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Motor Phenomena During Nitrogen Inhalation. A. Levine and P. Schilder. 1009.


*Neuropathologic Study of Six Cases of Psychosis in Which Metrazol Was Used. A. Weil and E. Liebert. 1031.


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Prolonged Coma and Cerebral Metabolism. H. E. Himwich, K. M. Bowman, and J. F. Fazekas. 1098.


Technical and Occasional Notes:

*Cerebral Dysrhythmias in Relatives of Epileptic Persons. L. J. Robinson. 1109.

Mechanism of Headache in Migraine, Hypertension, and Fever.—Experimental studies of headache permit the following inferences: For the histamine headache, it is likely that the cerebral branches of the internal carotid, basilar, and vertebral arteries at the base of the brain are primarily responsible. To the migraine headache, however, the extracranial, and possibly the dural, branches of the external carotid artery are the chief contributors. (R. M. S.)

Treatment of Paralysis Agitans by Section.—Resection of the corresponding transitional cortex at the anterior edge of the Betz cell region gave relief in two cases of unilateral tremor of the hand. Four patients, in whom cervical chordotomy divided completely the lateral pyramidal tract, experienced substantial relief. (R. M. S.)

Cortical Softening with Atrophy of Thalamus.—In a case of complete unilateral atrophy of the thalamus due to vascular occlusion which produced destruction of the cortex and of the internal capsule, the authors have shown that five major afferent pathways end in the ventral posterior and ventral lateral nucleus of the thalamus. These pathways are the spinobulbothalamic tract, conducting cutaneous sensibility; the medial lemniscus, conducting pro-
proceptive sensibility; the brachium conjunctivum, conducting cerebellar discharge; the fasciculus thalamicus, or field H1, conducting pallidal discharge; and the intrathalamic fasciculi. Discharges along all five of these pathways find their way to the sensorimotor cortex. (R. M. S.)

Anoxia Induced by Nitrogen Inhalation.—The experience gained with anoxia induced by means of nitrogen inhalation tends to cast doubt on the theory that inference with oxygen metabolism is the modus operandi of insulin and metrazol treatments. (R. M. S.)

Psychosis Treated by Metrazol.—The brains of six patients with dementia precox, manic-depressive psychosis and involutional melancholia were studied after treatment with injections of metrazol for from 2 to 10 months. The outstanding histopathological features were marked hypertrophy and hyperplasia of astrocytes and, to a lesser degree, of the microglia. (R. M. S.)

Cerebral Dysrhythmia.—Electroencephalograms were obtained from 15 epileptic patients and 36 non-epileptic relatives. Of the former, 80 per cent. had abnormal tracings and in the group of non-epileptic relatives, 36 per cent. showed evidence of cerebral dysrhythmia. (R. M. S.)

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Cerebral Metabolism in Mongolian Idiocy.—In mongolian idiocy the brain removes less than the normal amount of oxygen and sugar from each 100 cubic centimeters of blood passing through that organ. The same phenomenon, though to a lesser extent, is observed in phenylpyruvic ologophenia. Such results might be caused by a decrease in cerebral metabolism or by a faster cerebral blood flow. A review of the literature indicates that the diminished metabolism of the brain is the more probable of the two alternatives. Possible relationship between mental deficiency and diminished cerebral metabolism are discussed. (R. M. S.)

Pallidohypothalamic Tract.—Experimentally produced lesions in the brains of two monkeys indicate that the fibres of the pallidohypothalamic tract have their origin in the globus pallidus. (R. M. S.)

Partial Thenan Atrophy.—Three cases of unilateral partial thenar atrophy are described. They differ from those recently reported in the presence of objective sensory disturbances in all and in the demonstration of sweating disturbances in two. The atrophy in the first case is possibly the result of brachial neuritis. That in the second case is explicable by direct trauma to the nerve. Although there is no history of infection, intoxication, trauma, or pressure in the third case, it is assumed that the atrophy observed in this case, as well as in the others, is due to involvement of selective fibres of the median nerve. Partial thenar atrophy is a benign, nonprogressive condition. It is not related to progressive muscular atrophy, amyotrophic lateral sclerosis, syringomyelia, or tumour of the cord. (R. M. S.)

