NEUROLOGY

The author next seeks to draw an analogy between the reflex of tickling and the hysterical attack and other phenomena of hysteria. He regards tickling as perhaps the only remaining phenomenon of primordial non-differentiated emotivity, and thinks that in hysteria there is a dissociation liberating similar undifferentiated emotivities, and that the 'pathology' of hysteria may be found to be in a failure of function of the basal ganglia. He does not think that the phylogenetic significance of tickling is teleological, but that it is an expression of primary undifferentiated emotivity to which utilitarian objectives have been added secondarily (defence, eroticism, play, and strife).

R. G. GORDON.

PATHOLOGY.


New findings as to the distribution and genesis of the "patches of disintegration in the form of bunches of grapes" in dementia praecox (Nuovi dati sulla distribuzione e sulla generi delle "zolle di disintegrazione a grappolo" dei dementi precoci).—V. M. BUSCAINO. Ibid., 57.

The author reviews the reports of about 550 autopsies and concludes as follows: (1) In many cases of dementia praecox a predisposition or constitutional abnormality of the central nervous system is anatomically demonstrable. (2) It cannot be asserted that the disease depends on infection from the appearance of the meninges, the vessels, or the cerebral parenchyma. (3) The lesions found are of a degenerative nature. (4) In the cerebral cortex the layers specially affected are the 6th, 5th, and 3rd. The lesions of the various layers do not throw light on the dissociative phenomena of dementia praecox, probably because its fundamental pathological anatomy has not yet been described. (5) The finding of lesions in the corpora striata may be of considerable importance in connection with the genesis of muscular hypertension in catatonic cases. (6) Not uncommonly important lesions are found in the grey matter of the medulla, spinal cord, and sympathetic ganglia which may be of significance in connection with the vegetative disturbances in the disease.

The author considers that the most important changes are the patches of disintegration 'a grappolo' (like bunches of grapes); these are met with in three varieties, whose histological properties he describes, and occur frequently in cases of dementia praecox, but rarely in such conditions as G.P.I., epileptic dementia, etc. They are found chiefly in the white matter of the cortex, less commonly in the basal ganglia, and rarely in the grey matter of the cerebrum or cerebellum. In catatonic dementia praecox the patches are chiefly in the corpus striatum and globus pallidus.

Lesions occur frequently in the dentate nucleus, the olives, etc., and the author thinks these may be associated with cataleptic manifestations. In certain cases with changes in the reflexes corresponding changes have
been found in the pyramidal tracts, etc.; in cases of acute delirium multiple early lesions have been found.

The author gives various proofs that the lesions described by him are not post-mortem developments or artefacts due to fixation in formalin or other reagents. The brains of dogs were examined after poisoning with various substances, and characteristic lesions were found in those poisoned by formic acid—a process inducing one variety of acidosis.

R. G. Gordon.


Scars of the brain are usually formed of glial tissue; but if the lesion is large and near the cortex, connective tissue may also be found in its composition. In some cases the connective tissue shows a considerable excess of fibroblasts and new vessel-formation. This may explain the occurrence of the changes in the case described of a young woman who had been shot in the frontal area by a sporting gun, and five years later developed severe epileptic fits, during one of which she fell and fractured her skull with fatal results. Post mortem a dense fibrous tumour was found which resembled a cheloid and had evidently been actively growing. This may have accounted for the late development of epilepsy, and may throw light on the late developments of severe cranial wounds.

R. G. Gordon.

[74] On the nature of choreiform movements (De la nature des mouvements choréiques).—André-Thomas. Presse méd., 1922, xxx, 25.

The author recites the numerous members of the group of disorders commonly included under the term choreiform movements (Sydenham's chorea or chorea proper, Huntington's or hereditary chorea, chronic chorea, infantile athetoid chorea, post-hemiplegic chorea, encephalitic chorea, etc.). Sydenham's chorea is no longer considered a functional disorder. The association of the rheumatic diathesis with the demonstration of pathological lesions in the nervous system and of changes in the cerebrospinal fluid carries this disorder into the domain of organic diseases. In a former communication, the author has divided the involuntary movements in this disease into two groups: (1) Disordered, irregular, purposeless, involuntary movements which are amenable to rest and to voluntary control; (2) Shock-like contractions which are not so controlled, and which affect particular muscle groups, especially the shoulder muscles.

With a view to the further elucidation of the component factors in choreiform movements, a study of two cases is put forward in which the cinematograph's aid has been used. The patients are two women, who have lesions localized in the hypothalamic region. Both patients present movements which the author considers to be typical of Sydenham's chorea, viz., addition and rotation movements of the limbs. In the
first case the movements do not occur at rest, but are immediately brought out by any movement which disturbs the patient's passivity. In type they resemble the position assumed by decerebrate animals (Sherrington), and also by patients with lesions comparable to decerebration (Kinnier Wilson). They reproduce very closely indeed the movements seen in Sydenham's chorea, while a further similarity is the occurrence of pronounced associated movements in the limbs affected. The onset of the condition was sudden, and suggested a unilateral vascular lesion in the hypothalamus.

In the second case, the movements followed an attack of lethargic encephalitis. Here again nothing is noticeable when the patient is at rest, but the slightest mental effort—as opposed to the physical movement required in the first case—suffices to bring out the movements on the affected side.

The choreic movements in these two cases suggest that the lesion in Sydenham's chorea must have a similar location (namely, in the hypothalamic region), and that choreiform movements represent the uncontrolled reflex activity of the mid-brain.

W. JOHNSON.

[75] Intracranial aneurysm of the vertebral artery.—H. GIDEON WELLS. Arch. of Neurol. and Psychiat., 1922, vii, 311.

The author reports a case of aneurysm of the left vertebral artery which appears to be one of the largest on record. A coloured man, with no evidence of syphilis, but with a history of severe cranial traumatism many years before, died of bronchopneumonia without giving marked evidence of increased intracranial pressure or of any cranial nerve paralysis during his last illness. Necropsy revealed a large vertebral aneurysm, 35 mm. in its vertical diameter, causing much deformity about the cerebellopontile angle, compressing the sixth to ninth cranial nerves, occluding the left vertebral artery, and, by pressure on the aqueduct of Sylvius, causing internal hydrocephalus. The presence of a distinct grooving in the floor of the skull indicated that the aneurysm had been present for a long time.

No adequate neurological examination was made; but three weeks before death, difficulty in speech and swallowing, with decreased vision, were noted. Wells remarks that this aneurysm bears out the statement that intracranial aneurysms are not usually the result of syphilitic ateriosclerosis, but are often associated with a history of antecedent cranial trauma. A fairly complete review of the literature of this subject is made, but the important contribution by Fearnides receives no mention.

R. M. S.

SYMPTOMATOLOGY.


In the author's experience 45 per cent of the persistent sequelæ of epidemic encephalitis are of this type. He cites notes of ten cases, and remarks