NEUROPATHOLOGY.


Dr. Berlucchi has performed a most useful task in making a long and detailed histological examination of the cell- and fibre-changes of the corpus striatum in persons dying of a number of different diseases and at different ages. It is clearly impossible to assign pathological importance to cell-changes attributed to a particular disease-condition if in point of fact such changes are either incidental on the one hand, or non-specific on the other. The paper is full of interesting information in regard to these points, and merits attention, more especially in view of the tendency to assign all kinds of clinical syndromes to disease of the ganglion. Dr. Berlucchi proves how susceptible are striatal cells, both large and small, to all sorts of general disease-states, and how they vary in their reactions from individual to individual; he demonstrates the occurrence of satellitosis in subjects who have succumbed to non-nervous diseases, and stresses the non-pathogenic significance of pigment and other abnormal colourable substances found in the ganglion under similar circumstances. For example, he shows how pigment considered by some characteristic of paralysis agitans is present in persons dying of some totally different affection.

There is much here of importance; the general conclusion imposes itself, that correlation of clinical and pathological findings must be undertaken with particular caution and circumspection where the corpus striatum is concerned.

S. A. K. W.

[154] Anatomico-pathological observations on ependymitis (Osservazioni anatomo-patologiche sulle ependimiti).—P. REDAELLI. Riv. di pat. nerv. e ment., 1930, xxxvi, 100.

The author from an abundance of human and experimental material has compiled a series of observations on the anatomico-pathological alterations of an inflammatory nature of the lining of the cerebral ventricles. He has studied inflammation of the ependyma in acute non-specific infections such as those which accompany acute meningitis and meningoencephalitis. A new light has been thrown on the study of acute and chronic tubercular lesions. The mechanism of origin of ependymal tuberculosis is clarified and two particular sources of infection have been distinguished: (1) a direct way by the exposure of the ventricular surface to infecting material, and (2) the
vascular, viz., perivascular propagation of the virus along the cerebral vessels coming from the meninges or from a circumscribed focus in the nervous system. The author describes the pathological picture of acute and subacute ependymal inflammation in actinomycosis, studied with experimental material. He points out the necessity of distinguishing between inflammation of the ependyma and disease of the ependyma. The first comprises the acute or chronic forms which always show a histological picture of inflammation; the second includes those forms which do not show inflammatory nature and structure, but which are due to dystrophic factors, to vascular sclerosis, to chronic mechanical or chemical irritations. They may, however, also be the ultimate result of inflammation of the ependyma, e.g., the diseased ependyma of chronic internal hydrocephalus, congenital or acquired, the diseased ependyma of old age whether of the common granular or of the reticulated form, and hypertrophic, nodal, and varioliform conditions.

R. G. G.


Numerous well reproduced microphotographs show the distribution of the spirochætes through the different strata of the cerebral cortex in relation to the vessels, the neurones and the neuroglia.

R. G. G.


The micro-M.K.R. (Meinicke clarification reaction) has been done on 1,350 cases, 175 of these being selected for comparison with other tests, these others being the macro-M.K.R., the original Sachs-Georgi, the Burroughs Wellcome Sachs-Georgi, the Sachs-Witebsky and the Wassermann, performed on an average five at a time on each serum. Cerebrospinal fluid was tested in 170 of these cases by means of an average of four of these reactions and also by six usual chemical tests. The cases included 58 non-syphilitics, 38 syphilitics (not general paralytics), of which 17 had been treated, 26 general paralytics before treatment and 58 paralytics after malaria. Disagreements between these tests occurred (in blood) in 86 cases, of which four were non-syphilitics, 5 untreated syphilitics, and 77 treated (including general paralysis). Noteworthy points were:—(a) the micro-
M.K.R. and the macro-M.K.R. were only once wrongly negative; (b) the Sachs-Witebsky was never wrongly positive, and was more sensitive than the original Sachs-Georgi, but not than the Wassermann; (c) the B.W. Sachs-Georgi was the most unsatisfactory and gave most ‘doubtfuls,’ whilst the macro-M.K.R. and Sachs-Witebsky gave least; (d) the M.K.R. reactions were superior to all others in sensitivity. A routine procedure is suggested, consisting of applying a micro-M.K.R. to all admissions, and testing the positives by means of a macro-M.K.R. By this means a correct diagnosis is likely to be arrived at in at least 99.7 per cent. of cases.

C. S. R.

SENSORIMOTOR NEUROLOGY.


In this communication an endeavour is made to differentiate a syndrome for growths implicating the apex of the temporal bone. These tumours, generally malignant, come from the nasopharynx or are metastases of distant carcinoma, or may spread from middle or posterior fossa. The clinical syndrome combines three sets of symptoms, viz., auricular, trigeminal, and that of the abducens. In the ear are ‘otitic’ symptoms produced by stasis; the trigeminal group comprises involvement of motion and sensation in the region of the fifth, Arnold’s nerve, and sometimes the n. petrosus superficialis major. A comparison of the syndrome with others derived from lesions in the vicinity of other structures and foramina near the temporal apex follows.

S. A. K. W.


Between the years 1920-1930 an unsuspected or undiagnosed brain tumour was discovered 57 times in 2,054 autopsies on the head at the Hufeland hospital. For these cases, the diagnosis had been arteriosclerotic softening in 88, cerebral syphilis in 12, disseminated sclerosis in 4, and others in still smaller numbers. The causes for the mistakes in diagnosis were various, among which may be noted sudden onset of symptoms as with a stroke, the old age of some of the patients, a course identical with that of