EPITOME OF CURRENT JOURNALS

ACTA PSYCHIATRICA ET NEUROLOGICA


ALLGEMEINE ZEITSCHRIFT FÜR PSYCHIATRIE UND IHRE GRENZGEBIETE


Nerves to Cerebral Vessels.—By means of staining with methylene blue, it has been possible to demonstrate a rich network of non-medullated nerves in the cerebral vessels down to arteries of a diameter below 0.1 mm. Medullated nerves were only found on the largest arteries. Excellent illustrations. (E. A. C.)

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Bacterial and Chronic Verrucose Rheumatic Endocarditis. W. T. Brüske. 335.
*The Histopathology of the Psychoses with Subacute
Treatment of Schizophrenia with Insulin Shock.—The results of insulin shock therapy in a series of schizophrenic patients are described together with the chief complications encountered in their treatment. In 18 cases with duration of psychosis of under 1 year there were nine full remissions, two social remissions, two improvements and five unimproved. In 16 cases with a duration of over 1 year there was one full remission, two social remissions, three improvements, and 10 unimproved. The authors consider that remissions of good quality can be obtained in 70 per cent. of acute schizophrenia if insulin shock therapy is instituted within 1 year of onset, and that this figure is double that of spontaneous remission.

Metrazol Treatment in Schizophrenia.—Detailed analysis of the 35 cases of schizophrenia treated shows that the factors determining the prognosis are: duration of the disease, age of patient, age at onset, type of disease, whether catatonic, paranoid, or hebephrenic; personality prior to onset; but the most important single aspect is the presence or absence of deterioration. The authors obtain better results with catatonic than with the paranoid type of disease.

Early Effects of Metrazol Therapy in Chronic Over-activity.—Metrazol treatment has been carried out in a group of 42 patients (16 men and 26 women) characterized by chronic excitement over a period of 6 months to 22 years. Treatment was administered daily and terminated when further improvement seemed improbable. The authors found generally, as early effects, that there was marked general improvement after treatment; there was a diminution of over-activity, over-talkativeness, aggressiveness, destructiveness, and incontinence. The necessity for sedation ceased; and about half the patients became capable of productive work.

Histopathology of the Psychoses with Rheumatic Endocarditis.—From an aetiological point of view two types of psychosis with endocarditis can be distinguished: (1) psychosis with sub-acute bacterial endocarditis, dying soon after the onset of mental symptoms; (2) psychoses with chronic rheumatic endocarditis. The first group of cases is characterized by acute delirious mental symptoms and post-mortem histological examination shows numerous miliary abscesses and numerous cocci in the capillaries of the cerebral cortex. The second group of cases may present any reaction type. Some such cases are diagnosed as dementia paratax, others as manic depressives or involitional psychoses. A case has even been classified as senile psychosis. The cerebral lesions consist either of small or large areas of infarction with a normal macroscopic appearance; microscopic examination may show numerous cellular areas, occasional granulomata, and small connective tissue scars.

Adrenalin and Mecholyl in Anxiety States.—The effects of intramuscular injections of adrenalin and mecholyl were investigated in a series of 20 psychoneurotic patients. The patients received an intramuscular injection of 1 c.c. of adrenalin chloride or of 5–25 mgs. of acetyl betamethyl choline. It was found that anxiety attacks typical for the patient were reacti-

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school unable to read, but showed normal intelligence and arithmetic talent. She could copy elementary pictures, but made mistakes in copying script, and experienced considerable difficulty in learning to read up to the age of 17, when quite suddenly within the course of a few weeks facility in reading developed. A third child died in infancy. The fourth, a boy of 13, presented the same symptoms as his alexic sister, with normal intelligence and mathematical faculty. The fifth child, aged 9, also experienced the same difficulty, and had normal intelligence.

Late Schizophrenia.—A study of a man aged 64 exhibiting paranoiac symptoms accompanied by a hallucinatory persecution mania. The psychotc symptoms developed at the age of 51 in a personality that had probably always been hypopa-

noiac. A discussion of this case leads the
authors to the conclusion that presenile psychoses do not necessarily differ in their pathogenesis from psychoses arising in early life, and that many cases resembling the one under consideration are to be regarded as late manifestations of schizophrenia.

Treatment of Dementia Praecox with Tuberculin.—Twenty-six cases of dementia praecox were chosen for this treatment. The duration of the psychoses varied from a few months to 22 years. All the cases were in good bodily state and free from all signs of previous tuberculous infection. The tuberculin was given intramuscularly, a weak dose being preceded by cutaneous allergic tests. In all the cases except three the reaction was strongly positive. The treatment was carried out for three months and crude tuberculin of the Pasteur Institute was used. In 18 cases the administration was oral. The eight others received intramuscular injections of tuberculin. Local and general reactions were insignificant in the injected cases. The results were entirely negative.

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Bad Taste (Cacoguesia). H. H. Hart. 771.


Periarthritis nodosa.—The clinical history in five cases of periarthritis nodosa are presented. In three the peripheral nervous system was widely degenerated; in

one the brain and in one the choroid of the eye was involved. Degeneration of the peripheral nerves appears to be the result of occlusion or marked narrowing of the lumens of the nutrient arteries to the nerves. The degeneration begins as infiltration at higher levels, the infarcts being single, multiple, or confluent. Inflammation of the nerves does not occur. (R. M. S.)

Nucleus Lateralis Medulla.—In macacus rhesus the nucleus lateralis constitutes, with the area nucleus and the nucleus of Clarke and Monakow, a relay system between ascending proprioceptive pathways of the cord and the cerebellum. (R. M. S.)

Metrazol Shock Treatment of Functional Psychoses.—Metrazol shock treatment in this series of patients with "functional" psychoses gave a relatively high rate of recovery for persons with manic-depressive conditions and those without psychosis. For the schizophrenic group, treatment yielded a relatively high rate of recovery only if given within 6 months after onset of


Etudes Cliniques et Considerations Nosographiques sur la "Demenec Precoce." (2). (Clinical studies and nosographic considerations of dementia praecox.) H. Ey and Mme. Bonnafous-Serieux. La Reforme de la Loi de 1838 Vue par un Medicin Directeur de Maison de Sante Privee. (The law reform of 1838 as seen by a medical director of Maison de Sante Privee.) J. Vignaud. 395.
Migraine Headache and Ergotamine Tartrate.—The authors conclude that the head pain of the migraine attack is produced by the distension of cranial arteries and that the termination of the headache by ergotamine tartrate is due to the capacity of this agent to constrict these cranial arteries and thus reduce the amplitude of their pulsations. (R. M. S.)

Human Autonomic Pharmacology.—In the Argyll Robertson pupil the light reflex may be restored in a partial way by instillation of a dilute solution of benzodrine sulphate, ranging from 0·125 to 0·5 per cent., or by repeated subcutaneous injection or oral ingestion of the drug. Under such circumstances the pupil dilates, and while ordinarily only slightly mobile to flash-light, it widens in darkness and constricts in daylight, the movements of dilatation and constriction being slow and deliberate but certain. (R. M. S.)

Experimental “ Encephalitis.”—The present study was undertaken to observe what changes, if any, in the central nervous system result from hypercoagulability of the blood produced experimentally. In experiments continued for some time, the resulting cerebral lesions closely resembled those of certain human “encephalomyelite” —for example, those of the post-vaccinal and post-measles types. (R. M. S.)


*Sensory Discrimination in Monkey, Chimpanzee, and Man after Lesions of the Parietal Lobe. T. O. Putnam, and W. J. German. 919.


The Ayala Index. N. Savitsky and M. M. Kessler. 988.


Role of Vitamin C in Metabolism of Nerve Tissue. H. Worts, S. B. Worts, and F. I. Marsh. 1,055.

Electro-Encephalography.—One hundred and seventeen electro-encephalographic examinations of 55 epileptic patients yielded wide variations in form, with some indications that specific forms may be symptomatic of the neuropathological condition forming the bases of the seizures, the wave forms from over traumatic scars being specific perhaps to this condition and the seizure waves from grossly damaged cortical tissue also being different from those arising on a different pathological basis. (R. M. S.)

Differential Features of “Cerebellar” and “Vestibular” Phenomena.—As a result of experiments performed on over 300 monkeys it was possible to differentiate clinically animals with cerebellar and those with vestibular lesions, thus simplifying the symptom elements associated with lesions of the gross cerebellum. (R. M. S.)

Sensory Discrimination after Lesions of Parietal Lobe.—The authors report the findings in parallel studies of the cortical localization for discrimination of roughness and of lifted weights in monkeys, chimpanzee, and man. (R. M. S.)

Dystonia musculorum deformans.—Four cases of dystonia musculorum deformans are described. The main lesions were in the striatum and dentate nucleus. Status marmoratus and status dysmyelinatus were observed in three cases, and status fibrosus in one. The role of the striatum and dentate nuclei in the causation of extrapyramidal disorders and the relation of dystonia to these dyskinesias are discussed. (R. M. S.)

