticos en los casos de hiperesquimosas.

Testosterone in Male Involuntary Melanchoia.—Five cases of male involuntional melanchoila were treated for three to four months with testosterone-propionate with no noticeable improvement in their mental condition and only one showed a physiological sexual response.

Water Intoxication.—A case of water intoxication is reported in which a demented patient drank excessive quantities of tap water, resulting in edema, coma, convulsions, and subsequent recovery.

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Tratamiento de los Esquizofrénicos por el Método de Sakel (Insulinoterapia). Insulinotherapy of schizophrenia.) A. P. Quarranta. 31.


El Choc Insulinico en el Tratamiento de los Estados Obsesivos. (Insulin shock in the treatment of obsessive states.) C. Lamburchini. 94.

Tratamiento de la Poliomielitis Anterior Aguda en el Periodo de Regresión de las Parálisis. (Treatment of acute anterior poliomyelitis in the period of regressive paralysis.) O. R. Marottoli. 104.
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Anemia Perniciosa. Syndrome Confusional. (Confusional states in pernicious anemia.) A. P. Quarantu. 183.
Traumatismo Cranial y Torticollis Psicogeno. (Head injury and psychogenic torticolis.) C. Lambruschini. 187.
Tic Clonico de los Globos Oculares y de los Párpagos. (Clonic tic of the eyeballs and lids.) J. Cotler. 200.

REVUE NEUROLOGIQUE


La Ménigité à Torula. (Torula’s meningitis.) J. de Busscher, H. J. Schermer, and F. Thomas. 149.
Un Cas de Rage Humaine. (A case of hydrophobia in a human.) J. Tinel. 169.
Épilepsie Réflexe. (Reflex epilepsy.) V. Pitha. 178.

Vol. 70. No. 3. September 1938.

Descartes et l’Anato-Physiologie du Système Nerveux. (Descartes and the anato-physiology of the nervous system.) A. Souques. 221.
De la Sémiologie des Olives Bulbares. (The semiology of the bulbar olives.) N. Zand. 258.

Vol. 70. No. 4. October 1938.

Palatal Myoclonus.—Another case of palatal myoclonus with a pathological report is recorded. The lesion situated in the cerebellum is suggested as the possible cause of the hypertrophy of the olive. (E. A. C.)

RIVISTA DI NEUROLOGIA (NAPOLI)

Vol. 11. No. 4. August 1938.

*Sindromi Neurologiche da Neurofibromatosi di Recklinghausen. (Neurological syndrome of Recklinghausen’s fibromatosis.) F. Vizioli and S. Tolone. 281.
*Tumore Multiplo Cerebrale. Glioblastoma del Ponte e del Corpo Calloso Senza Sintomatologia Psichica. (Multiple cerebral glioblastoma of the pons and of the corpus callosum.) D. Alesi. 321.
*Sulle Paralisi Motorie da Herpes Zoster. (On motor paralysis in herpes zoster.) F. Rocchi. 368.

Recklinghausen’s Neurofibromatosis.—Four cases of Recklinghausen’s disease with marked peripheral and central neurological complications are described. The first showed symptoms referable to the central enlargement due to a central neoplasm probably with cavity formation, thus resembling a syringomyelia. The second showed a sacromatous transformation of a nodule in the right lateral cervical region and cerebral symptoms due to multiple neurofibromata in the posterior cranial fossa. The third showed signs of a progressive nervous disease comparable to a poliomyelitis or polyneuritis. In addition there were signs of high spinal (cervical) compression from an extramedullary tumour at a point corresponding to the last right cervical root. In the fourth case besides a spastic paraplegia resulting from a progressive traumatic spinal lesion, there was a complete flaccid paralysis of the left arm from compression of the plexus by the development of an enormous fibro-sarcoma in the axilla. This patient also exhibited an obvious if not gross acromegaly. The author discusses the clinical pathological and pathogenetic feature of the cases. (R. G. G.)

