EPITOME OF CURRENT JOURNALS

ACTA PSYCHIATRICA ET NEUROLOGICA

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.)

ALLGEMEINE ZEITSCHRIFT FÜR PSYCHIATRIE UND IHRE GRENZGEBIETE

Erbliche Fallsucht, Erfahrungen bei Erbgesundheits-begutachtungen. (Hereditary epilepsy. Experiences from reports on sterilization.) F. Laubenthal. 197.

Disappearance of the EEG after insulin shock therapy in chronic schizophrenic psychoses. (Insulin shock therapy in chronic schizophrenic psychoses.) H. Frösing and H. Thomé. 139.

Über Trigeminusneuralgie und ihre Ursachen, insbesondere ihre Beziehung zu Zahn- und Kieferleiden. (Trigeminal neuralgia and its causes, especially in relation to diseases of the teeth and jaw.) M. Melchior. 163.

AMERICAN JOURNAL OF PSYCHIATRY
Vol. 95. No. 2. September 1938.


Bacterial and Chronic Verrucose Rheumatic Endocarditis. W. I. Bruck. 335.

The Early Effects of Metrazol Therapy in Chronic Psychotic Over-Activity. L. H. Cohen. 327.


The Effective Use of Phenobarbital and Benzodrine Sulfate (Amphetamine Sulfate) in the Treatment of Epilepsy. B. Cohen and A. Myerson. 371.


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, 3 improvements, and 10 unimproved. The authors consider that remissions of good quality can be obtained in 70 per cent. in 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 was 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 precox, others as manic depressives or involutional 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 reactivated by adrenalin in six patients and by mecholyl in five cases.

ANNALES MEDICO-PSYCHOLOGIQUES


No. 2. July 1938.

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 persecutory mania. The psychotic symptoms developed at the age of 51 in a personality that had probably always been hypoparanoiac. 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 Tuberculins.—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 tuberculins were administered 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.

ARCHIVES DE NEUROLOGIE, BUCAREST
Vol. 2. No. 3. October 1938
La "Démence Précoce" ou la "Schizophrénie" . (Are dementia praecox and schizophrenia one disease?) H. Baruk. 256.
L'Importance du Système Neuro-Végétatif dans la Myasthénie Bulinaire. (The importance of the vegetative nervous system in bulbar paralysis.) A. Salmon. 266.

ARCHIVES OF NEUROLOGY AND PSYCHIATRY
One 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 infarction at higher levels, the infarcts being single, multiple, or confluent. Inflammation of the nerves does not occur. (R. M. S.)

Nucleus Lateralis Medullae.—In macacus rhesus the nucleus lateralis constitutes, with the arcuata 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 the
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 benzedrine 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 contracts in daylight, the movements of dilation 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 “encephalomyelitis.”—for example, those of the postvaccinal and post-measles types. (R. M. S.)

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 weight in monkeys, chimpanzee, and man. (R. M. S.)

Dystonia muscularorum deformans.—Four cases of dystonia muscularorum deformans are described. The main lesions were in the striatum and dentate nucleus. Status marmoratus and status dystymelitias 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 magnum 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.)
A Primary Ventricular Secretion in medial either the in the descending brain position practically to summarized to tegmental formation occupy level the Cerebral Cortex F. G. Ebaugh, C. H. Barnacle, and J. R. Ewalt. 1,203.


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


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


**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 region in order 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 caudal as the first cervical segment of the spinal cord the connections which carry descending impulses from the hypothalamus are chiefly crossed, and 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 Lepheen-Pick's benzidin. (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 Lyophyl 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 or hemorrhage. (R. M. S.)

Reduction of C.S.F. Pressure by Lyophyl 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 are seen clearly as they leave blood-vessels. In addition, the actual flow of blood through the vessels can be perceived. (R. M. S.)

Structure of the Filum Terminale. I. M. Tarlov. 18.


*Sweat Secretion in Man. II. Anatomic Distribution of Disturbances in Sweating associated with Lesions of the Sym pathetic Nervous System. C. F. List and M. M. Peet. 27.

*Vesical Abnormalities associated with the Parkinsonian Syndrome. O. R. Langworthy. 44.


*Variations in Magnesium and Potassium associated with Essential Epilepsy. A. D. Hirschfelder and W. G. Haury. 66.

*A Method of testing Cortical Function and Sensitivity of the Skin: an Aid in Differentiating Organogenic and Psychogenic Disturbances. W. H. Gantt. 79.


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


Encephalographic Findings in Athetosis.—In a series of 13 cases of athetosis and dystonia encephalography has been performed. Certain changes appear with considerate 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 prelesional 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 thermo-regulatory 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 tract. 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 increases 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 mecholy 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 deafferented 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 cerebral 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 increases 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 persists 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 claspung movement. The primary extension is the important part of the response and the secondary "claspung" movement may represent merely the influence of normal postural habits. It thus seems erroneous to refer the Moro reflex as an adaptive, protective, claspung response. It is rather a phenomenon representative of cortical immaturity. (R. M. S.)


