[134] Cholesteatoma of the spinal cord with some considerations on the cholesteatomata of the cerebrospinal axis (Su di un caso di coelesteatoma del midollo spinale, con alcune considerazioni sui coelesteatomi dell’asse cerebrospinale).—P. Pitotti. Riv. di pat. nerv. e ment., 1930, xxxv, 36.

The case observed by the author is the sixteenth in the literature. The tumour is particularly noteworthy as containing besides the epidermic form of epithelium, hairs, sebaceous and sweat glands and the covering of adipose tissue which brings it nearer to the structure of the skin, all of whose parts it reproduces. The author discusses the origin of these tumours and how they come to be included in the cerebrospinal axis.

He thinks that the malformations (spina bifida, etc.) which frequently accompany them are independent, but that both are caused by a common failure of development.

R. G. G.


The study of six cases has shown in addition to the usual findings of the disease special foci of rarefaction in the lateral columns at the level of the cervical segments, analogous to those found in the posterior columns in pernicious anæmia. If the nature of these foci is the same in both cases, it is suggestive of a toxic origin for amyotrophic lateral sclerosis. The different location of the lesions in the two syndromes may be associated with a different toxin which has a biochemical affinity for a different system of fibres.

R. G. G.

SENSORIMOTOR NEUROLOGY.


Two cases, clinically, seem quite different; however, both show the same essential features: epilepsy and the symptomatological pattern of neurosomatic deterioration. In the first case—that of a child—deterioration developed more rapidly and was more destructive, in nine years leading to the ultimate stage of neurosomatic deterioration, viz. profound dementia and cerebral flexion paraplegia. In the second case—that of a man 66 years of age, with late epilepsy—the neurological picture characteristic of neurosomatic deterioration developed more slowly, was not so dramatic, and the symptomatological pattern was one that could be identified with arteriosclerotic Parkinsonism.
Pathologically, in both cases was found evidence of a primary vascular cerebral lesion which was, in the first case, an acute lesion, viz. meningoencephalitis; in the second case, a chronic lesion, viz. cerebral arteriosclerosis. In both the primary pathological lesion was the starting point of the same chronic degenerative process affecting principally the frontal cortex (third layer) and basal ganglia (pallidum and peduncular-hypothalamic formation). This last chronic degenerative and atrophic secondary process appears to be the most plausible cause of the clinical symptoms of neurosomatic deterioration. The predominant localization of this process in the third layer of the cortex and in the globus pallidus appears to agree with the fundamental features of the clinical syndrome which was manifested by disturbances in the psychomotor sphere, viz. dementia and progressive rigidity.

C. S. R.


The phenomena of the seizure, whatever the indirect underlying cause may be, are directly caused by that process of interference of nerve impulses, with the result of their mutual extinction, which is known as inhibition. Such inhibition is in itself a normal process, to which the phenomena of thought, imagery and dreams owe their existence. Even under normal conditions there is a wide range in the degree of facility with which cerebral inhibition takes place, thus making for the fact that some persons can exert their powers of attention with greater intensity than can other persons. Any condition that will disturb the chemical, physical or mechanical balance of the nervous system, may result in a facilitation of the normal process of cerebral inhibition, with the appearance of epileptic seizures as a result.

C. S. R.


A brief epitome of present views regarding the acute and chronic manifestations of the convulsive state as a whole is here set forth. The writer believes that a direct relationship between fluid intake, its storage and elimination, and major convulsive attacks has been clinically and experimentally established. A rational means of definite fluid balance has also been determined. The results have justified the conclusion that the major form of the convulsive state is a superadded phenomenon associated with hydration and disturbed water-metabolism. Convulsive seizures may be regarded as representing a normal mass-reaction of the motor areas after inhibitory centres have been depressed or released by specifically applied pressure, anoxæmic or exhaustion.
In the series of cases studied the grand mal attacks have gradually receded into Jacksonian or petit mal manifestations as dehydration was accomplished. The petit mal seizures have increased in severity and the zone of response widened as fluids and intracranial pressure have been increased. The assumption is justified that the stimulus capable of producing a petit mal or Jacksonian attack at one time finds a wide field of application and permits a generalized cortical release when inhibitory factors have been removed by pressure secondary to hydrated states.

C. S. R.


The predominance of fundus changes such as neuritis, choked disc, optic atrophy or sudden amaurosis over all other symptoms and signs of epidemic encephalitis in this series of cases, marks this report as more or less unique in the group of encephalitis studies. Another unusual feature observed in this series is the finding of a low sugar content in the spinal fluid in more than half of the cases. Three patients developed, concomitantly with the optic change, temporary psychosis—possibly due to the same encephalitic infection affecting the frontal lobes of the brain.