Multiple Cerebral Glioblastomata.—A pathological and clinical study of a multiple glioblastoma of the corpus callosum. The author does not think that the tumour formation can be explained on the grounds of metastases but of antochthonous growth

*Reflexions a Propos d’un Cas de Myoclonies Velopalatines Consécutives a une Lesion Cerelletteuse Droite avec Hypertrophie des Cellules Nerveuses de l’Olive Bulbaire Gauche. (Considerations of a case of palatal myoclonus following a right cerebellar lesion with hypertrophy of the nerve cells of the left bulbar olive.) J. Nicolesco, O. Sager, and T. Hornet. 301.
Acces Cataplectiques Sous-Corticaux. (Cataplectic sub-cortical approach.) J. Rothfell. 317.
of tumours in several localities. Clinically a ponto-cerebellar tumour was diagnosed because the absence of any symptoms pointing to the corpus callosum had negated the suggestion of a multiple tumour. There were no signs of apraxia or psychical alterations although the tumour extended anteriorly and medially. Careful review of the history shows features which in the light of subsequent knowledge might have been attributable to the callosum but were not sufficient to permit of a diagnosis in such a case. (R. G. G.)

Spasmodic Scoliosis.—As a result of the study of a large number of cases the author establishes the rarity of scoliosis in compression of the cauda equina and its common occurrence in protracted idiopathic lumbar pain. This sign is therefore useful in differential diagnosis. As a result of his investigations into the behaviour of the vertebrae in the two forms in relation to the pathogenesis of sciotic scoliosis he reaches the following conclusions. The idiopathic forms should be regarded as manifestations of lumbar arthritis with accompanying neuralgia. This agrees with certain recent work of Putti. The resultant scoliosis then should be interpreted as the consequence of contractures and asymmetrical and partial immobilization of the column consequent upon partial and asymmetrical arthritic lesions. The pathological reason for a vertebral rigidity in the mid line which is characteristic of pressure on the cauda equina is to be found in the condition of the endovertebral spaces which demands that there should be a complete immobility of the vertebral column, voiding strain of the roots. Hence the symmetrical bilateral contracture of the muscles. (R. G. G.)

Motor Paralysis in Herpes Zoster.—Two cases of motor paralysis in Herpes Zoster are described, one of the abdominal wall—not easily diagnosed—and the other of the face. The various aspects of this condition are discussed and the author points out that when this virus affects cells of the anterior horn it behaves as do other neurotropic viruses, picking out certain groups of cells. (R. G. G.)

RIVISTA DI PATOLOGIA NERVOSA E MENTALE
Vol. 51. No. 3. 1938.

Extract.—As a result of adding thyroid extract to the food of guineapigs and rabbits they died in about 20 days presenting diffuse congestive phenomena simulating the neuritis but without showing any modification of the nerve net demonstrated by Donaggio's method, in accordance with the law of resistance formulated by Donaggio himself. (R. G. G.)

Chromaxia and Neuromuscular Electrical Reactions in Schizophrenics.—During the first period the muscles are in a state of hyper-excitability while in the second period they are in a condition of hypoeexcitability almost simulating that of myasthenia. (R. G. G.)

Sugars in Central Nervous System.—During the first stages of insulin treatment the sugars tend to increase in the central nervous system even though profound coma is produced. Only after several treatments are the sugars reduced to a degree comparable to what happens in other organs. (R. G. G.)

Acute Syphilitic Meningitis.—A case in which the symptoms disappeared and serological reactions were restored to normal very rapidly by the intrathecal injection of sodium bismuth tartrate in an oil suspension. (R. G. G.)

Progressive Paralysis.—The author seeks to demonstrate that just as in recent years the clinical symptoms and course of progressive paralysis have been milder, so the histopathology presents a different picture
90 CURRENT JOURNALS

of less intensity and seriousness of the cerebral lesions. (R. G. G.)

Lymphocyte Meningitis.—A case of Lymphocyte meningitis complicated by hydrocephalus showed an apparently

primary chronic ventricular endymyitis. The author considers that this was anergic or hyperergic manifestation of echinococcal cyst present in the liver. (R. G. G.)


