
From a study of nerves removed from the human subject and various animals the author shows that in any series of Marchi preparations the normal fibres always contain some black globules (Elzholz bodies) and irregular areas. Their size and number vary with the fixing fluid used, the strength of the osmic acid, and the time the tissue is exposed to its action.

A useful bibliography is appended.

R. M. S.

[10] The influence of spinal puncture on the vegetative nervous system (Influenza della rachicentesi sul sistema nervoso della vita vegetativa).

—A. Leanza. Riv. di pat. nerv. e ment., 1930, xxxv, 244.

The author has examined the function of the vegetative nervous system in 50 individuals before and after spinal puncture, and has found in about half the cases a disturbance of the vegetative nervous system characterised by hypo-excitability of the sympathetic and hyper-excitability of the autonomic system. He thinks this is due to a diminution of a reflex which stimulates the sympathetic and originates from the pressure of the fluid on the walls of the cavity in which it is contained.

R. G. G.


While there is no typical glucose tolerance curve in epilepsy, a high percentage of epileptic patients present a glucose tolerance curve of a definitely subnormal type. The writers have attempted to correlate the type of epileptic (e.g., irritable, confused, demented) with the blood sugar level, but have been unable to determine that there is any such relation. Similarly they have been unable to establish any definite relation between frequency of fits and the blood sugar level. The comparatively high percentage of cases with renal glycosuria in their series is worthy of note.

C. S. R.

SENSORIMOTOR NEUROLOGY.


The authors describe a case of Schilder’s disease in a man of 41 which began with loss of sight in the left eye. Headache, stiffness of the right arm, a burning sensation round the abdomen, and deafness of the left ear came on soon after,
and within three weeks his right leg and left arm became weak and sensation was completely lost on the left half of the body. Both optic discs were swollen and pale. The patient died 43 days after the onset of the disease. Post mortem diffuse sclerosis and demyelination of the white matter of the cerebral hemispheres were found, with more discrete patches in the pons and cerebellum. The cortex was everywhere spared. In the histological examination the most noteworthy finding was the large number of 'mucocytes' in the areas of more recent demyelination. The authors confirm the findings of Grynfeltt and Pelissier and of Bailey and Schaltenbrand that mucocytes arise from 'acute swelling of the oligodendroglia' by imbibition of the early products of myelin disintegration (protagonoid substances). They consider that in Schilder's encephalitis the disease process attacks first the oligodendroglia, and that the degeneration of myelin is secondary to this. Otherwise the authors do not contribute anything fresh to our knowledge of this disease. It is unfortunate that the optic nerves do not appear to have been examined.

J. G. G.


A male child, seen repeatedly from the age of ten weeks to sixteen months, died at sixteen and a half months of age. Only at ten weeks and during the last two weeks of life did he present evidence of infection. A tentative diagnosis of hydrocephalus was not substantiated by post-mortem examination, there being no distension of the ventricles, although the brain was larger than normal and weighed 1,890 grm. after three days in formaldehyde.

Sections through the substance of the brain showed a subcortical loss of myelin and a diffuse and marked oedema of the white matter, with no vascular inflammatory reaction. The Purkinje cells, as well as cells in the cerebral cortex, were preserved.

R. M. S.


Four cases of cerebral tumour are recorded in which Kehrer's two signs were demonstrable in unmistakable fashion. The first of these comprises the production of pain on deep pressure over the back of the neck a little to one side of the mid-line, at the site of emergence of the great occipital nerve. Associated pain-reactions consist in flushing of the face, and flexion of the head and neck backwards and to the homolateral side. Kehrer's other sign consists of pain on deep pressure over the points of emergence of the three branches of the
trigeminal nerve on the face. While this manoeuvre may cause pain on one side only or perhaps merely in one or two of the branches in cases of tic doloureux and of migraine, in patients with cerebral tumour all six points are painful on pressure. The author believes that these are early and valuable signs of increased intracranial tension analogous to the demonstration of papilloedema. Further research is required to determine which of the two signs can be elicited first and whether there is any correlation between priority of appearance and site of the neoplasm.

M. C.


In a case of severe hemorrhage into the ventricles there occurred a series of attacks or fits of muscular rigidity (‘hormetonia’). The author compares these to the phenomena of decerebrate rigidity and thinks they may represent defect of mesencephalic as well as of cortical control.

