basal ganglia. This child was rigid in extension, with opisthotonos and pleurothotonos.

The other was a congenital glioma of the left cerebral hemisphere, which burst through the scalp spontaneously.

M. A. B.

TREATMENT.


This is a very important paper, the contents of which are not sufficiently indicated by its title.

Briefly, the author has been dissatisfied with the critics of the work of Boeke and others, apropos of the function of the sympathetic supply to voluntary muscles. He has carried out a series of experiments mainly in goats, and has shown beyond any reasonable doubt that unilateral section of the abdominal sympathetic chain (grey rami going to nerves for lower limb) profoundly alters the condition of rigidity produced in that limb by appropriate mesencephalic division, or that caused by high spinal division; further, previous section of the rami results in a notable difference in the limb tonus when decerebrate rigidity is subsequently produced. Thus, in his own words, "The hypertonicity and the flexion following transverse section of the cord were profoundly altered in the left lower limb after section of the left abdominal sympathetic trunk. In contrast to the right lower limb the left limb fell into extension and abduction under the influence of mechanical factors, while the knee and ankle jerks were less active. When decerebrate rigidity was produced . . . the most striking differences appeared. The division of the left abdominal sympathetic trunk prevented the onset of decerebrate rigidity in the left lower limb, but the limb participated in the periodical extending movements only to fall into flexion immediately, while all other limbs remained in extension . . . . The length of time between the removal of the sympathetic trunk and decerebration is the factor which alters the character of the observations. The most striking changes were seen in the animal which was decerebrated seventy-three days after the removal of the sympathetic nerves." The results are shown in convincing photographs reproduced in the paper.

The author, moreover, proceeded to substantiate his experimental findings by operation on the human subject. He chose a case of severe left hemiplegia of seven years' duration, from a gunshot wound of the head, and a second case of hemiplegia which had continued for fourteen years.

In the first case he divided the abdominal sympathetic chain on the right side, in particular the grey rami for the nerves (second, third, fourth and fifth lumbar, and first sacral) going to the leg, which was excessively rigid in extension and moved en bloc. Within a very few hours of the operation the rigidity of the right leg muscles had materially diminished, and the author gives an interesting and detailed account of the phenomena as observed by
himself. "Fifty-four days after operation the patient had improved to such an extent that he relaxed the formerly spastic limb almost in a normal manner when walking. The knee jerks were practically equal on the two sides . . . nor was there any sign of abnormal tone in the muscles of the right lower limb."

The results in the second case were even more remarkable. The patient's right arm was useless from permanent rigidity and contracture, so severe that "it was impossible to flex or extend a finger passively, and the extensors of the wrist resisted forceful passive flexion. The wrist jerk was exaggerated and followed by a clonus." The operator avulsed all the grey rami, from the fifth cervical to the first dorsal roots, going to the brachial plexus. "Immediately after the operation it was evident that the former rigidity had been very much diminished. It was possible to flex the wrist passively without any resistance from the extensor muscles. The fingers could be flexed and extended at the interphalangeal joints," etc. Since the operation there has been a remarkable gain in voluntary control of the formerly quite useless hand.

The author deserves to be congratulated on the results in his hands of sympathetic ramisectomy, the clinical no less than the experimental and theoretical considerations being of the first neurological importance. (See also Abstract No. 3, in this issue.)

S. A. K. W.

**Psychopathology.**

**PSYCHOSES.**


In discussing the psychology of kinship and descent in a matrilineal society the author notes that in the Trobrianders the most important factor is the belief that the man does not contribute in any way to the building up of the child's body. These natives are quite ignorant of the man's share in the begetting of children, the father having a purely social definition. Until the child grows up, the word *tama* (father) does not differ essentially from the word 'father' in our sense, but afterwards the child realises that he is not of the same clan as his *tama*, that his totemic appellation is different and is identical with that of his mother. The mother's brother becomes more important than the father, and the father's authority wanes. In a discussion on the male and female organism and the sexual impulse in native belief, it is found that their physiological views are very crude. The eyes are the seat of desire and lust and are the cause of sexual passion. The kidneys are highly important because they are the source of the seminal fluid which, however, does not possess any generative value. No physiological *rôle* is recognised in the testis. While sexual desire resides in the eyes, love or affection springs from...
TREATMENT

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