*Spasmo di Torsione con Ateosi. (Torsion spasms with athetosis.) P. E. Maspes and A. Romero. 1.

Sul Problema delle Allucinazioni. (On the problem of hallucinations.) A. Romero. 17.

II Rapporto delle Sieroreazioni di Takata e di Weltmann con i Fattori Patogenetici della Schizofrenia. (The agreement of the sere-reactions of Takata and Weltmann with the pathogenic factors of schizophrenia.) A. Zilla. 66.

*Tubercoli Multipli Encefalici. (Multiple tubercles in the brain.) A. Romero. 81.


*Sull’Uso della Centrifugazione nelle Reazioni dell’Oro Colloidale di LANGE e del Mastica. (On the use of the centrifuge in the Lange reaction and the mastix reaction.) R. Bozzi. 128.

*Configurazione dell’Oligodendroglia Interfascicolare e sua Omologia Colla Cellula dello Schwann. (The appearance of the interfascicular oligodendroglia and their homology with the cells of Schwann.) F. Lorenzi. 132.

Interruzione del Sinergismo dei Movimenti Oculari durante il Coma Insulinico (Interruption of the Synergy of ocular movement during insulin coma.) G. Curti. 171.

Torsion Spasm with Athetosis.—The authors have carried out clinical and pathological studies of a case of torsion spasm with athetosis, and illustrated it with many photographs. They found, bilateral atrophy of the caudate nucleus, demyelination of the anterior portion of the left pallidum with diffuse cellular alterations of a chronic regressive type. Status marmoratus of the thalamus was found bilaterally, chronicization of the right lenticular ansa, and chronic regressive changes in the olivary nucleus. The authors lay special stress on the status marmoratus of the optic thalamus. The absence of changes in the liver and of

signs of encephalitis suggest that their case was congenital in origin. (R. G. G.)

Multiple Tubercles in Brain.—The author describes a case in which the main symptoms were preceded by a hyperergic hydrocephalus. After dealing with the pathogenic interpretation of single symptoms, the author insists on the necessity of always remembering the possibility of multiple tumours and that a serious tubercular meningitis taking the form of a hydrocephalus may be the alarm signal for a development of multiple tuberculomata whose localizing signs will only declare themselves later. (R. G. G.)

Use of Centrifuge in Lange Reaction.—The time taken in carrying out the tests is considerably reduced and their accuracy is not affected by the use of the centrifuge. (R. G. G.)

Interfascicular Oligodendroglia and Cells of Schwann.—These cells are more varied and more numerous in the adult than in the newborn. It is possible to find cells of the form of Schwann’s cells especially in the fetus and in the newborn. The function of secretion of myelin is probably confined to those cells resembling Schwann’s cells, the other type seem to have the function of weaving together and support of the bundles of nerve fibres. The secretory function is, however, hypothetical and has never been demonstrated. The identity of the interfascicular oligodendroglia with the cells of Schwann has not been conclusively proved either, nor have the identity of other permyelin and endomyelin structures. (R. G. G.)

SCHWEIZER ARCHIV FÜR NEUROLOGIE UND PSYCHIATRIE

Vol. 41. No. 2. 1938.

*Die Neurosen nach Schädeltraumen. (Neuroses after cranial injuries.) R. Brun. 269.


*Étude sur les Névroses Consécutives aux Traumatismes Crâniens. (Study of the neuroses due to cranial injuries.) F. Naville. 482.

Le Problème de la Causalité dans la Névrose Traumatiques. (Problem of causality in traumatic neuroses.) W. Riehle. 510.

Über die soziale Auswirkung der Begutachtung von Schädel- und Gehirnverletzten. (Social effects of the medical report in patients with cranial and cerebral trauma.) H. Meier-Müller. 423.

Die Neurosen nach Schädeltraumen im Lichte der Theorien von Janet. (Neuroses after cranial injuries from the point of view of Janet’s theory.) L. Schwartz. 433.