Astereognosis and Tumours of Foramen Magnum.—Eight cases of a tumour protruding through the foramen magnus with associated unilateral astereognosis are described. In this region tumours may give rise to sensory changes of the so-called cortical type which are probably due to pressure on, destruction of, or interference with the vascular supply of the posterior columns and their nuclei or the region of the decussation of the medial lemnisci. (R. M. S.)

Encephalitis occurring with Vaccination, Variola, and Measles.—Allergy is discussed as an important factor in the pathogenesis of encephalitis associated with vaccination, variola, and measles. (R. M. S.)
Psychiatric Destruction of the Primary Secretion in either the brain or the spinal cord has yielded regarding the descending hypothalamic paths 

**Autonomic Innervation of the Face.** An Experimental Study. F. H. Lewy, R. A. Groff, and F. C. Grant. 1,238.

**Reduction of the Hypothalamus in Cats:** Effects on Activity of the Central Nervous System and Its Reaction to Sodium Amytal. J. H. Masserman. 1,250.


**Convolutions Produced by Electrical Stimulation of the Cerebral Cortex of Unanaesthetized Cats.** J. W. Ward and S. L. Clark. 1,213.

**Sweat Secretion in Man:** I. Sweating Response in Normal Persons. C. F. List and M. M. Peet. 1,228.

**Primary Ventricular Hemorrhage:** Further Contribution to a Characteristic Symptom Group. A. Gordon. 1,272.

**Reduction of Increased Intracranial Pressure by Concentrated Solutions of Human Lyophilic Serum.** J. Hughes, S. Mudd, and E. A. Streeker. 1,277.

**Reduction of Cerebrospinal Fluid Pressure by Concentrated Lyophilic Serum:** Further Observations. D. Wright, D. Bond, and J. Hughes. 1,288.

**Direct Visualization of Dorsal Nerve-roots of the Cauda Equina by means of a Myeloscope.** J. L. Pool. 1,308.

**Descending Connections from Hypothalamus.**—The information which these experiments have yielded regarding descending hypothalamic pathways may be summarized as follows: In the midbrain descending connections which mediate impulses induced by hypothalamic stimulation occupy a wide area in both the central and the tegmental region. At the pontine level the results fail to support any conception of an exclusive or predominant disposition of descending hypothalamic paths in either the periventricular or the midline region. Some connections are present in the medial portion of the pontile region of the brain stem, but sections must be extended practically to the lateral margins of the tegmental formation to abolish the responses to hypothalamic stimulation. If there is any concentration of descending hypothalamic paths at this level, these experiments point toward the pontile tegmentum as containing the area concerned.

Stimulation after hemisection reveals that even as far caudad as the first cervical segment of the spinal cord the connections which carry descending impulses from the hypothalamus are chiefly uncrossed, but that there is a smaller crossed component in the paths concerned with the respiratory and vasomotor effects. (R. M. S.)

**Vascular Pattern in C.N.S. Lesions.—**A study of the vascular architecture in neuro-pathological lesions by the use of Lephepine-Pick and benzidine. (R. M. S.)

**Autonomic Innervation of Face.**—The results of the authors' investigations show that the pseudomotor phenomena of the eyelid, the lip, the whiskers, and the tongue of cats may be elicited by stimulation of (1) autonomic efferent fibres in the sensory root or sensory divisions of the fifth nerve originating in the mesencephalic nucleus of the nerve, and (2) the preganglionic and postganglionic fibres of the cervical portion of the sympathetic trunk. (R. M. S.)

**Reduction of Intracranial Pressure by Lyophilic Serum.**—Concentrated human blood serum was found to be an extremely effective dehydrating agent for reducing intracranial pressure, and its ability to raise blood pressure indicates that it should be useful in the treatment of circulatory failure due to shock and hemorrhage. (R. M. S.)

**Reduction of C.S.F. Pressure by Lyophilic Serum.**—In dogs 8 c.c. of serum per kilogram maintained a reduction in pressure for longer than 20 hours. (R. M. S.)

**Visualization of Dorsal Nerve Roots by Myeloscope.**—An instrument is described which permits direct visualization of the contents of the subarachnoid space within the spinal cord. The dorsal roots of the cauda equina can be entered with ease in this manner, irrespective of their blood-vessels. In addition, the actual flow of blood through the vessels can be perceived. (R. M. S.)

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- *Descending Connections from the Hypothalamus.** H. W. Magoun, S. W. Ramon, and A. Hetherington. 1,127.
- *Convolutions Produced by Electrical Stimulation of the Cerebral Cortex of Unanaesthetized Cats.** J. W. Ward and S. L. Clark. 1,213.
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- *Structure of the Filum Terminale.** I. M. Tarlov. 1.
- *Sweat Secretion in Man:** II. Anatomic Distribution of Disturbances in Sweating associated with Lesions of the Sympathetic Nervous System. C. F. List and M. M. Peet. 27.
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A Method of testing Cortical Function and Sensitivity of the Skin: An aid in Differentiating Organic and Psychogenic Disturbances. W. H. Gantt. 79.

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Dangerous Effect of Thorotrast used intracranially, with Special Reference to Experimental Production of Hydrocephalus. R. M. Stick and D. L. Reeves. 86.

*Metabolic Studies during Insulin Hypoglycemia Therapy of the Psychoses.** M. M. Harris, J. R. Blalock, and W. A. Horwitz. 116.


**Encephalographic Findings in Athetosis.**—In a series of 13 cases of athetosis and dystonia encephalography has been performed. Certain changes appear with considerable constancy in the roentgenograms. They include: enlargement of one or both ventricles, especially at the
expense of the floor of the ventricle: enlargement of the third ventricle in a direction away from the clinically affected side; and enlargement of the basal cistern. Similar changes are occasionally seen in other conditions characterized by enlargement of the ventricles. In general, however, in the cases of athetosis the basal atrophy is more marked as compared with the size of the ventricles and the cortical atrophy than it is in other diseases. Indications for employment of encephalography in relation to diagnosis, prognosis, and operation are discussed. (R. M. S.)

Sweat Secretion in Man (2).—Localized lesions of the sympathetic chain and of its rami lead to circumscribed loss of thermoregulatory sweating. The area of anhidrosis is frequently bounded by a zone of increased perspiration (so-called prelexional hyperhidrosis). The typical areas of anhidrosis which occur after various forms of sympathectomy are described. The postganglionic sweat fibres contained in the grey communicant rami supply the skin in a segmental manner corresponding to the sensory radicular innervation. The thermoregulatory sweating test is a simple and accurate clinical method to determine the extent and site of lesions in the sympathetic nervous system. (R. M. S.)

Vesical Abnormalities in Parkinsonian Syndrome.—Certain patients with the parkinsonian syndrome complain of frequency of micturition. Graphic records of vesical activity may reveal two abnormalities. The resting intravesical pressure is abnormally high both in the empty bladder and during filling. The volume of the bladder is often decreased. The stretch reflex in the muscle is not usually hyperactive. The pathological changes in these patients are not sharply localized or limited to one group of cells or fibres. For this reason, the records of vesical activity are not exactly similar as they are after injury of the corticospinal tracts. The discussion is concerned with the explanation for these differences in vesical activity. (R. M. S.)

Cevitamic Acid Content of Blood Plasma

in Alcoholic Psychoses.—Patients with chronic alcoholism have a diminished cevitamic acid content of the plasma as compared with persons used as controls. In some instances the cevitamic acid level in the blood is as low as that in subclinical scurvy. (R. M. S.)

Magnesium and Potassium associated with Epilepsy.—The plasma magnesium is frequently low during the convulsions of essential epilepsy. The ultrafiltrable magnesium is low more frequently and is proportionately lower than the total plasma magnesium. The plasma potassium increases during epileptic convulsions. The molar potassium/magnesium, especially the ultrafiltrable potassium/ultrafiltrable magnesium ratio, increases during epileptic convulsions. The phosphate and dextrose contents of the blood increase during epileptic convulsions. All these abnormalities are most intense in the severest forms and are less frequent and less intense before and after the convulsions. They tend to return to normal between periods of convulsions. The magnesium and potassium of the cerebrospinal fluid usually remain normal during convulsions. The magnesium content of the cerebrospinal fluid remains higher than that of the plasma; the potassium remains lower. Continuous oral administration of magnesium did not ameliorate nor did potassium chloride aggravate the epileptic seizures. (R. M. S.)

Metabolic Studies during Insulin Hypoglycaemia Therapy.—A study has been made of concomitant metabolic changes occurring during the hypoglycemic state in psychotic patients treated with insulin. In addition to lowering of the blood sugar, changes were observed in amino-acids, potassium, inorganic phosphorus, cholesterol, and serum protein. The importance of some of these changes in the physiologic relations of the nervous system is discussed. The possible significance of a marked and persistent lowering of serum potassium observed in a small group of patients is pointed out. The severity of the changes was not dependent on the size of the dose of insulin administered. (R. M. S.)