The Cerebral Cortex in Man.—An outstanding contribution to the study of the function of the cerebral cortex based on stimulation of the cerebral cortex in conscious patients. (R. M. S.)

Sweat Secretion in Man (4).—The sweating responses of the face were studied with Minor's iodine and starch method in patients presenting nerve lesions. The distribution of the sympathetic sweat fibres was determined by the thermoregulatory sweating
test. The postganglionic sweat fibres arising in the superior cervical ganglion either pass through the periarterial plexus of the external carotid artery 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 peripheral 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 also by stimulation of so-called cholinergic fibres, which act indirectly by releasing a chemical transmitter, probably acetylcholine. Not only various parasympathetic nerves (fifth, seventh, ninth, and tenth) but some of the postganglionic fibres of the cervical portion of the sympathetic chain have cholinergic properties. A "cholinergic sweating" response can be elicited in two ways: (1) a generalized response of the whole body follows administration of parasympathomimetic drugs, such as pilocarpine or mecholyl; (2) a neurodynamic response, confined to the face, is produced by the gustatory salivary reflex. After degeneration of a peripheral branch of the trigeminal nerve cholinergic, like thermoregulatory, sweating is abolished in the distribution of this nerve. After postganglionic sympathectomy (superior cervical ganglionectomy) the cholinergic response may be diminished, or it may be increased because the deafferentated sweat glands become sensitized to acetylcholine. Gustatory sweating depends on the reflex stimulation of cranial cholinergic fibres. A faint gustatory sweating response is present in many normal persons. Pathological gustatory sweating response is present in many normal persons. Pathological gustatory hyperhidrosis occurs: (1) in sympathectomized areas, probably owing to sensitization to acetylcholine; and (2) as the auriculotemporal syndrome, which is explained by abnormal local irritability of cholinergic fibres. (R. M. S.)

**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 contralateral 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 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.)

---

**ARCHIV FÜR PSYCHIATRIE UND NERVEKRANKHEITEN**


Beiträge zu den Zeichenstörungen autopagnostisch apathischer Kranken. (Disturbances of drawing in autopagnostically and apathetic patients.) L. V. Angyal and B. Lorand. 493.

Über die pathoplastische und konstitutionso- logische Bedeutung der "vegetativen Stigmatisie rung" in der Psychiatrie. (Pathoplastische and constitutional significance of vegetative stigmatization in psychiatry.) J. Hempel. 517.


**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.)
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 faradical 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 acetylcholine in the tissues. The contraction 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.)
CURRENT JOURNALS 77

Inactive Cases of Multiple Sclerosis. S. M. Dillenberg. 190.


The Laterality of Signs and Symptoms in a Series of Pathologically Verified Tumors of the Brain. T. E. Bamford. 201.

Relapsing Juvenile Subdural Haematoma.
—The authors suggest this title for a syndrome which was presented by four cases, reported in detail. Greatest stress is laid on the history and the radiological findings, on which the diagnoses were made. The patients were 6 to 16 years of age and their history gave evidence of an initial injury 5 to 11 years before, with a subsequent injury 2 to 12 months before admission to hospital. In one of the four cases a difficult labour was followed by an enlarged head and slight mental retardation. The other three had had severe head injuries in early life. There were no abnormal signs in the central nervous system after the first injury and indecisive localization signs after the second injury. There was, however, evidence of increased intracranial pressure. The X-ray findings included enlargement of the middle fossa, with raising of the sphenoid ridge and superior orbital plate, with thinning of the post-oral bony landmarks. The ventricles showed slight lateral deviation and tilting. The onset of the abnormality and its presenting signs were indefinite. (D. J. W.)

L’ÉNCEPHALE

Vol. 33 (1).


Syndrome de Landry et Syphilis. (Landry’s syndrome and syphilis.) H. Roger, J. Paillas, and J. Vague. 47.

No. 2. February 1938.

Douloure Centrales d’Origine Bulbo-Protubérantie. (Central pains of bulbar origin.) J. Ajuriaiguerre and G. Duamezon. 77.

Paralysie Générale Évoluant au Début sous le Masque d’une Striatite Syphilitique. (General paralysis commencing in the form of syphilitic Parkinsonism.) H. Claude and J. Cuel. 97.

No. 3. March 1938.

Statique. (Aphasia does not constitute a static disorder.) P. Delmas-Marsalet. 123.


No. 4. April 1938.

Les Corrélations Colloidales dans le Plasma des Schizophrènes. (Changes in the plasma colloids in schizophrenia.) S. Schrijver-Hertzberger. 181.