Eigener Selbstbericht über einen Autounfall mit Kommtio und die Folgen bis zum Abklingen der Symptome. (Personal experiences during a car accident causing concussion, and the continuation of the illness until the final disappearance of symptoms.) M. Tramer. 443.

Selbstbeobachtungen bei einer Commissio cerebri mit negativem Symptomkomplex. (Personal experiences during cerebral concussion with negative symptoms.) E. Frey. 447.


Beitrag sur Frage der traumatischen Epilepsie. (The problem of traumatic epilepsy.) E. Kitzenstein-Sutro. 458.

Die diagnostische Bedeutung der Druckbestimmung in den Netzhautfugen nach Schädeltraumen.
This number reports the proceedings of the 44th Swiss Neurological Congress in Lucerne, November, 1937, which was dedicated to post-traumatic neuroses. The following papers were of special interest:

R. Brun.—Brun gives a critical survey of the subject with special consideration to the differential diagnosis between organic and psychogenetic sequelae of cranial trauma, and to compensation neuroses. Dealing with the legal aspect of the latter, he refers particularly to Swiss law and insurance technique. The comprehensive bibliography, however, seems indispensable for everyone interested in the subject.

F. Naville.—It is shown from case histories that post-traumatic neuroses can be classified according to their predominant symptoms: (1) those with unco-ordinated involuntary movements; (2) those with permanent and obsessive memories of the traumatic situation itself; (3) those with general psychasthenic symptoms (phobia, insomnia); (4) emotional neuroses with predominantly visceral symptoms; (5) true psychogenetic psychoses.

H. Brandt and H. Bersot.—An apparatus is described by means of which the modifications of posture reflexes in normal and pathological human subjects can be registered graphically. (K.S.)


Zur Frage der akuten multiplen Sklerose. (The question of acute multiple sclerosis.) H. Kreissel. 83.

Das Zeichen einer Patientin mit totaler Aphasie. (Drawing in a patient with total aphasia.) A. A. Boon and P. Feitscher. 103.

*Apoplektiformer Krankheitsbeginn bei Hirntumoren (Hirnbödenlähmung). (Apoplectic onset in brain tumours (hemiplegic).) A. Stender. 123.

Die Heredity of Manic-Depressive Insanity.—The mental history of parents and children of a group of manic-depressives was studied. A high incidence of death from arteriopathic diseases was found. There was no evidence of social deterioration in the groups. Manic-depressive psychoses were present in 11-5 per cent. of parents and in 22-2 per cent. of children; if doubtful cases and suicides were counted the figures were higher. Schizophrenic disorders formed a small proportion.

Apoplectic Onset in Brain Tumours.—This paper discusses the sudden apoplectic onset in cases later found to suffer from a brain tumour. Twelve personal cases are described, hemiplegia and hemianesthesia are usual, often accompanied by hemianopsia or aphasia. Pressure symptoms, as papilledema, were usually absent. Death ensued fairly rapidly in most cases. The tumour was found to be a glioblastoma multiforme in five cases, the others varied. The mechanism of the onset was discussed. In most cases a marked edema of the brain was present and this is considered to have a bearing on the acute onset.


*Status Marmoratus.—In this paper eight cases showing status marmoratus of the putamen are described in detail, and other cases from the literature are discussed. From the early history of fits, fever, etc., in most cases; from the histological appearances and the nature of the involvement of other regions, it is concluded that status marmoratus is not an inborn developmental defect, but the result of circulatory disturbances. The symptomatology is not uniform, there is usually disturbance of locomotion with athetosis, etc., speech defect, and often mental defect, but these findings are not invariably.