Alcoholic Cerebellar Degeneration.—The clinical description of five male patients with gradually progressive cerebellar ataxia involving principally the lower extremities...
is presented. The onset occurred in middle life, after many years of excessive alcoholic intake. The family history was without significance. The symptoms were uniform. In addition to the cerebellar ataxia in the lower extremities, nystagmus was present in two patients, speech disturbance in two, and a slight or moderate degree of cerebellar ataxia in the upper extremities in four. There were no evidences of lesions of the pyramidal tract, posterior column, or peripheral nerve in any of the patients. One patient had neurosyphilis, as evidenced by abnormal pupils and a positive Wassermann reaction of the cerebrospinal fluid. The authors believe that the condition of these patients resembles the cerebellar syndrome described as cortical or intracerebellar atrophy. Moreover, they believe that alcohol or an associated nutritional disturbance is a significant factor in the development of this syndrome. (R. M. S.)

Unclassified Degenerative Disease of C.N.S.—The case is described by a Sudanese native aged 45 who had a progressive spastic-cerebellar-ataxic motor deficiency, of about 10 years' duration, which in the later years of his illness changed to muscular weakness, flaccidity, and muscular atrophy, involving the whole body. Post-mortem, there were observed severe degeneration of ganglion cells of the anterior horns of the cord, the motor nuclei of the brain stem, Clarke's column, the pulviform fasciculomarginal system, the basal pontile nuclei, and the dentate nucleus. There was no swelling of ganglion cells, inflammation, primary demyelination, formation of abnormal glia cells or signs of abnormal metabolism in the central nervous system. This case is compared with those of other atypical degenerative diseases that have been described in small numbers in the literature. No etiological agent could be established. (R. M. S.)

Treatment of Trigeminal Neuralgia with Vitamin B.—The exhibition of vitamin B (thiamine hydrochloride) in four cases of trigeminal neuralgia had no beneficial effect. (R. M. S.)


*Arsenic as a Possible Cause of Subacute Encephalomyelitis: Correlation of Chemical, Clinical, and Histologic Observations. A. D. Ecker and J. W. Kernohan. 24.


*Cerebral Swelling and Edema Associated with Cerebral Tumour: A Histo genetic and Histopathologic Study. I. Scheinker. 117.

*Mescaline Hallucinations in Artists. W. S. Maclay and E. Gutmann. 130.


Case Reports:


Petechial Hemorrhages of Brain.—By a special device white rats were subjected to a propulsion impact injury to the head, similar to the mechanism of head injuries in man frequently occurring in automobile accidents. The vascular pathological lesions described by the authors are considered to be due to specific concussion effects and differs from contusion, laceration, and tearing, in that they are the result of vascular dilatation, stasis, and anoxemia. (R. M. S.)

Arsenic as Possible Cause of Encephalomyelitis.—In 12 cases of subacute encephalomyelitis the clinical, pathological, and chemical findings were consistent with the hypothesis that they represented instances of chronic arsenical poisoning. (R. M. S.)

Brain Changes in Alcoholism.—In this study the pathological changes in the nervous system were relatively slight as compared with the severe and fatal illness of the patient and the authors therefore believe that the changes usually were not responsible for death and for the clinical picture in chronic alcoholism cannot be demonstrated under the microscope by methods now at one's disposal. Most of the changes are probably due to avitaminosis B1 and B complex rather than to alcohol itself. (R. M. S.)

Diseases of Muscle.—Quinine and prostigmine methyl sulphate were observed to have effects in some patients with paralysis agitans that were similar to those seen in patients with "myotonia." Hence the assumption that the effects of these drugs indicate the nature of the defect in "myotonia" appears unjustified. It is probable that the effect of quinine on muscular function in cases of "myotonia" and paralysis agitans is the result of the antagonistic action of the drug to cholinergic nerve stimulation. (R. M. S.)

