ABSTRACTS

Syphilis; nulliparae showed 63 per cent. asymptomatic, 29 per cent. parenchymatous, and 8 per cent. meningovascular neurosyphilis; multiparae showed 54 per cent. asymptomatic, 38 per cent. parenchymatous, and 8 per cent. meningovascular neurosyphilis. When arranged in the age groupings the nulliparae showed a preponderance of cases in the third decade (ages 20 to 29) and a very small percentage after 40 years of age. In contrast, the males and multiparae showed the peak in the fourth decade (ages 30 to 39) with a much higher incidence after this period than in the case of the nulliparae. A detailed analysis of the incidence of each clinical type in each age grouping is shown in tables.

R. G. G.

PROGNOSIS AND TREATMENT

[112] Epilepsy and surgical therapy.—WILDER PENFIELD. Arch. of Neurol. and Psychiat., 1936, 36, 449.

Surgical therapy demands the most exhaustive preliminary study of the pathological anatomy involved, and no surgical procedure should be countenanced unless it is directed by rational analysis of the individual aetiologic problem. In idiopathic epilepsy each seizure is probably initiated by a discharge in the grey matter, which is just as focal as that in the cases of epileptiform seizures which result from a gross lesion of the brain. There may be nothing in the outward manifestation to distinguish one form of convulsion from the other. But the initial clinical problem is to discover whether or not a gross lesion exists in the brain as well as what pathological influences may play on it. When history, examination or pattern of attack suggests the possibility of a focal lesion, an encephalogram should be made and an attack observed.

In essential epilepsy there is no gross organic defect of the brain, but there is nevertheless a common organic abnormality, which may be described as cerebral vasodilatation. This irritability of cerebral vessels is found also, although to a less extent, in focal epilepsy with a gross lesion of the brain.

Conclusions regarding the more important methods of surgical treatment proposed for essential epilepsy may be summarized as follows:

1. Cervicothoracic sympathetic ganglionectomy has failed, except perhaps in the occasional case in which the condition is associated with obvious abnormality of the sympathetic nervous system.

2. Removal of the carotid body and denervation of the carotid sinus are as yet without theoretical justification except in the rare case of demonstrably abnormal carotid sinus reflex. Nevertheless, the practical results secured by Lauwers demand further consideration.

3. Subtemporal decompression should be carried out only occasionally as an incident to craniotomy undertaken for other purposes or in the rare
instances of chronic collection of fluid in the subdural space, in which case the procedure may result in cure.

4. Spinal insufflation of air or oxygen in the author's clinic has been effective as a therapeutic measure only for patients under 16 years of age whose seizures have occurred for four years or less.

Epileptiform seizures secondary to lesions of the brain may appear at any age, but when they make their first appearance in adult life the cause is tumour or cicatrix in the majority of instances in the author's experience. Such cases call for surgical therapy. The incidence of epileptiform seizures among patients with tumour of the brain is about the same as the incidence among patients who have meningoencephalic cicatrix from a perforating injury to the brain, although the figures from different clinics vary. On the other hand, in the author's experience the operative excision of such cicatrices and of areas of focal atrophy gives an even better result from the point of view of cessation of attacks than does radical extirpation of the more benign types of tumour.

The author's results are as follows: After radical excision of meningo-encephalic cicatrix (22 cases) 46 per cent. of the patients have remained attack-free and 32 per cent. are markedly improved. After radical excision of areas of focal atrophy and focal cerebral cicatrix (22 cases) 41 per cent. of the patients are attack-free and 32 per cent. are improved. The figures for the two most favourable subtypes of brain tumour may be compared with these, selecting only those instances in which seizures were present before operation and in which the patient could be followed satisfactorily up to the time of writing. There were 12 such patients with meningeal fibroblastoma, of whom 5.42 per cent. became attack-free after operation. Most of the remaining patients had fewer seizures than before operation. There were 16 patients living after a removal of a cerebral astrocytoma who had seizures before operation, of whom only two are attack-free (12 per cent.), although most of the others are much improved in regard to attacks.

R. M. S.


Experience over a period of eight years has led the writers to the conclusion that in cases of tumour of the brain roentgen radiation should be used in larger doses. This can be accomplished by one of four methods: (1) by using multiple portals instead of two or three as in the past; (2) by employing fractionated exposures over a prolonged time; (3) by raising the percentage depth dose either by increasing the target-skin distance or by using heavier filters or by a combination of both methods; (4) by devising a safe method of giving therapy into an open cranial wound, thus avoiding
danger to the scalp and bone flap and delivering a much larger quantity of roentgen radiation into the tumour bed.

R. M. S.


Four cases of hydromyelia were submitted to operation as suggested by Pussepp in 1926. They were observed for several years following the operation. Only one patient showed definite improvement, a second did not improve by operation and deteriorated soon afterwards; two cases improved at first but later the disease again progressed.

No beneficial result is to be expected in a case of pure syringomyelia.

M.

Psychopathology

Psychology


These differences in dream contents were studied in 25 men and 25 women by an interview method. It was concluded that women's dreams are much more vivid, more emotional, and contain more elements of fear. Women tend to transfer their worries, love, and otherwise into dreams much more than men. Women dream about their 'boy friends,' while men do not so often dream about the girls they care for. This is accounted for on the basis of a differential operation of the 'censor.' Dreams in married people were fewer and involved less sex contents than those of single persons.

C. S. R.


Changes in mental attitude on the part of a subject are indicated in movements of a balance. These movements are not due to physical movements of the subject, but to physiological readjustments. Physiological research has shown that there are many such readjustments, to no one of which singly can the balance react. For this reason it cannot be used as a