Essai sur le Rôle de la Syphilis dans le Déterminisme de la Démence Précoce. (The role of syphilis in determining dementia precox.) P. Faveret and J. Rondepierre. 194.

No. 5. May 1938.

L’Électro-encephalographie Clinique. Technique et Résultats du Central Pathological Laboratory of the Maudsley Hospital de Londres. (The electroencephalography clinic. Technique and results from the Central Pathological Laboratory of the Maudsley Hospital, London.) J. Colse. 244.

No. 2. June 1938.


Les Modifications de la Chronaxie Vestibulaire chez les Lapins sous l’Influence de l’Alcool. (Changes in vestibular chronaxie of rabbits under the influence of alcohol.) M. Brun. 46.
*The Thalamus of the Cat after Hemidecortication.*—W. H. Waller. 475.

*The Connections of the Posterior Commissure.*—W. F. L. Keene. 488.

*Observations on the Problem of the Proprioceptive Innervation of the Tongue.*—A. Carleton. 502.

The Innervation of the Ovary, Uterine Tube, Testis and Epididymis.—G. A. G. Mitchell. 508.


*On the Presence of Sensory Fibres in the Ocular Nerves.*—Shaltik Abd-El-Malek. 524.

The Innervation of the Human Gum.—W. Lewinsky and D. Stewart. 531.


Thalamus of Cat after Hemidecortication. —In four cases of nearly complete hemidecortication 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 anterodorsal, anteromedial, recticular, medial, paracentral, and central lateral nuclei, and the central median nucleus, indicating that these nuclei have both cortical and subcortical efferent fibres. No cell changes were found in the paratemporal, paraventricular, 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, consisting 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.)

Proprioceptive 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 spindles were found in the tongue of the rabbit or in the prephensile tongues of the chameleon (Chameleon dilapis) and the anteater (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 medial 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 indistinctly localized from the rest of the nuclear cells. Chromatolysis was often bilateral. After enucleation chromatolysis was observed in both trochlear nuclei, but most pronounced on the side opposite to that operated upon. (A. G. M. W.)

Sensory Fibres in Ocular Nerves.—The
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.)

Vol. 73, No. 1, October 1938.

A Note on the Interparietal Groove in Egyptian Skulls. L. R. Shore. 1.

A Contribution to the Study of the Movements of the Tongue in Animals, with Special Reference to the Cat. S. Abd-El-Malek. 15.


*The Thalamus of the Chimpanzee. IV. Thalamic Projections to the Cerebral Cortex. A. E. Walker. 57.

The Blood Supply of Heart Values in Relation to Endocarditis. W. F. Harper. 94.


*The Production of Cortical Lesions by Devascularization of Cortical Areas. S. Sunderland. 120.


*Thalamus of Chimpanzee.—For an examination of the retrograde cell degeneration in the thalamic nuclei after large and small cortical lesions in the chimpanze the thalamic projection to the cortex was shown to be as follows: (1) The large medial nucleus (nucleus medialis dorsalis) sends its fibres exclusively to the granular frontal cortex (prefrontal region). (2) The ventral nuclei lateralis anterior (anterior half of the lateral nuclear mass) projects to the motor and premotor areas. (3) The nucleus ventralis posterior (ventral portion of the posterior moiety of the lateral nuclear mass) sends its fibres exclusively to the posterior convolution. (4) The projection from the lateral nuclear mass to the central gyri has a precise arrangement. The medial portions send their fibres to the inferior pre- and postcentral convolutions, the lateral portions to the superior part of the central gyri, and the intermediate portions project to the intervening cortex of the pre- and postcentral convolutions. (5) The pulvinar projects to the posterior portions of the parietal and temporal lobes. The nucleus pulvinaris lateralis sends its fibres to the posterior part of the superior parietal lobule; the nucleus pulvinaris medialis to the supramarginal gyrus, and the nucleus pulvinaris inferior to the temporo-occipital region. (6) The anterior nuclei presumably project to the cingular gyrus. (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 laminae. 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.)

JOURNAL BELGE DE NEUROLOGIE ET DE PSYCHIATRIE

Vol. 38, No. 8, August 1938.


*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.
CURRENT JOURNALS

of blindness.) L. v. Bogaert and A. Dewulf. 583.

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


Le Pentamethylenetetrazol Injecté dans les Muscles à Doses Moyennes et Répétées, Calme Souvent l’Insécurité du Mélanchoïque et Guérit de même l’Eczéma, l’Urticaire et vraisemblablement d’autres Syndromes de la même Famille ; Asthme, 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 Gambiense. 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.)

Vol. 38.  

First Report : Psychiatry.

I. Le Rapports Cliniques entre les Encephalites et la Demence Précoce. (Clinical resemblance between encephalitis and dementia precox.) G. Vermeulen. 647.

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

Vol. 38.  

