arterial pressure; (5) elevation or no change in the cerebrospinal fluid pressure; (6) alteration in the venous pressure similar to that of the cerebrospinal fluid pressure; (7) decrease in the pulse rate.

Evidence from various sources suggests that the headache of migraine may be caused, in part, by the dilatation of the arteries in the dura.

R. M. S.

NEUROPATHOLOGY


Two periods may be differentiated in the investigation of infantile amaurotic idiocy. During the era which may be termed the 'morphological' it was established that in this disease exclusively the ganglion-cells are damaged as they arise from the neuro-ectoderm. The meninges and blood-vessels which originate from the mesoderm are unaffected; similarly, the organs of metabolism, the spleen, the liver and the bone-marrow are not involved. For these reasons Schaffer is convinced that amaurotic idiocy is the result of an affection of the ectoderm. Other authors, however, do not agree with this view. In cases of so-called Gaucher's and Niemann-Pick's diseases, the same changes have been observed in the brain as in amaurotic idiocy. For this reason some writers suppose that all these affections are identical. In cases of Gaucher's and of Niemann-Pick's diseases definite alterations have been observed in the organs of metabolism. Kufs has said that all the contrary arguments advanced by Schaffer do not affect the conception of amaurotic idiocy as a local phenomenon of disordered metabolism of colloids and lipoids. In accordance with Kufs, Spielmeyer maintains that amaurotic idiocy is a lipoidosis of the type of Niemann-Pick's disease.

Schaffer terms the second era the 'chemical era.' By chemical investigations Epstein found that in the brain of a case of amaurotic idiocy the quantity of lecithin and kephalin was diminished in comparison with that of a normal brain; while in the brain of a case of Niemann-Pick's disease the quantity of lecithin and kephalin was about double that in a normal brain. From this result Epstein concludes that cases of pure amaurotic idiocy and of Niemann-Pick's disease are different entities. Schaffer, therefore, considers that his opinion is confirmed.

M.


The case described is that of a mentally backward boy suffering from involuntary movements of the upper and lower limbs which dated from
birth. He died from scarlet fever at the age of four years. A condition of typical 'status marmoratus' was found in the putamen and also in the thalamus of both sides. The author considers that the fundamental cause of the condition was an inborn weakness in the basal grey matter of the central ganglia. As a result of either an endogenous or exogenous cause, changes may arise in the tissue of those regions which offer no resistance. The nature of the changes which finally cause a gliosis is not known.

M.


A case is reported of multiple parathyroid tumours one of which gave rise to a massive mediastinal and subcutaneous haemorrhage. The patient had no definite symptoms or signs of hyperparathyroidism, the complaints being related entirely to the haemorrhage. The case proved fatal. At post-mortem examination on each side of the trachea at the level of the clavicle a nodule was found, the larger one measuring 7 × 8.5 × 2 cm, and weighing 22 gm. On incision it was found to be filled with blood which dissected the tumour tissue through the capsule and which was traced to all the subcutaneous and mediastinal hemorrhagic areas. Histologically the parathyroid tissue examined proved to be identical with that of the cases of multiple parathyroid tumour described by Albright and his co-workers.

C. W. D.


On the basis of experimental and clinical observations on the relationship of blood groups to intravenously induced malaria, it is concluded that extravascular agglutination morphologically damages the plasmodium. Intravascular agglutination results in clinical reactions suggestive of plasmodial as well as cellular damage, and the possibility of embolism is noted. Reactions to inoculation, the time of incubation, the character of the fever produced, all depend upon a number of complicated factors, among which the donor-recipient relationship has a definite and appreciable effect. Correlation of blood group is of no great importance in affecting successful infection, and is of little clinical interest in determining primary fever. Blood type plays no definite role in the improvement following malarial and antiluetic therapy in general paralysis. An 'agglutination injury' theory is proposed to explain the disappearance of gametocytes in inoculation malaria.

C. S. R.

Among 80 patients with neuropsychiatric disorders in 18 different diagnostic groups there were no significant abnormal findings in regard to the calcium of the cerebrospinal fluid, the blood serum or an ultrafiltrate of the serum or in regard to the ratios of these quantities to each other.

R. M. S.


An ether-alcohol reaction in the spinal fluid is described. The end-product of this reaction is a flocculent material possessing the properties of a proteose-like substance. This substance is present in all spinal fluids examined.

C. S. R.

SENSORIMOTOR NEUROLOGY


A survey of 86 cases reported in which trauma has preceded paralysis agitans. The author points out that since the syndrome is only a composite picture of symptoms due to involvement of the striato-pallidal system in addition to other regions of the brain, in the same manner as an aphasia or a hemianopsia may be the result of a tumour, a hemorrhage, or a trauma, so may the Parkinsonian syndrome be the result of infection or trauma. However, a history of trauma alone, even if it occurred prior to the onset of the disease, is not sufficient. First, the trauma must be of sufficient severity to produce definite damage to the brain; secondly, the trauma must be directly to the head or, if not to the head, of such a nature as indirectly to involve the brain; thirdly, there must be a clear and definite developmental connection between trauma and disease.

The conclusions drawn are that:

1. A great majority of the cases were diagnosed on assumption of a hypothetical neuritis ascendens, which has no existence in fact.
2. In a great number of cases, the history of trauma was not definite.
3. In many cases, the time relationship between trauma and onset of diseases was of such length as to preclude connection between them.
4. Many cases either were not paralysis agitans, or belonged to postencephalitic Parkinsonism.
5. Only in two cases was there an intimate relationship between trauma