* Seeping Aneurysm Simulating Neoplasm. —Two cases of seeping aneurysm of a cerebral artery simulating cerebral tumour...
are reported. In the first the aneurysm caused a softening confined almost exclusively to the corpus callosum. The lesion produced apractic agraphia and ideomotor apraxia in the left hand, and its extension into the most medial portion of the left hemisphere probably explains the forced grasping that was present in the right hand. Forced grasping may be the first sign of invasion of the opposite hemisphere by a cerebral tumour. (R. M. S.)

Cerebral Swelling and Cerebral Tumour.
In cases of cerebral oedema the author described the typical and well-known picture of the areolar, sievelike appearance of the nerve tissue and distension of the pericellular and perivasculousspaces, with resulting liquefaction of the nerve tissue. Particular attention is drawn to the morphological signs of alteration of the circulatory system with increase in the permeability of the vessel walls. In cases of cerebral swelling such morphological changes in the vessels are absent. In this condition there are mild functional vesicular disturbances only (stasis and diapedesis), and usually the capillaries alone are involved. (R. M. S.)

Mescaline Hallucinations.
Hallucinations during mescaline intoxication cannot be explained in either physiological or psychological terms—sulcus. The fact of hallucinating and some formal characters of the hallucinations are so similar to physiological and pathological phenomena that they can be assumed to be physiological in origin, but psychological experiences determine the contents of the hallucinations; for example, it can be said that the appearance and repetition of similar shapes are caused physiologically, but the facts that the subject sees women and not men and that the scotomas take on the shape of lotus flowers can be accounted for only in psychological terms. (R. M. S.)

Connections of Medial Geniculate.
—Recurent fibres pass from the medial geniculate body to the inferior colliculus and to the trapezoid body by way of the brachium of the inferior colliculus and the lateral lemniscus, respectively, and thus provide a system of reverse innervation between subcortical acoustical nuclei. Diffuse fibres leave the medial boundary of the medial geniculate body and pass to other parts of the thalamus and midbrain. No evidence is found to support the contention that the medial geniculate body has any important function as an acoustic reflex centre. The commissure of Gudden does not connect the two medial geniculate bodies. Fibres pass from the medial geniculate body to a cortical area bounded anteriorly by the anterior ectosylvian sulcus, posteriorly by the posterior ectosylvian sulcus, superiorly by the suprasylvian sulcus and inferiorly by the pseudosylvian sulcus. This area coincides with that responsive to acoustic stimulation. (R. M. S.)
Memory Defects during Metrazol Therapy.—Four cases of severe and 20 of slight amnesia developed with metrazol treatment. The memory abnormality is related to the number of metrazol convulsions. Recovery is the rule. (R. M. S.)

Tumours of Brain in Aged Persons.—In a series of 100 cases of verified tumours of the brain occurring among patients 60 years of age or more, glioblastoma multiforme, meningioma, and glioblastoma, in the order named, made up 82 per cent of the total. The cerebrum was the most common site of development of tumour, tumours in this region constituting 69 per cent of the series. (R. M. S.)

Displacement of Ventricular System in Children with Atrophic Lesions.—If both hemispheres are damaged and fail to grow important dislocation rarely takes place, regardless of asymmetry. Since growth is most rapid in the prenatal period and in the early months of independent life, the finding of maximal dislocation when the injury occurs in early life is easily explained. If dislocation is the result of growth, failure of dislocation in the presence of gross asymmetry of the ventricles, in early childhood at least, may be a sign of bilateral failure of cerebral development. No evidence was found to support the hypothesis that traction can pull the midline structures and the contralateral lateral ventricle away from an atrophic lesion. The mechanism of displacement may be the same, whether the pressure comes from unresisted thrust from a growing hemisphere or from an expanding lesion. (R. M. S.)