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.


Vol. 38.  

No. 9.  

September 1938.


Les Affections Parenychymateuses du Cervelet et leur Signification du Point de Vue de l’Anatomie et de la Physiologie de cet Organe. (Parenchymatous diseases of the cerebellum and their significance from the point of view of the anatomy and physiology of this organ.) B. Brouwer and A. Biemond. 691.

JOURNAL OF CLINICAL INVESTIGATION

Vol. 17.  

No. 5.  

September 1938.

Calcium and Phosphorus Metabolism in Diseases of the Thyro-parathyroid Apparatus. H. Calcium and Phosphorus Balance (A) Following Therapeutic Radiation of the Hyperthyroid Gland, and (B) in Hyperthyroid Patients Treated with Iodine. F. S. Hansman and W. 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.

Placental Interchange. H. Comparison of the Total Base Concentration of the Fetal and Maternal
Development of the Brain of a Thalamic Connections


Lesions of Midline Structures (vermis) and Deep Nuclei. 47. iii. Lesions of Hemisphere (neocerebellum). 67.

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 Hemidecorticate Dog. J. W. Papez. 103.

Thalamic Nuclei of Sus Scrofa. O. Solnitzy. 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 balance. 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 (pyramis, 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.)


JOURNAL OF COMPARATIVE NEUROLOGY

The Cerebral Cortex of the Cebus Monkey. G. von Bonin. 181.
The Ontogenetic Development and Phylegenetic Significance of the Cortex Telencephali in the Cebus. H. Kuhlenbeck. 273.

Vol. 69. No. 2. October 1938.

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

Proprioceptive Components of Cranial Nerves. —Affereent proprioceptive 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.)

Vol. 84. No. 352. September 1938

The Low-Rate Private Patient and Some Changes. E. R. Gilmore. 596.

Disturbances of Somatic Functions in Catatonia with a Periodic Course, and their Compensation. R. Gieży. 608.


The Influence of Pharmacological Shock on the Psychoses. M. Sanel. 626.

JOURNAL OF MENTAL SCIENCE

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:
The Dangers Neurological Manifestations Seen During Some Genetical Problems in
excitement

Sepsis. Nitrogen balance with alternating phases and Immigrant Concrete retention. (A. M. B.)

The Electro-Encephalogram in Schizophrenia. Cardiazol Treatment of Schizophrenia.-


Somatic Functions in Catatonia.—In patients with catatonic psychoses a nitrogen balance sheet is constructed. As a preliminary it is important to eliminate local sepisis. 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 reflexes 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.)

Brain Phosphatases. — Histochemical and biochemical methods for the estimation of phosphatase in nervous tissue are described. The alkaline phosphatase is firmly united with the tissue. The phosphatase activity of three different regions of grey matter varied directly with Pn. (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 micro-cephalic, 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.)
CURRENT JOURNALS


*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.)

Vol. 88.

Psychol. and Psychiatry. H. Flourny. 141.

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

Cerebellar Coma. A. Gordon. 193.


No. 2.

August 1938.

Bromide Psychosis.—The author reports 50 cases of which 70 per cent. were women; 33 patients had delirium and one marked hallucinosis. Treatment consists in stopping the bromide, giving chlorides by mouth and forcing fluids. (E. A. C.)

Vol. 88.

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


Indices of Body Build, Their Relation to Personality. S. H. Kraines. 309.

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


No. 3.

September 1938.

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 tolarence to the drug developed rapidly and the patient died. (E. A. C.)

Vol. 88.


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


No. 4.

October 1938.

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

Sounds in Language. T. K. Davis. 491.

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

Vol. 88.

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


No. 5.

November 1938.


JOURNAL OF NEUROPATHOLOGY AND PSYCHIATRY,
LENGENDR

Vol. 7.

No. 2.

1938.

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.

The Clinic and Symptomatology of the Hepatolenticular Degeneration. O. A. Hodkarian. 90.


Nerodynamic Cutaneous Vascular Changes in Trauma. V. P. Kuzenev. 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. Bakhtiarov. 115.

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

The Treatment of Epilepsy with Cream of Tartar plus Luminial. J. S. Vinberg. 126.
Vol. 7. No. 3.


The Symptoms of Venous Swelling (Venous Dystrophia) in Congenital Syphilis. A. A. Klykovskaia. 107.

Cerebral Hyperangiosis in Polynuerosis. S. H. Muselian. 110.


The Influence of Phosphor Iontophoresis on the Content of Phosphor in the Central Nervous System. M. T. Pegvin. 130.


A Case of Inherited Hypergenesis of the Muscles of the Forearm. A. G. Panov. 142.

Erythroblastosis in Functional Neurosis. E. J. Kazman. 143.

The Effect of Complete Eclipse of the Sun upon Belief of Psychotic Patients. A. A. Kunzel and V. A. Kunzel. 144.