Insulin Poisoning.—A schizophrenic woman treated with insulin injections fell into coma after her 60th treatment and remained in it till her death 20 days later. She had had prolonged coma on previous occasions. Studies of the blood sugar were made under varying conditions and it was found peculiarly labile. Lumbar puncture did not relieve the coma. At autopsy the pituitary was found enlarged with abnormal vascularia and excessive eosinophils. The islands of Langerhans in the pancreas were...
increased in size and number. In various parts of the brain, especially the cortex Sommer sector and striatum, were ischemic infarcts, cell outfall and increased vascularity. There was general congestion. The theories of insulin action are discussed, especially the relative importance of the toxic and vascular factors.


The Katatonia auf Grund katamnestischer Unter-

suchungen. II Teil. Die Erblichkeit der eigent-

lichen Katatonia. (Katatonie from the view point

of catamnestic researches. II. The heredity of

pure katatonia.) H. Schwab. 441.

Studien über Temperatur, Blutbild und Senkungsge-

schwindigkeit der roten Blutzellen bei Sulfosinbehandlung, speziell bei Psychosen.

(Sudies in temperature, blood picture and sedi-

mentation rate of the red blood corpuscles during

Treatment with Sulfosin, especially in psychoses.)

I. Blohmquist. 507.

*Kritische Bemerkungen zu der Methode von

Sonimski und Conuge. (Critical observations on

the method of Sonimski and Cunoge.) J. Dretler.

542.

Studien über den Vitamin-C-Gehalt im Liquor
cerebrospinalis. VI Mitteilung. Uber den

Umsatz von Vitamin C in den Liquor cere-
brosplasins. (Studies in the vitamin C content of

the cerebrospinal fluid. Part 6. The fate of

vitamin C in the cerebrospinal fluid.) M. Kasahara

and I. Gammo. 551.

Bemerkenswerte postencephalitische Hyperkinesen.

(Remarkable postencephalitic hyperkinetic.) F.

Deusing. 554.

Ausgedehnte Entwicklungsstörung der Grosshirn-

rinde als unerwarteter Sektionsbefund. (Extensive
developmental derangement of the cerebral
cortex as an unexpected autopsy finding.) V.

Nicolaiev. 565.

Über die sogenannte " Religiöse Kurve. Nochmals

ein kritischer Beitrag. (The so-called " religious

curve." Another critical contribution.) L. Klages.

575.

Stellungnahme zum vorstehenden Aufsatz von L.

Klages. (A rejoinder to the preceding paper by

L. Klages.) G. Kloss. 583.

Critical Observations on Method of

Sonimski and Cunoge.—A study of agonal and

postmortem changes in the blood vessels was made by the Benzidin perhydrol

method. Animal brains were examined at varying intervals after death. The changes

varied with the size of the vessel and their

fullness. Red corpuscles wander out of the vessels, soon after death, till there is

hemolysis. In man the post-mortem changes had begun about three hours after

depth.

ZENTRALBLATT FÜR NEUROCHIRURGIE

Vol. 3. No. 5. 1938.

*Zur Kenntnis des Diabetes insipidus. (Diabetes

insipidus.) M. Balado. 257. 

*Neuere Anschauungen zur Pathophysiologie der

Liquorzirkulation. (New Views on the patho-

physiology of cerebrospinal fluid circulation.)

G. Schaltenbrand. 290.

*Die Lageabweichungen der vorder Hirnarterie im

Gehirnbl. (The deviations of the anterior

cerebral artery as seen in the angiogram.) E.

Fischer. 300.

*Über stereoskopische Arteriogramme der Carotis

interna. (Stereoscopic arteriograms of the internal

carotid artery.) G. Hühmster. 313.

Diabetes Insipidus.—This paper is based on
detailed anatomical studies of the

pituitary stalk and its connections. The

current view of the nervous structure of the

stalk is criticized by the author who finds

that the vascular follicles make up the chief

structural components of the pituitary stalk.