Cerebral Pathologic Changes in Schizophrenia.—Removal of specimens of cerebral cortex for biopsy demonstrated that a pathological change affecting the oligodendroglia cells of the brain operates in cases of schizophrenia and manic-depressive psychosis. (R. M. S.)

Sweat Secretion in Man (3).—Sweating responses following subcutaneous injection of pilocarpine and mecholyl were studied in man under physiological and pathological conditions. The influence of obstruction
of the circulation and of various lesions of the nervous system was investigated. When injected subcutaneously, pilocarpine and mecholyl act on the periphery through the circulating blood. They have apparently no effect on the central nervous system. Pilocarpine and mecholyl stimulate the endings of cholinergic nerve fibres. Administered subcutaneously in customary doses, both drugs usually show no visible direct action on the sweat glands. There is evidence that two sets of cholinergic fibres exist: (1) postganglionic sympathetic, and (2) parasympathetic cholinergic fibres. The majority of the cholinergic fibres for the trunk and extremities seem to pass through the thoracolumbar sympathetic system. The cholinergic fibres supplying the head, however, travel largely via cranial parasympathetic nerves. Cholinergic fibres convey nerve impulses indirectly to their end organs by releasing a substance with the properties of acetylcholine. This chemical transmitter may produce an effect on sweat glands, even though the cholinergic fibres (at least those of parasympathetic origin) make no direct anatomical contact with the sweat glands. Sweat glands deprived of their postganglionic sympathetic innervation tend to become hypersensitive to direct chemical stimulation, in particular, the deafferentated sweat glands of the face may show sensitization to acetylcholine liberated by the remaining parasympathetic cholinergic fibres. (R. M. S.)

Intracerebral Blood Flow.—In the parietal area of the cat's brain, with the animal under dial anaesthesia, the following observations were made. The vagus nerve has no direct effect on the blood flow through either side of the brain. Stimulation of the cervical portion of the sympathetic chain causes a decrease in the blood flow on the ipsilateral side. Carbon dioxide is a powerful agent in increasing the blood flow. Inhalation of pure oxygen or hyperventilation with atmospheric air causes a decrease in the blood flow. Epinephrine, ephedrine, and solution of posterior pituitary increase the blood flow secondarily to the increase in blood pressure. Caffeine, acetylcholine, and acetylbetamethylcholine cause an increase in the blood flow, in spite of depressed blood pressure. Amyl nitrite in moderate amounts maintains the rate of blood flow in spite of depressed blood pressure. Histamine decreases the blood flow secondarily to the decrease in blood pressure. Hypertonic solutions of sodium chloride cause an increase in the blood flow. (R. M. S.)

Mechanism of After-contraction.—After-contraction is the involuntary movement which follows prolonged muscular contraction in man. It may be elicited when any set of muscles is voluntarily kept in action for a time against resistance. After relaxation of the contracting muscles and subsequent removal of the resistance, there usually follows an involuntary repetition of the originally intended movement, accompanied by a sensation of lightness or floating upward of the part. It is concluded that the after-contraction is mainly an after-discharge from the cortex or its projection pathways. It is modified by other parts of the nervous system, as is voluntary activity. Suggestions are offered concerning the usefulness of after-contraction as a method of investigating the physiological behaviour of the cortex and of studying drugs used in controlling its excitability. Theoretical views are advanced as to the possible role of after-contraction in habit formation. (R. M. S.)

Moro Reflex and Startle Pattern.—Both the Moro reflex and the startle pattern may be called forth in infants by the same stimulus. While the Moro reflex gradually disappears, being usually gone by the fourth month of life, the startle pattern becomes regular and perseveres throughout life. Examination of the Moro reflex shows it to consist of two phases: a primary extension of the upper extremities and a subsequent flexion or claspimg movement. The primary extension is the important part of the response and the secondary "clamping" movement may represent merely the influence of normal postural habits. It thus seems erroneous to refer to the Moro reflex as an adaptive, protective, clamping response. It is rather a phenomenon representative of cortical immaturity. (R. M. S.)
Beiträge
*Bemerkungen über das join these ganglionectomy) the pathetic denervation
this of the face, or are carried into the cranium via the periarterial plexus of
the internal carotid artery (internal carotid nerve). The trigeminal nerve receives
its sweat fibres distal to the gasserian ganglion. Most of the fibres for the
ophthalmic branch probably enter this nerve intracranially, whereas the fibres
destined for the second and third divisions join these nerves extracranially. The peri-
pheral branches of the fifth nerve contain all sweat fibres for the trigeminal area.
There is no definite proof that the facial nerve carries sympathetic sweat fibres, except
perhaps a few for the auriculotemporal and parotid areas (anastomotic branches from
the auriculotemporal and greater auricular nerves). The intracranial portions of the
glossopharyngeal, the greater superficial petrosal, and the chorda tympani nerves contain no sympathetic sweat fibres.
Perspiration of the face is produced not only by the sympathetic parts of the sweat glands
but by the sudomotor nerve fibres, which are distributed to the sweat glands through their
parasympathetic connections. The sudomotor fibres, however, are not confined
to the face, but are distributed to the body through the sympathetic nerves. There is no
sweat through the superior cervical ganglion.

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parasympathetic connections. The sudomotor fibres, however, are not confined
to the face, but are distributed to the body through the sympathetic nerves. There is no
sweat through the superior cervical ganglion.

*Optically Excitable Cortex in Rabbit.—Treatment of the optically excitable cortex
was studied by recording the characteristic interruptions of the spontaneous rhythm
which followed the application of single maximal electrical shocks to the contra-
lateral optic nerve. Comparisons were made between the extent of the optically
excitable area in histological preparations used as controls and that of the area striata
as delimited in the Rose cytoarchitectonic parcellation of the cortex of the rabbit.
The optically excitable area is more extensive than the area striata as delimited by Rose
in that it extends across the peristriate field (Pstr) medially and may enter area parietalis
3 anteriorly. Laterally, it follows Rose's zone of transition between the striate (Str)
and the occipital (Oc) field to the posterior pole of the hemisphere. (R. M. S.)

Lesions in Vestibular Part of Cerebellum.—The work indicates that localization of
function, based on comparative anatomical facts and afferent fibre connections, may be
be demonstrated to exist in the cerebellum of monkeys and chimpanzees. The similarity
between this syndrome and that seen in cases of cerebellar tumours which originate
in this part of the vermis is mentioned. (R. M. S.)

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Über die pathoplastische und konstitutionsbio-
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Über Geschlechtshäufigkeit, Jahreskurven und
Beginn der Schizophrenie. (Incidence of sex,
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M. Haas. 552.

*Bemerkungen über das Verhalten des Liquor
cerebrospinalis während des Cardiazolkrampfes.
(Cerebrospinal fluid during cardiazol fits.) B.
Niketic and S. Zvonimir. 562.

Psychische Veränderungen bei Lepra. (Psychological
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Zur Frage der Eklampsiepsychosen. (Psychosis in
eclampsia.) H. Stahl. 594.

Cerebrospinal Fluid during Cardiazol Fits.—During
the initial phase of myoclonic twichings, the pressure in the cerebrospinal
fluid commences to increase. The increase is greatest during the tonic and at the
beginning of the clonic phase. The laboratory findings in the cerebrospinal
fluid show no abnormalities. (A. M.)
BRAIN

Pick’s Disease—A Specific Type of Dementia.
J. C. Nichols and W. C. Weigner. 237.
The Thalamus of the Chimpanzee. A. E. Walker and J. F. Fulton. 250.
The Tonic Foot Response to Stimulation of the Sole; Its Physiological Significance and Diagnostic Value. K. Goldstein. 269.
*Note on the Nucleus Ruber Magnocellularis and Its Efferent Pathway in Man. K. Stern. 284.

Efferent Pathway of Ruber Magnocellularis—Retrograde chromatolytic changes were observed in the nucleus ruber magnocellularis (v. Monakow) in serial sections of the midbrain of two cases. One with a transverse lesion of the thoracic cord showed bilateral changes in the nuclei, and the other had changes on the contralateral side only, following thrombosis of a posterior inferior cerebellar artery. Correlating these findings with those observed in animals and with earlier observations on tract degeneration in man it is concluded that a rudimentary paleo-rubrum and rubro-spinal tract exist in man. There has been a phylogenetic deterioration in the size of these structures. (D. J. W.)

Sweat Response to Faradic Stimulation.—Stimulation of the skin of the forearm in man with a faradic current resulted in a local sweat response which was demonstrated by the iodine-starch method of Minor. Study of modifications in the response with lesions in the peripheral somatic and sympathetic nerves suggested that it was dependent on a local axone reflex of the postganglionic sympathetic fibres. It appears that single sympathetic nerve fibres divide near their terminations into many fine filaments which supply a group of sweat glands. A complicated system of axone reflexes can take place through this system of filaments. There appears to be considerable overlap in the distribution of these neurone systems. (D. J. W.)