Elicitation of "Pseudomotor Contraction."—In order to locate the origin of fibres mediating the lingual pseudomotor contraction (which is characteristic of the Heidenhain phenomenon) and to determine the cranial nerve over which these fibres leave the brain stem, many points in the pons and mesencephalon have been stimulated in 25 cats with chronic sections of the hypoglossal nerve. Stimulation of the mesencephalic root of the fifth nerve or of its mandibular division never gave rise to pseudomotor contraction, as has been claimed by a few investigators. The pseudomotor contraction was elicited by stimulation of the intramedullary portion of the seventh nerve, the reticular matter close to it, and the chorda tympani fibres peripherally. Stimulation of these structures also elicited vasodilatation. Section of the chorda tympani nerve abolished the response to intramedullary stimulation; section of the proximal portion of the lingual nerve did not influence the response. The criteria for determining a true pseudomotor response are discussed and the possibilities for error pointed out. The function of the fibres mediating this response is discussed. (R. M. S.)

Sugar and Oxygen Metabolism and Insulin Hypoglycaemia.—Studies on subjects with dementia precox of the passive type gave no evidence that sugar and oxygen metabolism of the brain is stimulated after insulin hypoglycaemia. On the contrary, neural dysfunction, rather than stimulation of cerebral respiration, may be the important factor which is related to the change in mental states of subjects treated by insulin hypoglycaemia or other forms of shock. (R. M. S.)

Insulin and Metrazol Therapy and C.S.F.—Both insulin and metrazol caused appreciable changes in the cerebro-spinal fluid proteins of schizophrenic patients. The immediate effect of metrazol was a lowering of the albumin-globulin ratio. Later, after 1 to 8 weeks of treatment and a rest of 3 to 4 days, the albumin and albumin-globulin ratio increased, while the globulin decreased. Insulin caused a rise in globulin and a depression of the albumin-globulin ratio; when the treatment was discontinued the albumin and albumin-globulin ratio returned to higher values, while globulin decreased. (R. M. S.)

Hodgkin's Disease.—Two cases of Hodgkin's disease with involvement of the nervous system have been reported in detail. In case 1 there was clinical evidence of involvement of the brain, left brachial plexus, and spinal epidural space. Histological examination of the brain showed extensive intracerebral lymphogranulomatous foci and dural plaques. In case 2 clinical and pathological evidence of invasion of the mid-thoracic spinal epidural space by a Hodgkin's process was presented. The histopathological picture in both cases was typically that of Hodgkin's lymphogranuloma. The distribution and character of the cerebral lesions indicated a blood-borne invasion. The authors' cases, as well as those in the literature, point to the necessity for careful neurological study in all cases of Hodgkin's disease, in view of the frequency with which the nervous system is involved. (R. M. S.)

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Histologic Evidence of Damage to the Brain in Mice Treated with Metrazol and Insulin. K. H. Finley and C. Brenner.


Metamorphosis and Other Psychovisual Disturbances in a Patient with Tumour of the Brain. M. B. Bender and M. G. Kanzler.


Differential Diagnosis of Hysterical Tremor. P. Schröder.

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Astartocystis Arachnoidea Cerebelli: A Rare Manifestation von Rechlinghausen's Neurofibromatosis. A. Earl Walker.

Danger of Subarachnoid Injection of Alcohol for Relief of Pain. R. A. Groff and F. H. Lewy.

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*Convulsive Phenomena Produced by a New Method of Remote Excitation. F. A. Fender. 617.

*Prolonged Jugular Compression: A Diagnostic Test of Neurologic Value. R. J. Aird. 613.

*Clinical Trial of Beta Erythroidine Hydrochloride in Hypertonia and in Hyperkinetic States. V. W. Eisenstein and M. Talmud. 649.


*Corticomeningeal Scars in Traumatic Epilepsy: Localization by Pneumographic Examination of the Subdural Space. H. Olivecrona. 666.


Case Report:


Developmental Anomalies of Occipital Bone, Atlas, and Axis.—The author groups congenital malformations of the occipito-cervical area into: 1. Malformation of the occipital foramen; basilar impression (platybasia). 2. Fusion of the atlas with the occiput; malformation of the atlas. 3. Fusion of other cervical vertebrae; malformation of these vertebrae. 4. Abnormal position of the axis in relation to the occiput and atlas. The associated neuro-organic syndromes which are analysed in detail are explained either by mechanical pressure from the bony anomaly or by accompanying malformation of the central nervous system or by the combination of the two. List's paper is a most useful contribution and is well illustrated. (R. M. S.)