R. G. G.


The case described presented the syndrome which Dide in 1928 associated with lesions of the tuber cinereum. The patient had always been neurotic and impulsive. From January to June 1925, at the age of 16 years, he was ailing with gastric pain, constipation, vomiting, headache and rapid wasting. Along with these symptoms several attacks of acute anxiety state came on. After about six months he recovered and remained perfectly well for nearly two years. In June 1927, after an attack of congestion of the lungs his previous symptoms returned with four attacks of anxiety neurosis each of which lasted from 10 to 12 days. Thereafter in January 1928 he became acutely maniacal, constantly on the move, muttering a few words or signing a few snatches of song, but apparently taking no interest in his surroundings. At this time it was found that he was passing from $1\frac{1}{2}$ to $2\frac{1}{2}$ litres of urine a day. He also showed a slight internal strabismus. The cerebrospinal fluid examined about this time was normal except for an excess of pressure and a reduction of the chlorides to 0·55 per cent. His condition remained much the same till the end of April when it was noted that he walked with short steps, with his knees bent, and in bed also his knees tended to be flexed. The cerebrospinal fluid examined at this time was again normal except for a rather greater rise in pressure and a fall of the chlorides to 0·5 per cent. From this time, till his death
on June 18, the flexure of the legs increased but there was no alteration in the reflexes. He continued to pass large quantities of water and to waste rapidly though his appetite was large. He died in coma.

The autopsy showed a small tuberculous focus at the apex of the right lung but no other evidence of tuberculosis except in the brain. Here a gelatinous mass of tuberculous exudate filled the cisterna basalis, passing out from it to the neighbouring meninges for some distance. Microscopically it was found to contain giant-celled tubercle nodules, in which tubercle bacilli could be demonstrated. The nerve-cells in the neighbourhood showed degenerative and chromatolytic changes. The exact distribution of these changes is not stated but it was noted that the nucleus proprius of the tuber cinereum was among the most affected. The authors consider that this tuberculous lesion in the region of the tuber cinereum had existed for three years. The first attack of headache and vomiting in 1925 signalised its onset, and from January to June of that year the lesion was active. Then followed a period nearly two years long of apparent recovery, followed by a relapse and gradual progress of the disease till death a year later. The case is of interest on the pathological side as being an unusually chronic type of tuberculous meningitis, and on its clinical side as providing a clear-cut instance of an unusual and bizarre syndrome.

J. G. G.


Although the diagnosis of chorea is in the majority of instances extremely easy, nevertheless difficulty may appear both in the early stages when the movements are under some degree of control and also in the late phases. Confusion with tics as well as with the fidgety movements of the restless child are not rare. The demonstration of signs other than the characteristic movements is of great assistance. The author details several of the better known of these ‘minor signs’ of chorea, such as hypotonus, the sustained knee-jerk of Gordon, the characteristic tongue sign of Sachs, and the uneven hand-grasp sign of Filatow. For proof of hypotonus the child should be watched, without its knowledge, during the performance of some such manipulation as the picking up of a small fragment of paper and putting it down in another place. Jogichess has added his so-called isokinetic test to these minor signs; doctor and patient stand facing each other with their hands and arms outstretched at the same level. The examiner then alternately raises and lowers his arms slowly and evenly, and the patient is told to copy this manœuvre exactly, and at precisely the same time. A normal individual finds no difficulty in this, but the choreic child raises and lowers his arms irregularly, now too fast, now too slowly. The more deliberate and slow the examiner’s movements, the greater is the patient’s difficulty.

M. C.
The author describes a case of hemiplegia with involvement of the lower branch of the facial of the same side, supranuclear in type, associated with a paralysis of the sixth nerve of the opposite side. This was proved to be due to a small vascular lesion. The findings show that the corticofacial fibres cross at the caudal end of the pons. Other types of alternating paralysis are discussed.

R. G. G.

The symptoms in the following patient had been regarded for years as due to an idiopathic epilepsy, despite the late age of onset of attacks. The mildness of the original head injury and the symptomless interval of two years allowed the traumatic basis to be overlooked.

