enlargement was observed clinically in seven patients suffering from chronic encephalitis treated by atropine for a prolonged period. A disturbance in tone of the musculature of the bowel appeared to be the cause of the enlargement.

M.


Thompson and Cushing repeatedly injected in dogs the gonadotropic hormone of the pituitary body. Among other results glycogen was stored up in the liver and in the muscles. Starting from these observations several human cases of so-called ‘glycogen-storage disease’ were examined for signs of endocrine disorder, especially of the pituitary body. The clinical picture in these cases proved very similar to the symptoms observed in animals by Thompson and Cushing. In consequence of these observations the condition characterized by a storage of glycogen (hepatomegalia glycogenetica) is assumed to be the result of disordered internal secretion, especially of the pituitary body. It was not possible to decide if disordered carbohydrate metabolism in cases of diminished pituitary function is always accompanied by defective absorption of glycogen.

M.


The syndrome usually associated with syringomyelia may result not only from cavity-formation but also from other lesions such as luetic meningomyelitis and thrombosis of the anterior spinal artery. There is little evidence that syringomyelia cavities are due to necrosis in a glial tumour, the cavity being surrounded by a glial scar rather than by tumour cells. In most cases cavities in the spinal cord are dependent on abnormalities of circulation. War cases show that cavities may be produced by concussion with no direct injury of the cord by the missile. The authors were able to produce cavities similar to those found in syringomyelia by interfering with the arterial supply.

R. G. G.

SENSORIMOTOR NEUROLOGY

[107] Hemiplegia with the leg in flexion.—Orthello R. Langworthy, Elmer Highberger, and Ruth Foster. Arch. of Neurol. and Psychiat., 1935, 34, 520.

Patients with injury of the pyramidal tract producing hemiplegia show abnormalities of tone that usually conform to a stereotyped pattern: the
arm is held in a flexed position and the leg in extension. Cases are reported here in which the leg was externally rotated and flexed at the hip and knee so that standing and walking were impossible. The position of the arm was variable; it was often extended at the elbow. The patients were emotionally unstable and hyperaesthesia of the affected side could be demonstrated. Some complained of severe pain in the affected arm and leg. After lesions of the central nervous system any contracture that is present must be secondary, in the position imposed by the abnormality of tone. The flexor position of the leg in two cases was observed within a few days after the vascular accident. In these patients it is believed that the neural lesion was confined to the forebrain. The lesions were extensive and in several cases produced aphasia and injury of the lateral nucleus of the thalamus.

Two theories have been advanced in an attempt to explain these findings. The first of these postulates involvement of the lateral nucleus of the thalamus, while the other theory suggests a combined lesion of the pyramidal tract and afferent pathways from the corpus striatum.

R. M. S.


A case is described of congenital telangiectatic aneurysm of the occipital and left parietofrontal regions, perhaps bilateral, of unknown extent and location inside the brain. The patient showed a low degree of intelligence and a probable deterioration in the functions which he had acquired, since his memory gradually seemed to have failed and at the age of 43 was becoming worse. He suffered from unvarying but periodic attacks of pain-pressure feelings, followed by aphasia, babbling, mumbling and somnolence without falling. This would seem to be a fairly typical example of the relatively rare condition of 'nævoid amentia.'

R. G. G.


A fatal case occurring in a young man of 26 with Weber's crossed peduncular syndrome, hypotonia and choreoathetoid movement of the non-paralyzed arm is described.
Autopsy revealed that the aneurysm was syphilitic in origin and that there existed an infiltrative syphilitic inflammation of the small mesencephalic vessels. The crossed hemiplegia was produced by a thrombotic infarct at the base of the right cerebral peduncle and compression of the third nerve by the aneurysm. The hyperkinesis may be explained by an infarct implicating the right superior cerebral peduncle before it crossed and the hypotonia from a coincident lesion of the reticulostub of the tegmentum of the midbrain. While some of the symptoms may be attributed to the presence of the aneurysm, considerable importance must be attached to the thrombosis following the first hemorrhage of the aneurysm, although it was able to extend to the interparenchymatous vessels derived from the aneurysmal basal vessels producing infarcts in the nervous tissue.

