

These and other papers contained in the same number embody the information gained during the past decade, and are worth studying in the original.

C. P. S.

TREATMENT.

[62] Radiotherapy in tumours of the brain and cord (De la radiothérapie des tumeurs du cerveau and de la moelle).—EDWARD FLATAU. *Revue neurol.*, 1924, xl, 23, 176.

THE author gives full details of twenty cases under his care which have been treated with *x*-rays and have been under observation for periods varying from five months to nine years. Four were cases of spinal tumour, seven of the cerebral hemispheres, and nine in the region of the hypophysis.

Of the spinal cases, in three the compression was proved at operation to be due to a sarcoma of the vertebræ. After the operation in each case *x*-rays were applied with considerable clinical improvement. In one of these the patient was still alive nine years after the operation. The fourth case was provisionally diagnosed as a medullary tumour. No operation was performed. Little improvement followed irradiation. Of the cerebral tumours five showed definite improvement: headache and vomiting diminished, swelling of the discs subsided, and in one case power returned to an enfeebled limb. In one case temporary improvement was followed by aggravation of symptoms, with surgical intervention and death. In the other the second irradiation was immediately followed by an increase of symptoms with a rapidly fatal issue. At autopsy the tumour showed great vascular engorgement with recent hæmorrhages (? due to the irradiation).

Of the hypophyseal tumours all showed some improvement in the shape of relief of headache: in only two cases, however, was there any improvement of vision. Only one of these cases was under observation after irradiation for a period longer than seven months, and in this case the symptoms, at first relieved, later returned.

These results are reviewed in relation to the literature of the subject. In the case of spinal tumours a measure of relief frequently follows surgical exploration and decompression. As a rule symptoms recur after a short interval, though there are exceptional cases recorded in which there has been no recurrence for as long as nine years.

The most successful cases have been sarcomata of the vertebral column. In such cases irradiation alone has not given favourable results. The most successful procedure, as in the author's cases, has been decompression followed by irradiation. In certain of the author's cases of cerebral tumour the improvement after irradiation was so striking that it could not in his opinion be attributed to a spontaneous remission.

Equally favourable results are cited from the published experience of others. The author considers that the results obtained in his series of hypophyseal tumours were also satisfactory. Growths in this situation constitute the majority of cases of cerebral tumours in which irradiation has been tried.

Many favourable results are quoted, notably those of Schaefer and Chotzen, in which there was definite improvement in the visual fields during treatment.

These results in cases of cerebral tumour compare favourably with those achieved by surgical intervention, with its enormous operation-mortality.

Details are given of the technique employed in the author's clinic, with some remarks upon the symptoms occasionally provoked by irradiation of the brain, and suggestions for their prevention. A full bibliography is appended.

C. P. S.

- [63] **Causes and treatment of certain cases of so-called 'essential' trigeminal neuralgia** (Causes et traitement de certains cas de névralgies du trijumeau dites 'essentielles').—DUFOURMENTEL and BÉHAGUE. *Revue neurol.*, 1923, xxxix, 105.

THIS paper contains details of ten cases of paroxysmal trigeminal neuralgia, in every one of which the authors claim to have discovered pathological conditions in the nasal passages on the side of the face affected. These changes consisted for the most part of œdema of the mucous membrane, deflection of septum, or hypertrophy of the superior or middle turbinals without active suppuration. As the result of operative interference in some cases, and treatment with adrenalin, cocaine and silver applications in others, the neuralgic pains in many cases are said to have been relieved. Injection of the trigeminal nerve with alcohol or ionisation with aconitine was also practised in several of the cases as a preliminary to complete rhinological examination.

The suggestion is made that just as occlusion of the sphenoidal and ethmoidal sinuses may give rise to referred pain in the shape of persistent occipital headache, similar abnormalities in the anterior part of the nasal passages may produce pain of trigeminal distribution.

In view of the known tendency of paroxysmal trigeminal neuralgia to long periods of spontaneous remission, the paper loses value from the absence of notes upon the after-results of the treatment described.

C. P. S.

- [64] **Tryparsamide penetration into the central nervous tissue with and without spinal irritation.**—H. G. MEHRTENS, FRANK KOLOS, and HELEN MARSHALL. *Arch. of Neurol. and Psychiat.*, 1924, xii, 67.

TRYPARSAMIDE was found to be positively chemotropic for nervous tissue as compared with arsphenamin, and patients who had received previous injections of this drug showed two or three times as great an arsenic concentration in the spinal fluid as those who had received intravenous injections of arsphenamin. Spinal irritation increased the arsenic concentration from 25 to 30 per cent. over those cases in which only intravenous tryparsamide was given. Consequently, it may be advantageous to add meningeal irritation to intravenous tryparsamide injections in neurosyphilitic cases resistant to treatment.

R. M. S.

- [65] **Non-specific stimulation therapy in tabes dorsalis.**—E. H. AHLWEDE.
Arch. of Neurol. and Psychiat., 1924, xii, 80.

THE author concludes that the therapy of tabes dorsalis depends essentially on a careful balance between specific and non-specific measures, while particular stress must be laid on an extreme exploitation of the defensive reactivity of the body in general. Non-specific protein stimulation is indicated previous to all specific measures. The biologic reaction of the patient requires regular control to ascertain when the maximum stimulation has been attained and to avoid 'proteinogenous tiring.' For antisiphilitic therapy, bismuth compounds (oxibenzoic acid compound of bismuth) and organic iodine compounds are particularly indicated on account of their additional non-specific coefficient.

R. M. S.

- [66] **Preliminary report on the Kottman reaction in children, with a note on the treatment of chorea with thyroid.**—JOHN D. LITTLE and LUCY PORTER SMITH. *Amer. Jour. Dis. Child.*, 1923, xxvi, 179.

IN investigations upon children in connection with the Kottman reaction for thyroid activity, the authors found that 10 per cent. of their cases of chorea showed deficient thyroid activity. These chorea cases were treated with thyroid with remarkable results.

M. A. B.

Endocrinology.

- [67] **Genito-suprarenal syndrome.**—COLLETT. *Amer. Journ. Dis. Child.*, 1924, xxvii, 204.

THE author reviews the literature on this subject. Apert (1910) distinguished five types of hypernephry: (1) of the embryonal period (hermaphroditism); (2) of the later foetal period (large clitoris, uterus and ovaries atrophied, etc.); (3) of the prepuberty period (abnormal body development; pubertas præcox, etc.); (4) of maturity (amenorrhœa); (5) of the menopause (adipositas, indistinct clinical picture). The earlier the condition develops the more marked are the changes. The most constant symptom is hypertrichosis. Nearly all the cases occur in females. There is no recorded case in an adult man (Boehm found twelve cases of pineal tumour, all in boys). Collett found twenty-one cases in children, including his own case; four of these were in boys in whom premature development of body and external genitalia without premature potency occurred, but with no sex changes. In girls menstruation as a rule is not early. The development of the body may be manifested either as obesity or as great muscular growth ('*l'enfant Hercule*'). Hair growth in girls is generally of the masculine type.

The tumours are of the suprarenal cortex only; the condition may also occur in hypernephroma of the ovary and in the accessory suprarenal glands in the broad ligament. The suprarenal cortex and the sex glands both arise in the coelomic epithelium, where they are early so closely associated as to be indistinguishable from each other (Soulie). The syndrome is thought to be