Fibrillation in Voluntary Muscle.—Simultaneous records were obtained of the electrical and mechanical activity of voluntary muscle undergoing degeneration as a result of various lesions in the muscle, its motor nerve, and in the anterior horn cell. Different types of spontaneous movement result from these different lesions. The fine fibrillation of degenerating muscle discharges from abnormal anterior horn cells and the coarse, slow twitches resulting from intramuscular nerves could be distinguished. The discharge from degenerating anterior horn cells is regular and causes a rhythmic fasciculation which is distinct from the “contraction fasciculation” of voluntary movement. The fibrillation of denervated muscle is extremely fine, and appears to be due to increased excitability of the rapidly conducting portion of muscle fibres to traces of free acetyl-choline in the tissues. The contracture of facial muscles is unique in re-innervated muscle, and appears to be of central origin. The slow undulating fascicular contraction seen in fatigue and in NaCl deficiency are caused by contraction which begins in and spreads throughout the muscle fasciculus. The nature of these different types of involuntary muscle movements have been related to what is known of the anatomy of the neuromuscular mechanism. (D. J. W.)
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Syndrome de Landry et Syphilis. (Landry's syndrome and syphilis.) H. Roger, J. Paulis, and J. Vague. 47.

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Cardiazol à quelques Cas de Schizophrénie. 
(Observations on the cardiazol treatment in certain

cases of schizophrenia.) G. Pamboukis and J. 
Tzanakakis 94.
Contributions aux Études Biotypologiques des la 
Schizophrénie. Les Groupes Sanguins, la Con-
stitution et la Race. (Contributions to the 
biotypological study of schizophrenia: blood 
groups, constitution, and family.) J. Prokop, 
O. Skalickova, and J. Cupik. 104.

JOURNAL OF ANATOMY


Thalamus of Cat after Hemidecortication.
—In four cases of nearly complete hemi-
development in the cat, with varying 
amounts of injury to subcortical structures, 
complete degeneration was found in the 
antero-ventral, ventromedial, ventrolateral, 
arcuate and lateral posterior nuclei, the 
pulvinar and the geniculate bodies. There 
was nearly complete degeneration of the 
lateral anterior and ventral anterior nuclei, 
and partial degeneration of the antero-
dorsal, anteromedial, recticular, medial, 
paracentral, and central lateral nuclei, and 
the centrum medianum, indicating that 
these nuclei have both cortical and sub-
cortical afferent fibres. No cell changes 
were found in the paratentorial, paraventricu-
lar, or central nuclei, or in the group of 
nuclei about the posterior commissure, nor 
was there any definite degeneration in the 
ventral nucleus of the lateral geniculate 
body. (A. G. M. W.)

Posterior Commissure.—An extensive 
amount of material was examined which 
included serial sections of the brains of 
44 human fetuses ranging from 9 mm. to 
9 months, and serial sections of brains of 
21 specimens of vertebrate animals. The 
investigation included the examination of a 
Rhesus monkey brain stained by the Marchi 
method, in which the posterior commissure 
had been cut experimentally. The chief 
connections of the posterior commissure 
were found to be as follows. A ventral 
group present throughout the series, con-
sisting of coarse fibres which in mammals 
connect with the nuclei of the commissure. 
Coarse fibres which connect with the 
tegmental region. Fine horizontal laterally 
placed fibres, possibly providing a striatal 
connection. Fine fibres connecting with 
the thalamus. Fibres connecting with the 
tectum, found only in chameleon and in frog. (A. G. M. W.)

Proprcoceptive Innervation of Tongue.— 
The proximal part of the hypoglossal was 
cut in nine rabbits and time allowed for 
degeneration, varying from 6 to 21 days. 
Except for one doubtful instance, no 
evidence was found to support Tarkhan’s 
suggestion that ganglion cells exist along 
the course of this nerve. Using a pyridine 
silver method on the tongue, no muscle 
spondes were found in the tongue of the 
rabbit or in the prehensile tongues of the 
chameleon (Chameleon dilapis) and the 
tanteer (Myrmecophaga tridactyla). 
The lingual nerve in one rabbit was cut on 
one side and the hypoglossal nerve on the 
other. Pyridine-silver staining revealed nerve 
terminals in relation to muscle fibres of the 
tongue on the side where the lingual had 
been cut, but were absent on the other side. 
The mucous membrane of the tongue and 
mouth was anesthetized with 5 to 10 per 
cent. cocaine in eight persons. All sense 
of position of the tongue was lost in four, 
partial loss in three, and no loss in one case. 
(A. G. M. W.)

Nerve Centres of Extrinsic Ocular Muscles. 
—The oculomotor nucleus in the cat is well 
developed, but its subdivisions are not very 
distinct, a paramedian nucleus is missing. 
The Edinger-Westphal nucleus is clearly 
seen on either side. Its cells resemble those 
of the Tsuchida nucleus both in size and 
shape. The central nucleus of Perlia in this 
animal is concerned with the nerve 
supply of the motor rectus muscle. 
Enucleation experiments resulted in 
chromatolysis in the cells of the nuclei of both 
sides, those of the same side being much 
the most affected. Avulsion of individual 
muscles resulted in chromatolysis in certain 
areas indistinguishably localized from the rest 
of the nuclear cells. Chromatolysis was often 
 bilateral. After enucleation chromatolysis was 
observed in both troclear nuclei, but 
most pronounced on the side opposite to 
that operated upon. (A. G. M. W.)

Sensory Fibres in Ocular Nerves.—The

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third, fourth, and sixth cranial nerves of dogs were isolated and cut, and the central ends stimulated intradurally both electrically and mechanically. Each stimulus gave rise to a reflex rise in blood pressure. It was concluded that sensory fibres were incorporated in these nerves when they emerged from the brain. (A. G. M. W.)

Devascularization of Cortical Areas.—The blood supply of the cerebral cortex in macaque monkeys was investigated experimentally by obliterating the superficial supply from the pial vessels and examining the resultant degenerative changes, and also by isolating cortical areas without interruption of the pial vessels to determine the part played by deep medullary arteries in the supply of the deepest cell lamina. The cerebral cortex receives its entire effective supply from the superficial pial vessels. Ascending vessels from the subjacent medulla are functionally insignificant. Although anastomoses are present, the individual pial vessels function as end arteries. The extent to which subjacent medulla is supplied from superficial cortical vessels varies. In small lesions involving narrow, well folded convolutions, the medullary damage is a minimum, and almost certainly involves only the fibres arising in the devascularized area. In larger lesions, involving the summit of larger, less convoluted areas, the medullary damage extends more deeply and involves the area composed predominantly of the fibres arising from the devascularized cortex. It is concluded that devascularization is preferable to ablation in producing cortical lesions, because it is simpler, just as effective if not more so, does not involve instrumental interference with the cortex, and allows an identical lesion to be repeated. (A. G. M. W.)

Wandering Cells in Cultural Nervous Tissue.—If cultivated by the technique of Fischer and Parker, the free wandering cells around the cultures of retina and brain, which in the first days have the character of "macrophages," transform into "histiocytes." The histiocytes retain their form for months, and divide mitotically. The same cells with the same transformations appear in cultures of non-nervous tissue. (A. G. M. W.)

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*Sur un Processus Nécrotisant Miliaire d’Origine Inconnue, chez Macacus Rhesus, se Présentant Cliniquement sous Forme d’une Cécité. (A necrotic miliary process of unknown origin in the Macacus Rhesus, showing the clinical presentation
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of blindness.) L. v. Bogaert and A. Dewulf. 583.

Nouvelles Contributions au Probleme des Troubles Psychiques dus a des Lesions de la Region Frontale. (Fresh contributions to the problem of psychic disturbances due to lesions of the frontal region.) C. H. KARST. 598.

Le Pentamethylenetetrazol Injecte dans les Muscles a Doses Moyennes et REPetes, Calme Souvent l’Excitation du Melancholeique et Guist de meme l’Eczema, l’Urticaire et ravissemblant d’autres Syndromes de la meme Famille ; Asthme, Nephrite, etc. (Pentamethylenetetrazol injected into muscles in average repeated doses, frequently calms the anxiety of the melancholic and at the same time heals eczema, urticaria and other similar syndromes of the same family: asthma, migraine, etc.) A. Leroy. 613.

Histopathology of Trypanosomiasis.—An experimental study of changes in the nervous system associated with infection by Trypanosoma Gambiencis. Excellent article with many illustrations. (E. A. C.)

Necrotic Military Process with Clinical Presentation of Blindness.—A record with pathological material of an acute encephalitis affecting monkeys. (E. A. C.)


First Report : Psychiatry.

Les Repports Cliniques entre les Encéphalites et la Demence Précoce. (Clinical resemblance between encephalitis and dementia precox.) G. Vermeyleen. 647.

This number is devoted to the reports presented to the Holland-Belgian Congress held at Ghent and Brussels in September, 1938.