R. G. G.

[110] Relationship of migraine, epilepsy and some other neuropsychiatric disorders.—H. A. Paskind. Arch. of Neurol. and Psychiat., 1934, 32, 45.

The prevalence of familial, parental and personal migraine among patients with epilepsy has been compared with the incidence among patients without neuropsychiatric disorders and among patients with manic-depressive psychosis, trigeminal neuralgia, psychasthenia, dementia praecox, tie, constitutional inferiority and paranoid states. These comparisons indicate that there is no special relationship between migraine and epilepsy and that the migraine occurs as evidence of a familial neuropathic trend in the other neurological conditions studied.

R. M. S.


Three sets of identical twins are presented who suffered from epilepsy and mental deficiency and, in two cases, hemiplegia. It is practically certain that these conditions were due to congenital defects and not to birth trauma. Such neurological syndromes may be attributed with too great facility to injuries at or after birth whose existence cannot be proved by careful anamnesis.

R. G. G.


A case of Parkinsonism is described which seems to have been directly due to brain injury. A fracture of the base was discovered and no other lesions
except in the basal ganglia and midbrain, which seemed to show softening as the result of petechial and perivascular haemorrhages.

R. G. G.


A typical case of Heerfordt’s uveo-parotid fever is described. The symptoms consisted of bilateral iridocyclitis, enlargement of both parotid and the left submaxillary glands, transient left facial palsy, bilateral nerve deafness, numbness of the face and polydipsia with polyuria. The latter symptom is considered to be a true diabetes insipidus and responded to treatment with pituitrin. The syndrome seems to be of tubercular origin and lesions occur in the brainstem as well as in the cerebrospinal nerves. The course is slow but recovery with slight ocular defects practically always results.

R. G. G.


A description of an epidermoid tumour of the spinal cord with a review of the literature. These tumours seem to be closely related to dermoids and to be a further example of inclusions of embryonal epidermal tissue.

R. G. G.


By histological examination changes characteristic of epidemic encephalitis in addition to those of disseminated sclerosis were detected in the central nervous system of a patient who had shown clinical signs typical of both disorders. Similar cases have been described previously. Consequently the coexistence of the two diseases must be allowed.

M.


A case of so-called cramp disease (Wernicke) observed over a period of six years presented several interesting features. Blood uric acid was increased
ABSTRACTS

evidently as a result of disturbed renal secretion; also diabetes mellitus was present together with a moderate degree of spondylarthritis deformans and a slight degree of neuritis or radiculitis. The cramps ceased when the radiculitis became worse; they returned when the symptoms of radiculitis improved. An increase in the blood uric acid and a slight degree of radiculitis evidently were of great importance in producing painful spasms. On the other hand, metabolic changes resulting from diabetes were of no importance in the production of cramp. The spasms were diminished by a meatless diet and by decreasing the amount of uric acid in the body. The patient usually felt better in the spring and still more so in the summer than during the winter.

By electrical examination the so-called myospastic reaction was demonstrated. The signs of the reaction were as follows: With a prolonged faradic current cramp in the abdominal muscles arose; this never resulted from a galvanic current. In the lower limbs irritability to galvanism was diminished for direct as well as indirect excitation but to faradism the excitability was normal in the lower limbs for direct as well as indirect excitation. The quality of the contraction was everywhere normal.

PROGNOSIS AND TREATMENT


A man, age 48, had suffered from typical idiopathic epilepsy for 38 years. For the last two years one or two epileptic fits had occurred daily. He was bitten by a dog suspected of suffering from rabies. The patient received an injection of antirabic Markvaccine Type B (Hempt) for two days and of Hirnvaccine Type A on each of the following six days. He had no fits and was well and healthy when seen three months after the first injection. It would be of interest to know if other cases of genuine epilepsy can be relieved in the same manner.


This study comprises 10,240 first admissions, of which 8,186 were males and 2,054 females. It was found that the trend in rate of first admissions with general paresis is slowly declining, but the trend in female first admissions is rising. No change is found in trend in age-distribution of first admissions. Trends in recovery and improvement are upward and in death rates down-