R. G. G.


In this paper the clinical problem of the localisation of softened foci in the optic thalamus according to vascular distribution is approached. The authors believe it possible to recognise during life the syndrome of the thalamo-geniculate group (the classical thalamic syndrome) that of the thalamo-perforate branch (the mesial syndrome of the thalamus) and that of the pallido-thalamic branch (the thalamo-capsular syndrome). Besides furnishing various original anatomo-pathological data, they report by way of illustration two clinical cases of the thalamic syndrome, one medial and the other lateral, drawing special attention to certain motor disturbances characterised by cramp-like contractions.

R. G. G.


Apart from the intrinsic interest of the two cases here described the value of the paper resides chiefly in its critical analysis of the essential pathogenesis
of the diseases mentioned. The authors are evidently inclined to place them in the group of heredofamilial affections and to assume for the hepatic lesions a basis in a defective 'Anlage.' They discuss at length the rival views relating brain lesions, liver findings, and corneal ring of pigmentation, and dismiss the 'hepatogenic' theory. They are inclined to regard all the phenomena as co-ordinated appearances attributable to mutations in the 'Keimplasma,' to the action of a pleotrophic or polytrophic factor.

S. A. K. W.

[142] Parkinsonian syndromes due to intoxication with sulphocarbons (Les syndromes parkinsoniens par intoxication sulfo-carbonée).—FEDELE NEGRO. Revue neurol., 1930, ii, 518.

SULPHOCARBONS are used industrially in the manufacture of artificial silk, and cases are known of Parkinsonian type occurring in workers handling these reagents. A fresh case is here described, that of a man of 30, who had been employed for four years in the industry and who exhibited characteristic tremors and muscular hypertonia. Analogies with the results of carbon monoxide and manganese poisoning are examined and corroborative examples cited from the literature.

J. V.


A family series of four cases (two male, two female) belonging to the juvenile type of amaurotic family idiocy is described from Brünn in Czechoslovakia; they belong to a Christian stock of German peasant origin. One case narrated in full is that of a boy born in 1910 whose symptoms commenced by dimness of vision about the age of six years. Mental development gradually came to a standstill within a year or two thereafter. Examination showed optic atrophy with retinitis pigmentosa and chorioiditis.

There is provided a convenient summary of the literature on the subject.

A. B.


A hundred and seventy cases with chiasmal syndrome were operated upon by the transfrontal route and the following conditions were found:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pituitary adenomas</td>
<td>54</td>
</tr>
<tr>
<td>Craniopharyngeal pouch cysts</td>
<td>47</td>
</tr>
<tr>
<td>Suprasellar meningiomas</td>
<td>16</td>
</tr>
<tr>
<td>Cases with negative findings</td>
<td>15</td>
</tr>
<tr>
<td>Condition</td>
<td>Pages</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Gliomas of the optic chiasm</td>
<td>14</td>
</tr>
<tr>
<td>Chronic arachnoiditis</td>
<td>13</td>
</tr>
<tr>
<td>Third ventricle tumours</td>
<td>4</td>
</tr>
<tr>
<td>Aneurysm</td>
<td>3</td>
</tr>
<tr>
<td>Cholesteatoma</td>
<td>2</td>
</tr>
<tr>
<td>Sphenoidal ridge meningioma</td>
<td>1</td>
</tr>
<tr>
<td>Angiomatous malformation</td>
<td>1</td>
</tr>
</tbody>
</table>

These are discussed in their respective groups.


A case of solitary tuberculoma is fully discussed and an exhaustive survey of the literature given. The subject is discussed comprehensively from the points of view of etiology, clinical symptoms and signs and possible lines of treatment.

R. G. G.


The pressure of the cerebrospinal fluid in 12 adult cases of hydrocephalus tended to be higher than that in 12 adult cases of microcephalus. Although some cases in the hydrocephalic series gave readings higher than normal, others gave a lower reading. No case of microcephalus gave readings higher than normal, although some cases gave readings lower than normal. The highest occurred amongst the male hydrocephalic cases, whilst the lowest occurred amongst the female microcephalic cases. In both groups the female cases tended to give lower readings than male.

C. S. R.


A fresh case diagnosed during life is described and the importance of eosinophilia in the spinal fluid is pointed out as a pathognomonic sign.

R. G. G.

**PROGNOSIS AND TREATMENT.**


The original hypotheses of ketosis and acidosis in explaining the beneficial effects of the ketogenic diet in epilepsy can no longer be held valid. To test