A Review of Modern Conceptions of the Structure and Classification of Tumors Derived from the Medullary Epithelium. P. Bailey. 759.


Recklinghausen’s Neurofibromatosis Combined with True Syringomyelia. J. de Buscher, H. J. Scherer, and F. Thomas. 786.


JOURNAL OF CLINICAL INVESTIGATION


Calcium and Phosphorus Metabolism in Diseases of the Thyroparathyroid Apparatus. H. Calcium and Phosphorus Balance (A) Following Therapeutic Radiation of the Hyperparathyroid Gland, and (B) in Hyperparathyroid Patients Treated with Iodine. F. S. Hansman and W. A. C. Fraser. 543.


The Determination of the Cardiac Output in Man at Brief Intervals by a Modification of the Ethyl Iodide Method. J. C. Snyder. 563.

The Cardiac Output and Oxygen Consumption of Nine Surgical Patients before and after Operation. J. C. Snyder. 571.


The Value of the Acid Test Meal : A Study of Normal Persons and of Persons with Duodenal Ulcer. C. S. Welch and M. W. Comfort. 599.

Plasma Interchange. H. Comparison of the Total Base Concentration of the Fetal and Maternal
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Development of the Brain of Amblystoma Punctatum from Early Swimming to Feeding Stages. C. J. Herrick. 13.
Functional Localization in the Cerebellum of Primates. E. H. Botterell and J. F. Fulton. i. The connections of the cerebellum with the lateral, ventral, and deep nuclei. 31. ii. Lesions of Midline Structures (vermis) and Deep Nuclei. 47.

Thalamus of a Dog without a Hemisphere Due to a Unilateral Congenital Hydrocephalus. J. W. Papez and R. W. Rundles. 89.
Thalamic Connections in a Hemidecorticat Dog. J. W. Papez. 103.
The Thalamic Nuclei of Sus Scrofa. O. Soltzky. 121.

Structural Organization of Celiac Ganglia.—The connections of cells in the celiac ganglia, as revealed by study of degeneration preparations, are numerous and very complex. (A. M. B.)

Functional Localization in Cerebellum of Primates.—The results of a very considerable number of experimental operations upon the cerebellum of macaques, baboons, and chimpanzees are reported, with the following main conclusions: (1) Simultaneous unilateral section of all three cerebellar peduncles is followed by conspicuous ipsilateral ataxia, tremor, and disturbances of gait. The equilibrium is disturbed. Ipsilateral hypotonia is only transient and is not very marked. Nystagmus does not persist for more than 24 hours in any animal wherein the vestibular nucleus is undamaged. (2) Complete longitudinal midline splitting of the cerebellum gives rise to serious enduring disturbances of equilibration unaccompanied by much tremor of the extremities. (3) Lesions involving the palaecerebellum only (pyramids, uvula, nodulus, and fastigial nuclei) give rise to serious equilibratory disturbances with only slight tremor and ataxia of the extremities. (4) Enduring tremor of the extremities together with errors of range and direction of movement of the extremities, occurs when the globus and emboliform nuclei are extensively damaged. (5) Unilateral lesions restricted to neocerebellar cortex cause ipsilateral awkwardness of gait and volitional movement, with some hypotonia. Bilateral lesions increase the degree and duration of these defects. The effects are seen equally in upper and lower extremities. No evidence of functional localization within the hemispheres is found. (6) When neocerebellar cortical lesions are accompanied by damage of the dentate nuclei, all the above defects are more marked, and to them are added transient ataxia and tremor. (7) Very extensive functional recovery occurs after all manner of cerebellar lesions in those animal species investigated. (A. M. B.)

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Blood Vascular System of Amblystoma Tigrinum.—In amblystoma there is no evidence of a hypophyseal-portal venous system, such as was first described by Popa and Fielding in man. (A. M. B.)

Proprorceptive Components of Cranial Nerves.—Afferent proropreceptive impulses from the trapezius and sternomastoid muscles travel via the ventral roots of C1, C2, C3, C4, and C5 to their cells in the corresponding dorsal root ganglia. There is no evidence of sensory activity in that portion of the accessory nerve just external to the jugular foramen. These conclusions are chiefly based on the results of stimulation experiments with oscillographic recording. (A. M. B.)

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The Range of Mental Reaction States Influenced by Cardiazol Convulsions. L. C. Cook. 664
Insulin and Cardiazol: Experiences of the Combined Method. L. W. Russell. 672.
Cardiac Complications in Cardiazol Treatment:
Observations in Four Cases. A. Dick and W. McAdam. 677.

Dangers and Emergencies of Insulin Therapy of the Psychoses. L. A. Finieff. 678.

Some Genetical Problems in Mental Deficiency. L. S. Penrose. 693.

Consanguinity and Mental Disorder. T. A. Munro. 708.

The Technique and Complications of Insulin Therapy S. W. Gillman. 718.

*Cardiazol Treatment of Schizophrenia. A. Harris. 735.

Neurological Manifestations Seen During Cardiazol and Insulin Treatments. D. Blair. 776.


Some Observations on Vitamin-C Deficiency in Acute Mental Disorder. F. T. Thorpe. 788.

Home-Sickness and Immigrant Psychoses. Austrian and German Domestic Servants the Basis of Study. I. Frost. 801.

Somatic Functions in Catatonia.—In patients with catatonic psychoses a nitrogen balance sheet is constructed. As a preliminary it is important to eliminate local sepsis. The essential metabolic change in periodic catatonia is periodic variation in nitrogen balance with alternating phases of retention and over-excretion. Stupor or excitement can begin at the beginning or the end of the negative phase of nitrogen balance. This psychosis is benefited by treatment with thyroid extract, given in a dose just sufficient to prevent nitrogen retention. (A. M. B.)

Pharmacological Shocks. — Dementia precox, no matter of what duration or type, receives benefit from treatment by insulin. The results of treatment with insulin are much better than the results obtained from cardiazol alone. (A. M. B.)

Convulsion Therapy with Triazol 156.—In the treatment of dementia precox triazol 156 has many advantages over cardiazol, notably in ease of administration. It is probably equally effective. (A. M. B.)

Cardiazol Treatment of Schizophrenia.—When critically examined the percentage of recovery in a group of schizophrenic patients treated with tetrazol according to Meduna’s method does not appear significantly higher than in a control untreated group. There is some evidence that the treatment hastens remissions when these are on the way, and shortens psychotic episodes. (A. M. B.)

Electro-Encephalogram in Schizophrenia.—The electro-encephalograms of 30 schizophrenic patients have been studied. Eye movements and refusals to co-operate introduce certain difficulties and defects into the records. A certain number of the patients displayed a delta discharge: this was most marked over the frontal lobes of the more stuporose cases. This delta discharge vanished in two cases undergoing cardiazol therapy and in one case of spontaneous remission. (A. M. B.)


of three different regions of grey matter varied directly with Pt. (A. M. B.)

Iron Content of Human Brain.—The content of various forms of iron in different parts of the human brain is recorded, and some values from cases of G.P.I. are included. About 70 per cent. of the iron in cortex and white matter in each situation is “protein iron,” though their percentage content of protein is 47 and 27 respectively. (A. M. B.)

Agenesis of Corpus Callosum.—In the case of a microcephalic, quadriplegic idiot with double optic atrophy, a large fibroma of the left cardiac ventricle and agenesis of the corpus callosum are described. (A. M. B.)

Mechanism of Cardiazol Convulsion.—Amyl nitrite, sodium nitrite, and histamine can prevent the occurrence of cardiazol convulsions. The conclusion is drawn that the mechanism underlying cardiazol convulsions is one of sudden vasoconstriction. (A. M. B.)

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Concrete Model and Abstract Copy: A Psychological Interpretation of the "Closing-In" Symptom of Maye-Gross. W. Muncie. 1.

The Phenomenon of Transference in a Case of Phobia. F. Wittels. 12.


Multiple Sclerosis.—This article deals with the etiological significance of the regional and occupational incidence. The author evidently favours an infectious origin. He discusses familial cases and also cases of apparent congenital multiple sclerosis. No pathological examination of these cases is described. (E. A. C.)

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Psychotherapy and Psychiatry. H. Flournoy. 141.

*A Study of Fifty Cases of Bromide Psychosis. F. J. Curran. 163.

Cerebellar Coma. A. Gordon. 193.

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The Abortion of Recurrent Depressive Psychoses. L. B. Holman. 273.

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Neuropathos of the Cranial Nerves. A. T. Steegmann. 316.


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Morbid Hunger in Relation to Narcolepsy and Epilepsy. M. Levin. 414.


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Olivo-Ponto-Cerebellar Atrophy and Unilateral Involvement of Cranial Nerve Nuclei. C. Davison and I. S. Wechsler. 569.


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Blindness Passed Unobserved for Many Years. W. S. Bab. 327.


Prostigmin in Myasthenia Gravis.—Two cases reacted well at first to prostigmin therapy. In one case tolerance to the drug developed rapidly and the patient died. (E. A. C.)