Vol. 7. No. 4.

The Euphoria Syndrome in Brain Tumors and Its Local Diagnostic Evaluation. N. M. Vazemsky. 86.

The Pathology of the Nervous System in Hypothyroidism. J. V. Diskin. 99.


The Clinic and Pathogenesis of Myotonic Dystrophy. V. J. Avramenko. 122.

Anemias of the Large Cerebral Artery. E. M. Visen. 127.

Vol. 7. No. 5.


Some Experience with Employment of Intracutaneous Injections and Iontophoresis of Novocaine in Diseases of the Nervous System. Y. A. Tuhrin, T. S. Leibovitch, N. N. Mikhailova, and V. N. Popova. 115.


The Clinic of Neuro-Brucelosis. (According to Records of the Kulybysh Clinical Hospital and the Gai Health-Resort of the Orenburg District.) M. A. Mostovilshcher. 128.


A Case of Rare Deformity of the Spinal Cord. B. D. Kaplan. 136.

On Benign Cysts of the Brain. S. G. Akhundov. 139.
JOURNAL OF NEUROPHYSIOLOGY

Vol. 1.

Distribution of Disturbance-Patterns in the Human Electroencephalogram, with Special Reference to Sleep. A. L. Loomis, E. N. Harvey, and G. A. Hobart. 413.
The Fright Reaction after Section of the Facial, Trigeminal, and Cervical Sympathetic Nerves. M. B. Bender and M. A. Kemard. 431.
The Influence of Posture on Responses Elicitable from the Cortex Cerebri of Cats. J. W. Ward. 463.

JOURNAL OF PHYSIOLOGY

Vol. 93.

The Action of Eserine-Like and Curaren-Like Substances on the Responses of Frog’s Nerve-Muscle to Doses of Histamine. The author believes that this result indicates that menigmus does not result from the escape of histamine into the subarcnoid space. (E. A. C.)

Vol. 93.

The Relation of Contracture to the Increment in the Rising Heat Production of Muscle under the Influence of Potassium. C. G. Smith and D. Y. Solandt. 305.
*Synchronized Impulse Discharges from the Involuntary Muscles in Response to a Vibration of the Forehead. F. Echlin and A. Fassett. 312.
The Phase Angle of Normal Human Skin. A. Barnett. 349.
Experiments on the Relation Between the Thyroid Gland and Lactation in the Rat. S. J. Folley. 401.
Maximum Growth Rate of Capon Comb. C. W. Emmens. 413.
*The Effect of Hypertonic Solutions on Gastric Secretion and Intramuscular Pressure. R. L. Noble and J. D. Robertson. 430.

Response to a Vibrating Stimulus.—Cats, rabbits, and frogs were used and nerve impulse discharges were recorded by Dubois’ oscillograph. Tuning forks of frequencies from 85 to 530 vibrations per second were used. It was found that the vibration of a tuning fork will stimulate the ”stretch” receptors in muscle and tendon when the base of the fork is applied to a bone. It is suggested that the synchronized discharges from ”stretch” receptors may be responsible for vibratory sensibility. (E. A. C.)

Intracocular Pressure.—By studying blood pressure, intracocular pressure, gastric secretion and haemoglobin concentration following the administration of 30 per cent. NaCl, the authors found that the intracocular pressure continued to fall while the body tissues were taking up water following the dehydration by the hypertonic solution. It was found that the gastric secretion also diminished and remained low during this period. They conclude therefore that the aqueous humour is not a dialysate, but is the product of a secretory process. (E. A. C.)
Undernutrition and Liver Fat. C. H. Best and J. H. Ridout. 47.
The Electrical Activity of the Cerebellum and Its Functional Significance. R. S. Dow. 67.
Liberation of Acetylcholine by the Perfused Superior Cervical Ganglion. F. C. MacIntosh. 155.

Vol. 94, No. 2.

Vol. 18, No. 4.
Plant Growth Hormones. K. V. Thimann and J. Bonner. 524.

Vol. 12, No. 4.
Psychiatric Classification in a Prison. A. N. Foxe. 617.
A Study of the Oral (Orbiculat Is) Reflex. N. S. Schleisinger. 629.
Acute Heterosexual Inadequacy. J. E. Oltman and S. Friedman. 669.
The Prognostic Possibilities of the Rorschach Method in Insulin Treatment. Z. Piotrowski. 679.
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. Blaieck, and M. M. Harris. 716.
Functional Impairment of the Anterior Pituitary Gland Produced by the Synthetic Estrogenic Substance 4;3 Dihydroxy-α;β-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 glaucomatosum and non-glaucomatosum 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.)

Vol. 49, No. 4.
Effects of Cabbage Extracts on Carbohydrate Metabolism. A. D. Macdonald and Wislicki. 249.
The Suprarenals and the Transmission of the Activity of the Sympathetic Nerves to the Cat. J. Secker. 259.