Convulsive Phenomena Produced by R. M. S. Remote Excitation.—A report based in a series of 125 experiments on 50 dogs on which electrical stimulation was carried out by remote excitation. (R. M. S.)

Prolonged Jugular Compression.—For diagnostic purposes the signs and symptoms of disease of the central nervous system caused by space-consuming lesions may safely be exaggerated temporarily by prolonged jugular compression. The technique of such compression by the use of the ordinary sphygmonanometer and the results obtained in 100 patients with various neurological conditions are presented. With rare exceptions, negative responses were obtained in patients with epilepsy and degenerative disease of the central nervous system. Prolonged jugular compression is thus of considerable value in differential diagnosis. For space-consuming lesions of the central nervous system and herniations of the intervertebral disc, the test proved a valuable addition to the neurological examination in corroborating the more obvious diagnoses and in contributing new data in cases in which the diagnosis was difficult and obscure. (R. M. S.)

Beta Erythroidine Hydrochloride in Hypertonia.—Clinical experience with beta erythroidine hydrochloride, a drug possessing a curare-like pharmacological action, indicates that it exerts a slight, inconstant and transient lissive (loosening) action on the skeletal musculature in hypertonic states. These effects are accompanied by such constant and undesirable side effects as to militate against its clinical use. Observations in cases of chronic encephalitis with parkinsonism indicate that the drug has no value in the treatments of tremor. Beta erythroidine hydrochloride apparently possesses a small margin of safety and is not to be recommended for clinical trial. (R. M. S.)

Polioencephalitis Hemorrhagica of Wernicke.—Two cases of polioencephalitis hemorrhagica associated with febrile disease are reported. The diagnosis of typhoid fever in one case was confirmed by laboratory and autopsy findings. The pathogenesis in these two cases is briefly discussed. (R. M. S.)

Corticomeningeal Scars in Traumatic Epilepsy.—Circumscribed trauma to the brain usually results in the formation of adhesions between the dura and the pia-arachoid, and pneumographic examination of the subdural space may be used to demonstrate the presence and location of scars in the brain in cases of traumatic epilepsy. A case is reported in which an epileptic syndrome in a woman of 23 could be traced to an injury to the head, though trivial at the time, received in early childhood. Pneumograms of the subdural space demonstrated the presence of a circumscribed lesion in the left frontal lobe, and the patient has now been well for ½ years after removal of the scar in the brain. (R. M. S.)

Vitamin Therapy of Diseases of Neurovascular Apparatus.—The authors' ex-
experience suggests that employment of vitamin therapy with muscular atrophies has been widely heralded before it has been proved to be of value. (R. M. S.)

Presenile Disease of C.N.S.—McMenemey and Pollak report a case of an unusual psychosis of rapid course in a woman aged 60. Slight degeneration of nerve cells and disproportionate hyperplasia of fibrous astroglia were found. The relation of this disease to the so-called Creutzfeldt-Jakob disease, to the parenchymatous cerebellar atrophies with dementia and to pellagra as well as to other conditions, is discussed. (R. M. S.)

BRAIN

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—Seven instances of spinal compression due to vertebral changes in Paget's disease are cited in detail. Compression may be caused by widening of the vertebral bodies, fusion lipping, or the formation of bony excrescences. Vascular changes also cause cord degeneration. (D. J. W.)

Suprapituitary Adamantinoma.—Histological study of two cases of suprapituitary cyst with lack of sexual development produced no definite evidence that the control of sexual growth is localized in the supra-optic nucleus. The lesions found were in the neurohypophysis. (D. J. W.)

Unusual Form of Cerebellar Atrophy.—The outstanding feature in two cases of familial congenital cerebellar atrophy with dementia was primary degeneration of the granular layer. The other cerebellar changes were secondary to this, and no lipoid degeneration or destruction of the basket fibres were seen. The condition therefore differs from the cerebellipetal atrophy of amaurotic family idiocy. (D. J. W.)