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Present Day Research Trends in the Field of Human Deficiency. E. J. Humphreys. 474.

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The Treatment of Epilepsy with a Synergistic Combination of Phenobarbital and Belladonna. A. E. Loscalzo. 500.

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An Analysis of the Relation of the Motive Synergy in Act of Fixation of the Glance upon Vision at Short Distance. V. G. Labadze. 81.

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Nerodynamic Cutaneous Vascular Changes in Trauma. V. P. Kuznetzov. 106.

Of the Formulation of the Paragraphs 16 and 15 of Now Existing Lists of Occupational Diseases. A. M. Veger. 109.

The Gyllen Allajuanin Reflex. V. A. Bakhtidarov. 115.

The Treatment of the Peripheral Diseases of the Nervous System by Iosotrophes of Novocaine. N. N. Mikhailov and V. N. Popova. 122.

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The Phenomena of Vasopathias and Their Differentiation from Arteriosclerosis. N. G. Grekovich. 12.
On the Role of the Thalamus Opticus in the Clinic of Sensory Involvement. (On the Genesis of Thalamic Hyperpathias.) G. G. Sokoliansky and E. F. Zeranskaya. 22.
The Problem of the So-Called Comprehensible Relations. E. N. Kameneva. 53.
The Course of the Protracted Contractures in Congenital Syphilis. A. Kh. Adie. 56.
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The Significance of a Calcified Pineal Body in Topical Diagnosis of Brain Tumours. N. N. Althausen. 89.
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On Benign Cysts of the Brain. S. G. Akhundov. 139.

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- The Relation of Contracture to the Increment in the Resting Heat Production of Muscle under the Influence of Potassium. C. G. Smith and D. J. Solandt. 305.
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- Maximum Growth Rate of Capon Comb. C. W. Emmons. 413.
- *The Effect of Hypertonic Solutions on Gastric Secretion and Intraocular Pressure.* R. L. Noble and J. D. Robertson. 430.

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* A Study of the Oral (Orbicularis Oris) Reflex. N. S. Schlezingr. 629.


Acute Heterosexual Inadequacy. J. E. Olman and S. Friedman. 669.


* Neurological Observations in Hypoglycemic States. P. Hoch. 690.

* Subjective Experiences in Patients Incident to Insulin and Metrazol Therapy. H. A. Starks. 699.


* Occurrence of Relapses in Patients Treated with Insulin Hypoglycemic Shock. W. A. Horwitz, J. R. Blalock, and M. M. Harris. 716.


Functional Impairment of the Anterior Pituitary Gland Produced by the Synthetic Estrogenic Substance 4-7 Dihydroyx-y: 6-Diethylstilbene. R. L. Noble. 177.


Chloride Content of Blood Serum and Aqueous Humour.—From a series of investigations in man and in dogs it was found that the chloride ion in the aqueous humour is higher than in serum. The difference between glaucomatic and non-glaucomatic humour is negligible. The aqueous humour is not regarded as a dialysate. (E. A. C.)

Nissl Granules in Nerve Cells.—Following prolonged stimulation no change in the appearance of the Nissl granules of automatic ganglia was found though "fatigue" had got in. (E. A. C.)

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Effects of Cabbage Extracts on Carbohydrate Metabolism. A. D. Macdonald and Wislicki. 249.


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The Physiological Effects of Small Amounts of Lead; An Evaluation of the Lead Hazard of the Average Individual. A. S. Minot. 554.

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* The Use of Intravenous Sodium Amytal in Psychogenic Amenities. M. Herman. 738.

* Testosterone in Male Involutional Melancholia. H. S. Barahal. 743.

Uronic Acids in Schizophrenia and Epilepsy. C. N. Baganz. 750.

Control of Tuberculosis in the Hudson River State Hospital. A. A. Leonoff. 754.

* Water Intoxication in a Mental Case. H. S. Barahal. 767.

Importancia de extensor insulin gradualmente increased except coma the first to Tratamiento de adult life. The Las Poli-Radiculo-Ganglio-Generalizadas. insulin possible are notices and intensity are increased in psychotics and noticeably in dementia precox and paralysis agitans.

Rorschach Method in Insulin Treatment.— Schizophrenics who were treated by insulin were investigated by the Rorschach test. A study of the results before treatment had commenced was made in 25 cases. The much improved patients had personali- ties functioning at a higher intellectual level than did unimproved patients after insulin treatment. Many Rorschach records in the unimproved group resembled records obtained in the cases of organic brain diseases. The improved, much improved, and recovered cases possessed more of the typical schizophrenic characteristics especially with regard to the great unevenness of performance level and the conspicuous absence of interpretations. It was found possible to differentiate between two types of intellectual confusion pointing to a better prognosis, one which is characterized by a rather accurate visual perception of the ink-blot and by a rather fantastic elaboration of these perceptions, and the other type which appears to justify a rather bad prognosis is marked not only by a rather absurd elaboration of the perceptual material, but also by very vague perceptions.

Neurological Observations in Hypoglycemic States.—The skin reflexes are the first to disappear in insulin coma; particularly the abdominals. The deep reflexes follow but in varied individual order. The extensor response is present in all stages of coma except rarely in deep stupor. Forced grasping is sometimes seen in the hypoglycemic state and generally appears when the patient is in the initial state of superficial coma. Nearly all the cases show hypertonia and even spasticity. Incomplete pictures of decerebrate rigidity are occasionally observed. Fragmentary de- cerebrate rigidity such as over-pronation or equino varus are common. Tonic neck reflexes have been occasionally elicited. Patients recovering from coma show an infantile form of rising reaction and positive and negative supporting reactions are frequently seen. Athetochoreiform movements are often released or modified by an external sensory stimulus. Forced crying and laughing without emotional concomitants are observed. Dysasthenia and dyspraxia may occur similar to that seen in pseudobulbar paralysis.

Subjective Experiences in Insulin and Metrazol Therapy.—Insulin patients have no memory of a fear reaction. Metrazol patients find the treatment unpleasant and one-fourth of them admitted to a fear of death in connection with the injections.

Relapses in Patients Treated with Insulin Hypoglycemic Shock.—Relapses occur in a considerable percentage of insulin remis- sions, 8 out of 31 or 25 per cent. When relapsed patients are treated again the majority show favourable responses. No criteria are available as to the type of patient who will relapse.

Intravenous Sodium Amytal in Psychogenic Amnesic States.—Three cases are reported in which negativistic psychogenic amnesic states were abolished by intravenous injections of seven grains of Sodium Amytal.

Testosterone in Male Involutional Melancholia.—Five cases of male involutional melancholia were treated for three to four months with testosterone-propionate with no noticeable improvement in their mental condition and only one showed a physiological sexual response.

Water Intoxication.—A case of water intoxication is reported in which a dementia precox patient drank excessive quantities of tap water, resulting in oedema, coma, convulsions, and subsequent recovery.
Las Mioclonias
Telangiectasias o los Meningite a Torula. (Torula's meningitis.)

Descartes et l'Anatomo-Physiologie du Système Nerveux. (Descartes and the anatomo-physiology of the nervous system.) A. Souques. 221.

Sur un Cas de Paralysie Pseudobulbaire avec "Syndrome Catanatique" chez un Hypertendu Jeune.

*Réflexions à Propos d'un Cas de Myoclonies Vélo-Palatines Consécutives à une Lésion Cérébelleuse Droite avec Hypertrophie des Cellules Nerveuses de l'Olive Bulbaire Gauche. (Considerations of a case of palatal myoclonus following a right cerebellar lesion with hypertrophy of the nerve cells of the left bulbar olive.) J. Nicolesco, O. Sager, and T. Hornet. 301.

Access Cataplectiques Sous-Corticale. (Cataplectic sub-cortical approach.) J. Rothfeld. 317.

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Epilepsie Réflexe. (Reflex epilepsy.) V. Pitha. 178.

(A case of pseudobulbar paralysis with "catatonic syndrome.") R. Strauss. 246.

De la Sémiologie des Olives Bulbaire. (The seminology of the bulbar olives.) N. Zand. 258.


**Palatal Myoclonus.**—Another case of palatal myoclonus with a pathological report is recorded. The lesion situated in the cerebellum is suggested as the possible cause of the hypertrophy of the olive.

(E. A. C.)

**No. 3.**

**September 1938.**


* Tumore Multiplo Cerebrale, Glioblastoma del Ponte e del Corpo Calloso Senza Sintomatologia Psichica. (Multiple cerebral glioblastoma of the pons and of the corpus callosum.) D. Aleisi. 321.


* Sulle Paralisi Motorie da Herpes Zoster. (On motor paralysis in herpes zoster.) F. Rocchi. 346.