Physiological Reviews
Vol. 18, No. 4.
Factors Concerned in the Duration of Pregnancy. F. F. Snyder. 578.

Psychiatric Quarterly
Vol. 12, No. 4.
The Use of Intravenous Sodium Amytal in Psychogenic Amnesic States. M. Herman. 738.
Testosterone in Male Involutional Melancholia. H. S. Barahal. 743.
Uronic Acids in Schizophrenia and Epilepsy. C. N. Ragan. 750.
Control of Tuberculosis in the Hudson River State Hospital. A. A. Leonidoff. 754.
Water Intoxication in a Mental Case. H. S. Barahal. 767.
Study of Oral Reflex.—The oral reflex consists of a contraction of the orbicularis oris muscle in response to percussion of the lips. The centre of the lips is the most excitable area. The excitability diminishes progressively from the centre. The oral reflex was studied in a control series of 16 children and 79 healthy adults of all ages. During infancy the incidence of the oral reflex was found to be low and then increased gradually till it reached a constant level of about 59-5 per cent. in adult life. The mean intensity of the response showed an increase proportionate to the increase in age. The incidence 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 personalities 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 decerebrate 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 remissions, 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 praecox patient drank excessive quantities of tap water, resulting in oedema, coma, convulsions, and subsequent recovery.

REVISTA ARGENTINA DE NEUROLOGIA Y PSQUIATRIA


Tratamiento de los Esquizofrenicos por el Metodo de Sakel (Insulinoterapia). Insulino terapia de esquizofrenia.) A. P. Quaranta. 31.

Importancia de los Sintomas Simpaticos Frustos en el Diagnostic de Costilla Cervical. (Importance of concealed sympathetic signs in cervical rib.) T. Fracassi. 83.

El Choc Insulinico en el Tratamiento de los Estados Obsesivos. (Insulin shock in the treatment of obsessive states.) C. Lambruschini. 94.

Tratamiento de la Poliomielitis Anterior Aguda en el Periodo de Regresion de las Paralisis. (Treatment of acute anterior poliomielitis in the period of regressive paralysis.) O. R. Marrotoli. 149.

El Estigma Cronico Tratado por la Sugestion Hipnotica y la Reeducacion Psiquica de su Personalidad. I. Costier. 102.
Profesor Doctor Jorge Marinosco. (Professor Georges Marinosco, 139.
Sobre los Trastornos Fisiopáticos en Neurología de Guerra. G. Berman. 164.
Telangiectasias o Angiomas Simples del Neuro-jejie.

REVUE NEUROLOGIQUE

La Meningite à Torula. (Torula's meningitis.) J. de Buscher, H. J. Scherer, and F. Thomas. 149.
Un Cas de Rage Humaine. (A case of hydrophobia)

Vol. 70. No. 3. September 1938.
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 Catatonique" chez un Hypertendu Jeune.

Vol. 70. No. 4. October 1938.
*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.
Accès Cataplectiques Sous-Corticaux. (Cataleptic sub-cortical approach.) J. Rothschild. 317.

RIVISTA DI NEUROLOGIA (NAPOLI)

Vol. 11. No. 4. August 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. Alessi. 321.
La Scoliosi Spasmodica nella Diagnosi Differenziale fra Lombo Ischialgie Sintomatiche di Compres-
sione della Coda Equina e Lombo Ischialgie Protrattie Idiopathiche. (Spasmodic scoliosis in the differential diagnosis between lumbar pain sympto-
matic of compression of the cauda equina and protruded idiopathic lumbar pain.) C. Masci. 340.
Sulle Paralisi Motorie da Herpes Zoster. (On motor paralysis in herpes zoster.) F. Rocchi. 368.

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 operative 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.)

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

June 1938.
(Telangiectases and angiomata of the centra nervous system.) T. Fracassi, D. E. Garcia, and A. C. Decoud. 173.
Traumatismo Cranial y Torticolis Psicogénico. (Head injury and psychogenic torticolis.) C. Lambruschini. 187.
Tic Clónico de los Globos Oculares y de los Párpados. (Clonic tic of the eyeballs and lids.) J. Cotlier. 200.
of tumours in several localities. Clinically a ponto-cerebellar tumour was diagnosed because of 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 medially. 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 this case. (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 sciatric 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 then 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 guineapigs and rabbits they died in about 20 days presenting diffuse congestive phenomena in the neuraxis but 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.)

**Chromaxia 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.)

**Lymphocyte Meningitis.—** A case of Lymphocyte meningitis complicated by hydrocephalus showed an apparently primary chronic ventricular endymititis. The author considers this that was anallergic or hyperergic manifestation of an echinococcal cyst present in the liver. (R. G. G.)