A healthy man of 38, while serving during the war in the Landwehr, was admitted to hospital in November, 1914, on account of head wounds from a hand-grenade. Minor injuries of the right cheek and lower jaw were present and the patient was discharged by Christmas. He returned to the line where he remained perfectly well until July 1917, when he suffered from an epileptic fit. He remained under medical observation at various hospitals during the next eight months, and was finally discharged from the army in March 1918, with a pension of 33\% per cent. Epileptic attacks of a mild character continued, at intervals varying from one and a half to four weeks, being more frequent when he worked hard. As he had injured himself on many occasions, he found difficulty in obtaining employment and in August 1930 he sought an increase in the amount of his pension. He was accordingly admitted to hospital, where no neurological abnormality was detected. His mentality was characterized by dullness, slowness of cerebration, inattention and irritability. One or two insignificant scars were apparent over the cheek and right side of the head. An X-ray revealed a large number of small, irregular metallic splinters embedded in the soft tissues of the right side of the face and in the right hemisphere. A number lay in the region of the scalp wound, and two larger fragments were visible in the depths of the right parieto-occipital lobes.

M. C.
ABSTRACTS


WHilst working in a field during a storm, a woman was struck to the ground unconscious by a lightning flash. Her clothes were badly torn. On admission to hospital she was still comatose and could not be roused even by painful stimuli. Her heart sounds were feeble and the pulse rate measured 180 per min. Blood pressure was 90/40. Respiration were slow and shallow, and frequent yawning took place. A catheter specimen of urine contained no abnormality. Examination of the nervous system revealed nothing noteworthy other than an exaggeration of the knee and ankle jerks and a marked universal dermographism. Extensive burns were present; at the back of the head the hair was singed over an area the size of a plate. The point of impact was revealed by a small wound—the size of a pfennig—on the vertex. A band of burnt skin, measuring in width 25-30 cm., extended from the occiput down the back to the sacral region and thence to the backs of the thighs. Over the front of the chest, three tracks reached from the neck to the symphysis and then to the front and inner side of the right thigh. In some places the burns over the back were of the third degree. A recent tear was present across both ear drums. The patient was treated for a time with artificial respiration, and after repeated injections of 'Kardiaka' respiration and heart action returned to normal. Consciousness gradually returned after 48 hours but a retrograde amnesia persisted. She complained of intense pain in the region of the burns and also of a generalized sensation of coldness. These symptoms were relieved by warm applications and by sedatives. On the sixth day, on account of headache, a lumbar puncture was performed; the spinal fluid contained a slight excess of globulin. By the seventh day the patient was quite clear in her mind and correctly orientated; she got up on the fourteenth day and left hospital a week later. There were no abnormal physical signs in the nervous system at the time of her discharge.

M. C.


A female aged 51 was admitted to hospital with a trichina infection, 23 days after the ingestion of ham from bears. Her symptoms comprised drowsiness, pains in the muscles and stiffness; blood examinations revealed an eosinophilia and demonstrated the trichina. Two weeks after eating the bear-flesh, she first noticed deafness. Ten days after admission she was totally deaf; air and bone conduction were both lost; it was impossible to carry out the Weber or Schwabach tests. No abnormality could be detected in the ear passages or tympanum; the nose and throat were also healthy. A complete otological
examination was carried out every three days, and a slow improvement became evident. After she had been in hospital about a month, she was able to understand vowels and syllables shouted directly into the ear.

The author regards the deafness as due to a toxic acoustic neuritis rather than to a direct implication of the eighth nerve by the trichinae.

M. C.


A case of this condition is fully described; it consists of painful paraesthesiae in the area supplied by the external femoral cutaneous nerve. Since the affection is chronic and may recur even after the divided nerve has regenerated, the author advises section of the nerve above Poupart’s ligament and avulsion of the distal end by a technique which he describes.

R. G. G.

**PROGNOSIS AND TREATMENT.**


Meningitis is one of the most fatal complications of fracture of the skull. Nevertheless the authors are able to bring forward three cases which recovered. In the first case coliform bacilli were found in the cerebrospinal fluid; in the second case haemolytic streptococci, while in the third the fluid, although purulent, remained sterile. In the first and third cases a fixation abscess produced by an injection of turpentine appeared to have a beneficial effect.

J. G. G.

**Psychopathology.**

**NEUROSES AND PSYCHONEUROSES.**


This study was of 3,000 children of both sexes, ranging from one to seventeen years of age. An examination of the data showed that fingernail biting under the age of three does not occur. The tendency first begins to manifest itself during the fourth year, rises slightly in the next, and then suddenly jumps up at age six, from which year it maintains a fairly constant level until puberty. At age twelve for girls and age fourteen for boys the percentage once more