Recklinghausen’s Neurofibromatosis.—Four cases of Recklinghausen's disease with marked peripheral and central neurological complications are described. The first showed symptoms referable to the cervical enlargement due to a central neoplasm probably with cavity formation, thus resembling a syringomyelia. The second showed a sacromatous transformation of a nodule in the right lateral cervical region and cerebral symptoms due to multiple neurofibromata in the posterior cranial fossa. The third showed signs of a progressive nervous disease comparable to a poliomyelitis or polyneuritis. In addition there were signs of high spinal (cervical) compression from an extramedullary tumour at a point corresponding to the last right cervical root. In the fourth case besides a spastic paraplegia resulting from a progressive atrophic spinal lesion, there was a complete flaccid paralysis of the left arm from compression of the plexus by the development of an enormous fibro-sarcoma in the axilla. This patient also exhibited an obvious if not gross acromegaly. The author discusses the clinical pathological and pathogenetic feature of the cases.

(R. G. G.)

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(Telangiectases and angiomata of the central nervous system.) T. Fracassi, D. E. Garcia, and A. C. Decoud. 173.


Traumatismo Cranial y Torticollis Psicogeno. (Head injury and psychogenic torticollis.) C. Lambroscini. 187.

Tic Clonico de los Globos Oculares y de los Párpados. (Clonic tic of the eyeballs and lids.) J. Cотler. 200.

**RIVISTA DI NEUROLOGIA (NAPOLE)***

**No. 4.**

**August 1938.**

and cerebral symptoms due to multiple neurofibromata in the posterior cranial fossa. The third showed signs of a progressive nervous disease comparable to a poliomyelitis or polyneuritis. In addition there were signs of high spinal (cervical) compression from an extramedullary tumour at a point corresponding to the last right cervical root. In the fourth case besides a spastic paraplegia resulting from a progressive atrophic spinal lesion, there was a complete flaccid paralysis of the left arm from compression of the plexus by the development of an enormous fibro-sarcoma in the axilla. This patient also exhibited an obvious if not gross acromegaly. The author discusses the clinical pathological and pathogenetic feature of the cases.

(R. G. G.)

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Multiple Cerebral Glioblastomata.—A pathological and clinical study of a multiple glioblastoma of the corpus callosum. The author does not think that the tumour formation can be explained on the grounds of metastases but of antochthonous growth.
of tumours in several localities. Clinically a ponto-cerebellar tumour was diagnosed because the absence of any symptoms pointing to the corpus callosum had negated the suggestion of a multiple tumour. There were no signs of apraxia or psychical alterations although the tumour extended anteriorly and mesially. Careful review of the history shows features which in the light of subsequent knowledge might have been attributable to the callosum but were not sufficient to permit of a diagnosis in its favour. (R. G. G.)

**Spasmodic Scoliosis.**—As a result of the study of a large number of cases the author establishes the rarity of scoliosis in compression of the cauda equina and its common occurrence in protracted idiopathic lumbar pain. This sign is therefore useful in differential diagnosis. As a result of his investigations into the behaviour of the vertebrae in the two forms in relation to the pathogenesis of sciatic scoliosis he reaches the following conclusions. The idiopathic forms should be regarded as manifestations of lumbar arthritis with accompanying neuralgia. This agrees with certain recent work of Putti. The resultant scoliosis should be interpreted as the consequence of contractures and asymmetrical and partial immobilization of the column consequent upon partial and asymmetrical arthritic lesions. The pathological reason for a vertebral rigidity in the mid line which is characteristic of pressure on the cauda equina is to be found in the condition of the endovertebral spaces which demands that there should be a complete immobility of the vertebral column avoiding strain and movement of the roots. Hence the symmetrical bilateral contracture of the muscles. (R. G. G.)

**Motor Paralysis in Herpes Zoster.**—Two cases of motor paralysis in Herpes Zoster are described, one of the abdominal wall—not easily diagnosed—and the other of the face. The various aspects of this condition are discussed and the author points out that when this virus affects cells of the anterior horn it behaves as do other neurotropic viruses, picking out certain groups of cells. (R. G. G.)

**RIVISTA DI PATOLOGIA NERVOSA E MENTALE**

Vol. 51. No. 3. 1938.

**Extract.**—As a result of adding thyroid extract to the food of guinea pigs and rabbits they died in about 20 days presenting diffuse congestive phenomena in the neuromuscular system. This, without showing any modification of the nerve net demonstrated by Donaggio’s method, in accordance with the law of resistance formulated by Donaggio himself. (R. G. G.)

**Chronaxia and Neuromuscular Electrical Reactions in Schizophrenics.**—During the first period the muscles are in a state of hyper-excitability while in the second period they are in a condition of hypoexcitability almost simulating that of myasthenia. (R. G. G.)

**Sugars in Central Nervous System.**—During the first stages of insulin treatment the sugars tend to increase in the central nervous system even though profound coma is produced. Only after several treatments are the sugars reduced to a degree comparable to what happens in other organs. (R. G. G.)

**Acute Syphilitic Meningitis.**—A case in which the symptoms disappeared and serological reactions were restored to normal very rapidly by the intrathecal injection of sodium bismuth tartrate in an oily suspension. (R. G. G.)

**Progressive Paralysis.**—The author seeks to demonstrate that just as in recent years the clinical symptoms and course of progressive paralysis have been milder, so the histopathology presents a different picture.
of less intensity and seriousness of the cerebral lesions. (R. G. G.)

Lymphocytic Meningitis.—A case of Lymphocytic meningitis complicated by hydrocephalus showed an apparently

primary chronic ventricular ependymitis. The author considers that this was an allergic or hyperergic manifestation (of echinococcal cyst present in the liver. (R. G. G.)

Signs of encephalitis suggest that their case was congenital in origin. (R. G. G.)

Multiple Tubercles in Brain.—The author describes a case in which the main symptoms were preceded by a hyperergic hydrocephalus. After dealing with the pathogenetic interpretation of single symptoms, the author insists on the necessity of always remembering the possibility of multiple tumours and that a serious tubercular meningitis taking the form of a hypercephalus may be the alarm signal for a development of multiple tuberculomata whose localizing signs will only declare themselves later. (R. G. G.)

Use of Centrifuge in Lange Reaction.—The time taken in carrying out the tests is considerably reduced and their accuracy is not affected by the use of the centrifuge. (R. G. G.)

Interfascicular Oligodendroglia and Cells of Schwann.—These cells are more varied and more numerous in the adult than in the newborn. It is possible to find cells of the form of Schwann's cells especially in the fetus and in the newborn. The function of secretion of myelin is probably confined to those cells resembling Schwann's cells, the other type seem to have the function of weaving together and support of the bundles of nerve fibres. The secretory function is, however, hypothetical and has never been demonstrated. The identity of the interfascicular oligodendroglial with the cells of Schwann has not been conclusively proved either, nor have the identity of other permyelin and endomyelin structures. (R. G. G.)

SCHWEIZER ARCHIV FÜR NEUROLOGIE UND PSYCHIATRIE

Vol. 41. No. 2. 1938.

*Die Neurosen nach Schädeltraumen. (Neuroses after cranial injuries.) R. Brun. 269.


Etude sur les Névroses Consecutives aux Traumatismes Crâniens. (Study of the neuroses due to cranial injuries.) F. Naville. 482.

Le Problème de la Causalié dans la Névrose Traumatiques. (Problem of causality in traumatic neuroses.) W. R. S. 440.

Über die soziale Auswirkung der Begutachtung von Schädel- und Gehirnverletzungen. (Social effects of the medical report in patients with cranial and cerebral trauma.) H. Meier-Müller. 423.

Die Neurosen nach Schädeltraumen im Lichte der Theorien von Janet. (Neuroses after cranial injuries from the point of view of Janet's theory.) L. Schwartz. 433.
Little'sche Krankheit und Epilepsie. (Little's disease and epilepsy.) M. Biro. 1.

*Individuelle Vorbehandlung zur kollektiven Arbeits- therapie bei schweren chronischen Schizophrenien. (Preparation for occupational therapy in severe chronic cases of schizophrenia.) M. Boss. 15.

Die Wirkung des Insulins auf den normalen Organismus. (The effect of insulin on normal organisms.) J. Druy. 27.

Nachuntersuchungen der in der Heilanstalt Burgholzli-Zürich von 1922-1934 mit Malaria behandelten Paralytiker. (Re-examination of patients with G.P.I. treated with malaria in the Mental Hospital, Zurich, 1922-34.) F. Escher. 37.

Von den Quellen der Querulanz. (Psychology of litigant paranoia.) A. Kiellho1. 58.

*Tryptophanbestimmung im Liquor cerebro-spinalis und deren Ergebnisse. (Estimation of tryptophan in the c.s.f.) M. Kraus and K. Mezy. 77.

*Auftreten eines schizophrenen Schubes nach heftiger Gemütsbewegung. (Schizophrenia occurring after great emotional stress.) R. Mayer. 88.

Büchner's "Lenz." (Büchner's "Lenz.") W. Moos. 97.

Ist die Hysterie eine Krankheit? (Is hysteria a disease?) M. Nachmansohn. 115.