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The Renal Excretion of Inorganic Phosphate in Relation to the Action of Vitamin D and Parathyroid Hormone. H. E. Harrison and H. C. Harrison. 47.

Studies on Neoplasms with the Aid of Radioactive Phosphorus. II. The Phosphorus Metabolism of the Nucleoprotein, Phospholipid and Acid Soluble Fractions of Normal and Leukemic Mice. L. W. Tuttle, L. A. Erf, and J. H. Lawrence. 57.


Relief of Pain by Counter-irritation.—The authors after inducing pain on themselves by the subcutaneous injection of 10 per cent NaCl or the application of irritant ointments studied the relief afforded by counter-irritants such as heat, cold, electric current, vibration, and tactile stimulation. The application and the removal of counter-irritation both caused temporary relief. It was shown that this is not due to circulatory changes, that some of the changes could be accounted for by an altered sensory discharge, but the possibility of central depression of pain is also considered. (J. N. C.)
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Effect of Drugs on Pain Threshold.—This paper is a continuation of their previous study on drugs affecting the pain threshold. Acetylsalicylic acid, acetanilid, acetophenetidin, aminopyrine, alcohol, and trichlorehylene raised the threshold, whilst caffeine sodibenzolate, ergotamine tartrate, and quinine sulphate were without effect. (J. N. C.)

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A Defect in the Metabolism of Tyrosine and Phenylalanine in Premature Infants. II. Spontaneous Occurrence and Eradication by Vitamin C. S. Z. Levine, H. H. Gordon, and E. Marples. 209.


Studies on Infectious Mononucleosis. II. The Relationship of the Organisms of the Genus Listerella to the Disease, as Studied by the Agglutination Reaction. C. A. Janeway and G. J. Dammion. 233.


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The Anatomical Relationships of Abnormally Located Mauthner's Cells in Fundulus Embryos. J. M. Oppenheimer. 131.

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Electric Changes and Corpuscle Reaction on the Peripheral Nerves in Insulin-Treated Schizophrenic Patients. M. Kastan. 630.


The Mental and Neurological Sequelae of Carbon Monoxide Asphyxia in a Case Observed for Fifteen Years. N. Raskin and O. C. Mullaney. 640.
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*Some Peculiar Manifestations of Memory with Special Reference to Lightning Calculators.* A. A. Brill, 709.

*Comparative Fulfilment of Teeth without Nasopharyngeal Tumors and Their Neurological Complications.* L. A. Titrud and W. T. Peyton, 722.


*The Occurrence of Complications of the Nervous System Following the Extraction of Teeth.* B. J. Alpers, 752.


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*In Exhaustion illusion is a "Quick-Motion-Picture" Illusion of Hoff-Pötzl.* A. A. Weil, 42.


*Mass-Psychosis and Its Effects.* D. Abrahamsen, 63.

*The Sign of Babinski.* K. Goldstein, 281.

*Exhaustion Due to Mental Excitement.* C. J. Milling, 297.

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*A Modified Babinski Reflex (Resistance Reflex).* E. Lichtmann, 451.

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*The Epileptic Insults in a Case of Tumor of the Diencephalon.* A. A. Boon and J. Doff, 453.


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*Body Image Disturbances.*—Clinical cases of hysterical body image disturbance with other signs of agnosia and aphasia may be paralleled by post-hypnotic suggestion in suitable subjects. In both groups the symptoms are similar to those due to irreversible organic brain disease. They show defects in spatial construction and
On the Contribution to Essay Polyneuritis.

Recovered and Deteriorated Schizophrenics.—Comparison of the clinical picture and features in groups of recovered and deteriorated schizophrenic patients shows certain features to be more frequent (ratio of 6:1) among the recovered—acute onset, psychogenic precipitation, clouding, extraversion, and pyknic physique. These then are fair prognostic points. Among the recovered history of gradual onset is found only in those resembling atypical depressive states. Markedly discordant behaviour and lack of clouding distinguish the deteriorated cases with depressive beginning. (W. M. H.)