No evidence of secretory channels in the

sense of Herring, Cushing et al. could be

found and Balado assumes that the stalk

functions as a gland and not as a pathway

for the secretions of the anterior and middle

lobes. He is also unable to verify the

existence of a thick bundle of non-

myelinated fibres which has been described

by a number of authors and believes that

the structures so described are in reality

composed of glial fibres. A number of

myelinated fibres were, however, found,

but the small number of such fibres makes

it improbable that these represent connec-
tions between the supra-optic nuclei which

contain 140,000 cells and the stalk which

according to the author contains only

5,500 fibres. Degeneration experiments and

histological evidence from human post-

mortem material furnish further support for

the author’s denial of such connections.

A case of diabetes insipidus due to a supra-

cellar tumour is described and the diagnosis

discussed. In the author’s opinion diabetes

insipidus is caused by a lesion of the

glandular elements of the stalk which are

responsible for the production of Adiuretin,

but at the same time the anterior lobe must

not be completely destroyed, for this lobe

elaborates a substance which promotes

diuresis and appears essential for the

appearance of the syndrome. Lesions of

the tuberal region or of the myelinated

fibres contained in the ventral part of the

stalk may also cause diabetes insipidus.

(G. J.)

Pathophysiology of C.S.F. Circulation.—

The high albumen content of cerebrospinal

fluid found in various conditions is usually

explained as being due to transudation from

congested veins and as being directly

derived from neoplastic tissue. In many

instances, however, this theory is found to

be unsatisfactory and Schaltenbrand believes

that the velocity of the liquor circulation, a

factor which has so far been neglected,

plays an important role in determining the

chemical composition of the fluid. A model
experiment illustrates what happens when water is made to circulate through a semi-permeable tube which again is surrounded by ink. The concentration of ink in the circulating water will depend on the velocity of the circulation. The rate of production and absorption of cerebrospinal fluid will have an important effect on the concentration of albumen and of lipoids in the fluid. This conception explains the composition of the liquor in various conditions and has lead the author to recognize such clinical states as liquorrhcea and aliqoorrhcea. The latter produces intracranial hypotension and may in elderly subjects be the cause of the so-called haemorrhagic pachymeningitis. Liquorrhea would express itself in a high pressure of cerebrospinal fluid which would be relatively poor in albumen and lipoids. The therapeutic importance of this view is stressed and some illustrative cases are described. (G. J.)

Deviations of Anterior Cerebral Artery.—The German school of neurosurgeons attaches supreme importance to the anteroposterior view in the evaluation of angiograms. In the present article the effects of local and remote pressure on the course of the anterior cerebral artery are analysed in detail. Remote pressure will produce a shift of the vertical portion (in the A.P. view) of the artery whilst the tethering of the vessel by its branches will give this portion a wavy outline. This happens particularly at the site of origin of the frontopolar artery giving rise to an angulation of the vessel, the so-called frontopolar sign. Another such angulation may be produced by the free margin of the falx, the “falx-sign.” The effects of tumours in various situations are described and illustrated with very helpful diagrams. (G. J.)

BOOK REVIEWS

THE PITUITARY GLAND

From the Proceedings of the Association for Research in Nervous and Mental Disease

(Williams and Wilkins, Baltimore. 1938. 45s.)

In all 42 papers are presented which deal with the anatomy and physiology of the gland and certain clinical aspects associated with dysfunction of the gland. Medical men who are interested in this subject will find this book valuable, as the survey of the subject is a wide one. It is to be hoped that further volumes of this series may reach the public at an earlier date after the meeting at which the papers are presented. The lapse of 21 months between the presentation of a paper and its publication is a long one, and the acquisition of new knowledge during these months may render a paper out of date.

CAUSES OF CRIME

Arthur E. Fink

(Oxford University Press, Sir Humphrey Milford. 1938. 14s.)

Most of the best-known sources of information dealing with the etiology of crime and its associated problems are of European origin. The author has here presented an account of the American contributions to this subject, issued during the period 1800–1915. The resulting monograph is a very thoughtful and detailed presentation of the studies, prosecuted more especially along anatomical, psychological, and genetic channels. All students of criminology will value this work and appreciate the author’s painstaking and meticulously documented compilation. Its sole drawbacks are to be found in the self-imposed limitations of the work.