Zur Pathologie und Klinik der Orientierungsstörung im Raum infolge übergroßer linkss seitener Stirnhirntumors. (Pathology and clinical significance of orientation.) F. Pollak. 141.

Schizophrenie et Remissions aprés Insulinotherapie. (Schizophrenia and remissions following insulin therapy.) M.-L. Press. 165.


Parrnertrieb. (Matriumr tendencies.) M. Tramer. 199.

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G.P.I. Patients Treated with Malaria.—134 of the 296 patients treated during the period under consideration died, 16 showed at the time of re-examination a state of full recovery, 81 showed partial recovery, 58 were unimproved, and of seven the fate was unknown. It is demonstrated that the success of the therapy depends largely on the duration of the disease previous to the therapy. The lues reactions in the c.s.f. give a good impression of the success or failure of the treatment. The lues reactions in the blood are insignificant from this point of view. (K. S.)

Estimation of Tryptophan in C.S.F.—A simple method is described to estimate tryptophan in the c.s.f. The reaction was positive in luetic diseases of the c.n.s. It was negative in cases of syphilis which had come to a standstill and in which the other reactions were also negative, or in normal cases. (K. S.)

Schizophrenia after Emotional Stress.—Immediately following an acute outbreak of schizophrenia in a patient of 23 years both his parents developed schizophrenia. Both parents had cases of mental disease in their family tree. (K. S.)

Pathology of Orientation.—A patient with a large left frontal lobe tumour showed a peculiar lack of orientation in space. The sense of spatial relation, especially "right and left", and "above and below", was disturbed, including the patient's own body. She could, for instance, promptly point at mouth, sternum, umbilicus, or abdomen, but not to right or left hand, etc. The phenomenon was analysed from the point of view of its psychology and localization. (K. S.)


Zur Frage der akuten multiplen Sklerose. (The question of acute multiple sclerosis.) H. Kreissel. 83.

Das Zeichnen einer Patientin mit totaler Aphasie. (Drawing in a patient with total aphasia.) A. A. Boon and P. Fetscher. 103.

*Apoplektiformer Krankheitsbeginn bei Hirntumoren (Hirnhilfszustände). (Apoplectic onset in brain tumours (hemiplegic).) A. Stender. 123.

**Hereditätsbeziehungen des Manisch-Depressiven Sistems.**—
The mental history of parents and children of a group of manic-depressives was studied. A high incidence of death from arterio- pathic diseases was found. There was no evidence of social deterioration in the groups. Manic-depressive psychoses were present in 11-5 per cent. of parents and in 22-2 per cent. of children; if doubtful cases and suicides were counted the figures were higher. Schizophrenic disorders formed a small proportion.

**Apoplectic Onset in Brain Tumours.**—
This paper discusses the sudden apoplectic onset in cases later found to suffer from a brain tumour. Twelve personal cases are described, hemiplegia and hemianesthesia are usual, often accompanied by hemianopsia or aphasia. Pressure symptoms, as papilloedema, were usually absent. Death ensued fairly rapidly in most cases. The tumour was found to be a glialblasta multiforme in five cases, the others varied. The mechanism of the onset was discussed. In most cases a marked edema of the brain was present and this is considered to have a bearing on the acute onset.


Insulineinwirkung. II. Neurologische and anatomisch-histologische Beschreibung. (Insulin poisoning. II. Neurological and histological aspects.) G. W. Kasten. 342.

**Epilepsia partialis continua bei Läsion des Stirnhirns und des Thalamus.** (Epilepsia partialis continua from a lesion of the frontal lobe and optic thalamus.) R. Kautsky and E. Stengel. 362.


Über einen zum Gruppe der Myokonulosepsie gehörenden Erkrankungsfall. (A malady belonging to the group of myoclonus epilepsy.) H. Budulsh and J. Vilde. 382.

Haben gynäkologische Erkrankungen eine Bedeutung für die Formen des Sclerambolismus? (Have gynaecological disorders any bearing on the genesis of mongolism?) H. Schröder. 390.

Über Liquorveränderungen nach der Lumbalkpunktion. Zugleich ein Beitrag zur Frage der post-punktionellen Symptome. (Changes in cerebrospinal fluid after lumbar puncture. Also a contribution to the question of post-puncture symptoms.) W. Scheid. 397.


**Status Marmoratus.**—In this paper eight cases showing status marmoratus of the putamen are described in detail, and other cases from the literature are discussed. From the early history of fits, fever, etc., in most cases; from the histological appearances and the nature of the involvement of other regions, it is concluded that status marmoratus is not an inborn developmental defect, but the result of circulatory disturbances. The symptomatology is not uniform, there is usually disturbance of locomotion with atetosis, etc., speech defect, and often mental defect, but these findings are not invariably.

**Insulin Poisoning.** A schizophrenic woman treated by insulin injections fell into coma after her 60th treatment and remained in it till her death 20 days later. She had had prolonged coma on previous occasions. Studies of the blood sugar were made under varying conditions and it was found peculiarly labile. Lumbar puncture did not relieve the coma. At autopsy the pituitary was found enlarged with abnormal vascularity and excess eosinophils. The islands of Langerhans in the pancreas were...
increased in size and number. In various parts of the brain, especially the cortex, Sommer sector and striatum, were ischemic infarcts, cell outfall and increased vascularity. There was general congestion. The theories of insulin action are discussed, especially the relative importance of the toxic and vascular factors.

Critical Observations on Method of Sionimski and Cunge.—A study of agonal and postmortem changes in the blood vessels was made by the Benzidin perhydrol method. Animal brains were examined at varying intervals after death. The changes varied with the size of the vessel and their fulness. Red corpuscles wander out of the vessels, soon after death, till there is hemolysis. In man the post-mortem changes had begun about three days after death.

Diabetes Insipidus.—This paper is based on detailed anatomical studies of the pituitary stalk and its connections. The current view of the nervous structure of the stalk is criticized by the author who finds that the vasculature follicles which have been described by a number of authors and believes that the structures so described are in reality composed of glial fibres. A number of myelinated fibres were, however, found, but the small number of such fibres makes it improbable that these represent connections between the supra-optic nuclei which contain 140,000 cells and the stalk which according to the author contains only 5,500 fibres. Degeneration experiments and histological evidence from human post-mortem material furnish further support for the author’s denial of such connections. A case of diabetes insipidus due to a suprarenal tumour is described and the diagnosis discussed. In the author’s opinion diabetes insipidus is caused by a lesion of the glandular elements of the stalk which are responsible for the production of Adiuretin, but at the same time the anterior lobe must not be completely destroyed, for this lobe elaborates a substance which promotes diuresis and appears essential for the appearance of the syndrome. Lesions of the tuberal region or of the myelinated fibres contained in the ventral part of the stalk may also cause diabetes insipidus. (G. J.)

Pathophysiology of C.S.F. Circulation.—The high albumen content of cerebrospinal fluid found in various conditions is usually explained as being due to transudation from congested veins and as being directly derived from neoplastic tissue. In many instances, however, this theory is found to be unsatisfactory and Schaltenbrand believes that the velocity of the liquor circulation, a factor which has so far been neglected, plays an important role in determining the chemical composition of the fluid. A model
Deviations of Anterior Cerebral Artery.—
The German school of neurosurgeons attaches supreme importance to the antero-posterior view in the evaluation of angiograms. In the present article the effects of local and remote pressure on the course of the anterior cerebral artery are analysed in detail. Remote pressure will produce a shift of the vertical portion (in the A.P. view) of the artery whilst the tethering of the vessel by its branches will give this portion a wavy outline. This happens particularly at the site of origin of the frontopolar artery giving rise to an angulation of the vessel, the so-called frontopolar sign. Another such angulation may be produced by the free margin of the falx, the "falx-sign." The effects of tumours in various situations are described and illustrated with very helpful diagrams. (G. J.)

**BOOK REVIEWS**

**THE PITUITARY GLAND**

From the Proceedings of the Association for Research in Nervous and Mental Disease

(Williams and Wilkins, Baltimore. 1938. 45s.)

In all 42 papers are presented which deal with the anatomy and physiology of the gland and certain clinical aspects associated with dysfunction of the gland. Medical men who are interested in this subject will find this book valuable, as the survey of the subject is a wide one. It is to be hoped that further volumes of this series may reach the public at an earlier date after the meeting at which the papers are presented. The lapse of 21 months between the presentation of a paper and its publication is a long one, and the acquisition of new knowledge during these months may render a paper out of date.

**CAUSES OF CRIME**

Arthur E. Fink

(Oxford University Press, Sir Humphrey Milford. 1938. 14s.)

Most of the best-known sources of information dealing with the etiology of crime and its associated problems are of European origin. The author has here presented an account of the American contributions to this subject, issued during the period 1800–1915. The resulting monograph is a very thoughtful and detailed presentation of the studies, prosecuted more especially along anatomical, psychological, and genetic channels. All students of criminology will value this work and appreciate the author's painstaking and meticulously documented compilation. Its sole drawbacks are to be found in the self-imposed limitations of the work.