Il Rapporto delle Sieroreazioni di Takata e di Weltmann con i Fattori Patogenetici della Schizofrenia. (The agreement of the sero-reactions of Takata and Weltmann with the pathogenic factors of schizophrenia.) A. Zella. 66.

*Tubercoli Multipli Encefalici. (Multiple tubercles in the brain.)* A. Romero. 81.


*Sull’Uso della Centrifugazione nelle Reazioni dell’Oro Colloidale di Lunge e del Mastico. (On the use of the centriug in the Lunge reaction and the mastix reaction.)* R. Bozzi. 128.

*Conseguitazione dell’Oligodendroglia Interfascicolare e sua Omologia Cellula Colla Cellula dello Schwann. (The appearance of the interfascicular oligodendroglia and their homology with the cells of Schwann.)* F. Lorenzi. 135.

Interruzione del Sinergismo dei Movimenti Oculari durante il Coma Insulinico? (Interruption of the Synergy of ocular movement during insulin coma.) G. Curti. 171.

**Torsion Spasm with Athetosis.—** The authors have carried out clinical and pathological studies of a case of torsion spasm with athetosis, and illustrated it with many photographs. They found, bilateral atrophy of the caudate nucleus, demyelination of the anterior portion of the left pallidum with diffuse cellular alterations of a chronic regressive type. Status marmoratus of the thalamus was found bilaterally, chronic fibrosis of the right lentriaca and, chronic regressive changes in the olivary nucleus. The authors lay special stress on the status marmoratus of the optic thalamus. The absence of changes in the liver and of signs of encephalitis suggest that their case was congenital in origin. (R. G. G.)

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

Les "Névroses" survenant après les Traumatismes Cranio-Cérébraux. Necessité d’une Révision de la Question. ("Neuroses" resulting from cranio-cerebral injuries, necessity for a revision of the problem.) G. de Morsier. 359.

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

Le Problème de la Causale dans la Névrose Traumatiques. (Problem of causality in traumatic neuroses.) W. Reiser. 410.

Über die soziale Auswirkung der Begutachtung von Schädel- und Gehirnverletzten. (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.

**MULTIPLE TUBERLES IN BRAIN.—** The author describes a case in which the main symptoms were preceded by a hyperergic hydrocephalus. After dealing with the pathogenic 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 hydrocephalus may be the alarm signal for a development of multiple tuberculoma 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 now 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 secretary function is, however, hypothetical and has never been demonstrated. The identity of the interfascicular oligodendroglia 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

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

Les "Névroses" survenant après les Traumatismes Cranio-Cérébraux. Necessité d’une Révision de la Question. ("Neuroses" resulting from cranio-cerebral injuries, necessity for a revision of the problem.) G. de Morsier. 359.

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

Le Problème de la Causale dans la Névrose Traumatiques. (Problem of causality in traumatic neuroses.) W. Reiser. 410.

Über die soziale Auswirkung der Begutachtung von Schädel- und Gehirnverletzten. (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.

*Eigener Selbstbericht über einen Autounfall mit Kommtio und die Folgen bis zum Abklingen der Symptome. (Personal experiences during a car accident causing concussion, and the continuation of the illness until the final disappearance of symptoms.)* M. Tramer. 443.

Selbstbeobachtungen bei einer Commmto cerebri mit negativen Symptomkomplessen. (Personal experiences during cerebral concussion with negative symptoms.)* E. Froy. 447.


Beitrag zur Frage der traumatischen Epilepsie. (The problem of traumatic epilepsy.) E. Katzenein-Sutro. 458.

Die diagnostische Bedeutung der Druckbestimmung in den Netzhautgefassen nach Schädeltraumen.
This number reports the proceedings of the 44th Swiss Neurological Congress in Lucerne, November, 1937, which was devoted to G.P.I. treatment of psychosis. The following papers were of especial interest:

R. Brun.—Brun gives a critical survey of the subject with special consideration to the differential diagnosis between organic and psychogenetic sequelae of cranial trauma, and to compensation neuroses. Dealing with the legal aspect of the latter, he refers particularly to Swiss law and insurance technique. The comprehensive bibliography, however, seems indispensable for everyone interested in the subject.

F. Naville.—It is shown from case histories that post-traumatic neuroses can be classified according to their predominant symptoms: (1) those with unco-ordinated involuntary movements; (2) those with permanent and obsessive memories of the traumatic situation itself; (3) those with general psychasthenic symptoms (phobia, insomnia); (4) emotional neuroses with predominantly visceral symptoms; (5) true psychogenetic psychoses.

H. Brandt and H. Bersot.—An apparatus is described by means of which the modifications of posture reflexes in normal and pathological human subjects can be registered graphically. (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. Fetschier. 103.