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Thermoagulation of Motor Cortex.—The electrocorticogram, studied after laminar thermoagulation of the precentral motor cortex to varying depths, was found to be significantly reduced only when the coagulation included the large and giant pyramidal cells, but not layer VI, in area 4A, and the homologous fifth layer in other precentral arm areas. Pronounced motor deficit was produced by thermoagulation to this extent. (W. M. H.)
Influence of Motoneurone Discharge upon Excitation.—An antidromic volley in a group of motoneurones produces a small centrifugal discharge from the spinal cord into some part of the motor axons which carry the antidromic impulses. These impulses seem to be repetitive discharges set up in some central portion of the motoneurones rather than reflex discharges synaptically excited. In addition, antidromic volleys may inhibit motor discharges if the tested and conditioning motor nerves are branches to the same muscle or muscle group. The response deficit arises early and is at a maximum if the volley precedes the tested motor discharges by 2 to 4 msec. Both facilitation and inhibition occur if the antidromic and tested motor impulses are in nerves to different muscles. Maximal facilitation is found when the interval is about 25 to 30 msec. (W. M. H.)

Inhibitory Action of Conducted Impulses.—In the lumbosacral cord of the cat under dial primary afferent fibres produce inhibi-

tion of motoneurones without measurable latency by primary afferent collaterals or ventrolateral column collaterals. The site of inhibition is probably the motor nucleus. (W. M. H.)

Corpus Striatum Lesions and Spontaneous Activity.—In five rats electrolytic lesions in the corpus striatum failed to alter spontaneous activity as recorded in revolving activity cages. (W. M. H.)

Brachium Pontis Anatomy.—In two mangabeys and one Java monkey, section of the brachium pontis did not affect performance in learned problems like problem boxes. Unilateral section was followed by curvature of the head and spine, spiralling and circus movements, incoordination between hind and fore limbs, hypotonia of both lower limbs for about 4 weeks. Bilateral operation had similar sequelae, but in addition, progressive incoordination between the limbs in locomotion and a general sluggishness. (W. M. H.)

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Bronchomotor Responses to Stimulation of the Spleen Ganglia and to Injection of Acetylcolline in Isolated Perfused Guinea-Pig Lungs. C. O. Hebb. 57.


*The Individual and Integrated Activity of the Semi-circular Canals of the Elasmobranch Labyrinth. O. Lowenstein and A. Sand. 89.


The Influence of the Composition of the Gastric Content upon the Effect of Histamine. C. L. G. Pratt. 154.

The Influence of Histamine on the Absorption of Sodium Sulphate by the Stomach. N. B. Myant. 156.

Function of Round Window.—When the round window niche in cats is occluded by plaster of Paris there is no alteration in the contralateral auditory tract response. A parallel is found in a patient whose round window was occluded by otosclerotic new bone without any impairment of hearing on that side. Thus, since free movement of the window is not essential for hearing its function cannot be adequately explained on the resonance hypothesis. It is suggested that it may act as a distensible vent in the circulation of the perilymph. (W. M. H.)

Activity of Elasmobranch Labyrinth.—Discharges from the isolated labyrinth of an elasmobranch were examined oscillographically. The horizontal canals respond to rotation about the vertical axis, the anterior and posterior vertical to rotation about all three axes. The synergy of their discharges is related to the resulting eye muscle reflexes. A silent period is shown to follow excitatory rotation and an after discharge inhibitory rotation. (W. M. H.)

Action of Venom and Lysolecinin on Adrenal Medulla.—In cats the output of adrenaline from the adrenals which follows injection of bee and cobra venom is attributed to the formation of lysolecinin by the strong phosphatases of the venom. In rabbits lysolecinin has an inconstant effect on the secretory activity of the adrenal medulla and causes, on injection, a fall in arterial blood pressure. (W. M. H.)