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

Über einige Sonderformen des "angeborenen Sprachschwinds. (Klinischer and erbbiologicher Beitrag zur Kenntnis der congenitalen Wortblindheit and Worttaubheit, der Hörstörungen bei Sprachschwinds und der szexodermischen Idiotis. (Unusual forms of congenital feeblemindedness.) (A clinical and hereditary contribution on congenital word-blindness and word-deafness, on disturbances of hearing in the feebled minded and on xerodermic idiocy.) F. Laubenthal. 233.

Über Sprongyomyelie and Teratombildung im Rückenmark (Sprongyomyelie and teratoma formation in the spinal cord.) W. Voss. 289.


Insulinvergiftung. II. Neurologische and anatomiisch-historische Beschreibung. (Insulin poisoning. II. Neurological and histological aspects.) G. W. Kasten. 342.

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


Über einen zu der Gruppe der Myoklonusepilepsie gehörenden Erkrankungsfall. (A malady belonging to the group of myoklonus epilepsy.) H. Budulz and J. Vilde. 382.

Haben gynäkologische Erkrankungen eine Bedeutung für die Ausbreitung des Marmoratus? (Have gynecological disorders any bearing on the genesis of mongolism?) H. Schroder. 390.

Über Liquorveränderungen nach der Lumbalpunktion. Zugleich ein Beitrag zur Frage der postpunktionellen 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.

Inulin 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 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.
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 vascu-
larity. There was general congestion. The theories of insulin action are discussed,
especially the relative importance of the toxic and vascular factors.

CURRENT JOURNALS


Die Katatonie auf Grund katamnestischer Unter-
suchungen. II Teil. Die Erblichkeit der eigent-
lichen Katatonie. (Katatonie from the view point
of catamnestic researches. II. The heredity of
pure katatonia.) H. Schwab. 441.

Studien über Temperatur, Blutbild und Senkungs-
beschwindigkeit der roten Blutkörperchen bei
Sulfonumbehandlung, speziell bei Psychosen.
(Studies on temperature, blood picture and sedi-
mentation rate of the red blood corpuscles during
Treatment with Sulfonin, especially in psychoses.)
I. Blomqvist. 507.

*Kritische Bemerkungen zu der Methode von
Störm and Cunje. (Critical observations on
the method of Störm and Cunje.) J. Dretler.
542.

Studien über den Vitamin-C-Gehalt im Liquor
cerebrospinalis. VI Mitteilung. Über den
Übergang von Vitamin C in den Liquor cere-
brospinalis. (Studies in the vitamin C content of
the cerebrospinal fluid. Part 6. The fate of
vitamin C in the cerebrospinal fluid.) M. Kasahara
and I. Gammon. 551.

*Kritische Bemerkungen zu der Methode von
Störm und Cunje. (Critical observations on
the method of Störm and Cunje.) J. Dretler.
542.

Bemerkenswerte postencephalitische Hyperkinesen.
(Remarkable postencephalitic hyperkineses.) F.
Duensing. 534.

Ausgedehnte Entwicklungsförderung der Grosshirn-

ZENTRALBLATT FÜR NEUROCHIRURGIE

Vol. 3. No. 5. 1938.

*Zur Kenntnis des Diabetes insipidus. (Diabetes
insipidus.) M. Balado. 257.

*Neuberechnungen an Dapathologie der
Liquordrüksulation. (New Views on the patho-
physiology cerebrospinal fluid circulation.)
G. Schaltenbrand. 290.

Die Lage-abweichungen der vorder Hinterseite im
Gehirnbild. (The deviations of the anterior
cerebral artery as seen in the angiogram.)
E. Fischer. 300.

*Über stereoskopische Arteriogramme der Karotis
arteria. (Stereoscopic arteriograms of the internal
carotid artery.) G. Hämster. 313.

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 no myelinated fibres 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 connec-
tions 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 supra-
sector tumour is described and the diagnosis
discussed. In the author’s opinion diabetes
insipidus is caused by a lesion of the
glycemic 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
experiment illustrates what happens when water is made to circulate through a semi-permeable tube which again is surrounded by ink. The concentration of ink in the circulating water will depend on the velocity of the circulation. The rate of production and absorption of cerebrospinal fluid will have an important effect on the concentration of albumen and of lipoids in the fluid. This conception explains the composition of the liquor in various conditions and has lead the author to recognize such clinical states as liquorrhea and aliqurrorhea. The latter produces intracranial hypo-tension and may in elderly subjects be the cause of the so-called hemorrhagic pachymeningitis. Liquorrhea would express itself in a high pressure of cerebrospinal fluid which would be relatively poor in albumen and lipoids. The therapeutic importance of this view is stressed and some illustrative cases are described. (G. J.)

**Deviations of Anterior Cerebral Artery.**—The German school of neurosurgeons attaches supreme importance to the anteroposterior 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.