Irons and Adrenergic Transmission.—In the perfused rabbit’s ear calcium is shown to decrease the action of adrenaline and to increase the response to nervous stimulation. The effects of potassium are contrary but in degree the action on the response to adrenaline is slight. (W. M. H.)
Experimental Cerebral Concussion.—Concussion was produced in cats under nembutal without any macroscopic lesion. Acceleration in movement is the essential factor for if the head is prevented from moving concussion fails to occur. Rise of intracranial pressure did not occur although it is possible to produce similar effects by a shock-like rise of intracranial pressure alone. (W. M. H.)


Adrenergic and Nerve Action Potentials.—In cats on intra-arterial injection of adrenaline there is an increase in the height of the $a$ $b$ action potentials produced by submaximal stimulation of the sciatic nerve in situ. The effect is considered due to a lowering of threshold; it lags behind and outlasts the vascular effects. Adrenaline abolishes or reduces the $g$ spike on maximal stimuli; this effect is attributed to the anoxia of vasoconstriction. (W. M. H.)

Vaso-Dilator Action of Potassium.—If the adrenals are removed so as to prevent the release of adrenaline, the effect of small doses of KCl is vasodilation in the hind limbs of dogs and cats. Large doses cause vasoconstriction which may be largely reduced by ergotoxine. The potentiation and depression of working muscle by KCl is not dependent upon the vascular changes but in fatigued muscle these effects may be closely related. The release of K ions may contribute to the vasodilatation in contracting muscle. (W. M. H.)

Distribution of Pituitary Antidiuretic Hormone.—Mammalian pituitary bodies contain at least eight times as much of the antidiuretic principle as the glands of any non-mammal. Thus phylogenetically the activity of the pars nervosa and the development of the Henle’s loop would appear related. (W. M. H.)


Action of Acetylcholine, etc., on C.N.S.—Intracarotid injection of acetylcholine increases motor responses to electrical stimuli on the motor cortex of the cat. The action is antagonized by atropine and is followed by depression of responses. ACh has similar effects intravenously but depression is prominent. Small quantities of eserine usually depress or obliterate responses to stimulation of the cortex and of the pyramidal tract. Carbon dioxide depresses cortical responses by a central action which is antagonized by atropine and potentiated by eserine. This is con-
considered presumptive evidence of the release of A/ch by CO2. (W. M. H.)

Skin Resistance Response.—The skin resistance response to various sensory stimuli may be elicited from any part of the limbs, body wall, and ears in the suitably warmed human subject. Its latency varies with location and the temperature of the part of the body. The response is dependent on the synchronous development of vasconstriction and sweating. (W. M. H.)

Peripheral Conduction Rate.—In man the velocity of conduction in sympathetic nerves was determined by means of the skin resistance response. It varies from 2.17 to 1.80 m/sec. in the upper limb, from 2.30 to 2.03 m/sec. in the chest, and from 1.27 to 0.85 m/sec. in the leg. The limitations of the method are indicated. (W. M. H.)

Amine Oxidase in Sepia Officinalis.—The presence of an amine oxidase, showing a preference for tyramine over other substrates, in organs of the cephalopod Sepia suggests tyramine may be a hormone in these invertebrates. No evidence is found for the presence of histaminase or a decarboxylase for tyrosine or dopa in Sepia. (W. M. H.)

Neuromuscular Transmission in Extrinsic Muscles.—In decerebrated cats the responses of extrinsic ocular muscles to nerve stimulation were found to have a refractory period of 0.5 m/sec. Facilitation of the action potential following a nerve volley, studied in preparations with curare in less than paralyzing doses, reaches a peak between 0.8 and 1.5 m/sec. disappearing at a stimulus interval of 10 m/sec. to be followed by a period of depression of the second response lasting as long as 4 sec. After eserine single nerve volleys give a series of spikes undergoing a logarithmic decrement, while double nerve volleys have complex effects suggesting a prolongation of the refractory period of the muscle and interference with the second of the volleys. A/ch by artery or vein evokes a contraction with oscillatory action potential. After eserine A/ch and repetitive nerve stimulation evoke a contracture blocking propagation of excitation in the muscle fibre. (W. M. H.)

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(b) H. W. Maier; Bleulers Leben und praktisches Wirken. (Bleuler's Life and Deeds.) 10.

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