In respect of differential criteria, the most important feature, as far as the patients’ subjective complaints were concerned, was the fact that the onset in all of the pineal group began with pressure symptoms, whereas in the pontine group the first notice of trouble was usually from some oculomotor difficulty, pressure symptoms developing as a rule much later. It may be said, therefore, that when the differential diagnosis as between the two situations is in doubt, a history starting with pressure symptoms is strong evidence in favour of a pineal tumour; whereas, conversely, the cases which begin in other ways, such as with diplopia, squint, numbness or weakness of one side, facial palsy and the like, are almost certainly pontine lesions. When difficulty in hearing existed, it was always recognised subjectively as bilateral by the pineal group, and always referred to a single ear by the pontine. Objectively, the outstanding feature was the loss of associated upward movement of the eyeballs in a large number of the pineal group, this being true of none in the pontine.

Pseudocerebellar signs were present and outspoken in 90 per cent. of the total thirty patients.

R. M. S.

[198] Erb’s lateral sclerosis (Sclérose latérale paratypique d’Erb).—Van Boggaert and Ley. Jour. de Neurol. et de Psychiat., 1927, xxvii, 93. This paper comprises clinical and pathological reports of a case. The patient was 44 years of age at the time of his death, and symptoms had begun eleven years previously with stiffness in the lower limbs; eight years later he had to give up work on account of stiffness in the arm and neck. Before death the case had become one of paraplegia in flexion, and there was slight generalised amyotrophy of the lower limbs; incontinence of urine had been present for some months.

The pathological examination showed an intense degeneration of the pyramidal tracts from the upper part of the pons downwards; there was also some degeneration of the lateral and anterior portions of the cord.

Neither the clinical nor the pathological accounts seem to justify the authors’ contention that the case was one of pure pyramidal sclerosis.

J. P. M.

PROGNOSIS AND TREATMENT.


What are the outstanding principles which underlie the physical treatment of the epileptic? The attempt to treat the disease process itself based upon some suppositious theory of its causation, visceral, endocrinic or metabolic and the like, is one. Inasmuch as these theories rest upon the slenderest foundations they ought to disappear from daily or even occasional use. The great majority of the remedies rest upon a more secure rationale if not upon a more successful
one, viz., upon the basis of suppression or sedation of the disease process as expressed in the fit and its congeners. If one postulates that it is a cerebral affection cortical in origin and that the actual tissue lesion is a form of marginal gliosis either primary or secondary, and that the fits are in some way a periodical expression of this enduring process in the cortex, what use can the sedatives be in such a problem? No one pretends to say that bromides can favourably influence a cortical gliosis. When, then, should this remedy be given? Because we are groping in the dark and have found a temporary means of magically suppressing the periodic fits, we imagine we have rid the patient of the disease-process. While we may not clearly say that bromides increase the disease, we do know that so far as we can comprehend the nature of the disorder the symptoms of the bromides are similar in their action to those of the disease process itself and it stands to reason that their administration is really more harmful than good. It is still the prevalent belief that the fit in itself induces degeneration and that the bromides in temporarily checking the frequency of the fit really keep back deterioration. Aside from the use of bromides for diagnostic or emergency purposes they should be entirely discarded in the treatment of epilepsy. Their chief or alleged attribute is that of quieting and tranquilizing the patient so that the stress of life is lessened. How much better this can be accomplished by understanding the epileptic's individual problem, his opportunities and his handicaps and thus help him to visualize them and make his peace from within naturally and not by a chemical substitute. The maximum of drug advantage is secured if they are employed as adjuvants to an otherwise more embracing therapy. The greatest and surest permanent benefits are obtained when sedation is held to the minimum and supportive and restorative measures are mainly employed. Even then the vanishing role of drugs in the treatment of the epileptic is broadly stayed, for the dawn of a better system of therapeutics is well on its way, indicated in the more dynamic aspects of treating the epileptic organism in toto.

C. S. R.


The behaviour syndrome presented in the postencephalitic child has some unique features and the picture is not quite duplicated in any other disease. Its nearest relative appears to be the cerebral trauma case. The changes are mainly associated with some degree of hyperkinesis but the opposite condition may be found, with slowing of interests, querulousness, babyishness, often associated with more or less marked Parkinsonian phenomena. The writers interest themselves mainly in the former type which presents many behaviour problems. Most occur in what may be called the middle age of childhood. Younger children are more likely to show changes in intelligence, while in adults we find the physical types, and a few psychotic conditions. Whether the
behaviour picture of postencephalitis is to be regarded as really specific to that disease, is not quite clear. A review of the literature on the subject is given. There seem to be four main types of explanation of the behaviour reactions related to (1) correlation with localized lesions; (2) toxic effects or changes of function incident to rehabilitation of tissues or chronic processes; (3) indirect effects of lesions or pathological processes, such as unbalance of functions; (4) psychic and social factors, effects of prolonged convalescence, interruption of education. These are discussed and cases presented at some length. It is concluded: That the behaviour difficulties of these children are directly related to the attack of epidemic encephalitis; that the acute attack was predominantly of the oculo-lethargic type; that there is some direct relation between severity of the physical injuries and the behaviour difficulties; that a group of behaviour cases has been manageable as a unit, that as a whole it has made fair progress in education, and that behaviour has improved much.

These children have responded well to simple methods of disciplining. The educational side of treatment is very important; teaching must be adapted somewhat to special needs. Some habits and symptoms that are very troublesome in the ordinary conditions of home and school are easily managed in the hospital, or even tend to drop out without interference.

There can be little doubt, although there is no absolute proof in the absence of actual demonstration of pathology, that in the behaviour syndrome of encephalitis we are dealing with a condition which has an organic basis; and it seems reasonable to suppose that the pathological changes are the factors that give to this syndrome its distinctive colouring. Yet it seems impossible to formulate any precise correlation between a neural change and a behaviour pattern. There is no reason to suppose that cortical lesions occur that have anything to do with the development of the behaviour reactions. No part of the nervous system seems to be immune from attack, but the general occurrence of lesions in the basal ganglia, and the coincidence of the reaction-type as deviations in motor and particularly instinctive reactions with the physiological patterns of known basal ganglia activities, makes it improbable that there is any important pathology elsewhere in the nervous system to be considered in the majority of the cases. Treatment is discussed and it is pointed out that low intelligence is a serious handicap, since the educative side is what is most depended upon in reconstruction of the behaviour. It is thought that there is a field in some cases for the application of psychoanalysis, in part to symptoms that are more directly an outcome of the injury itself, and in part to cases in which the original personality deviations have been accentuated by the disease.

C. S. R.

Jour. of Ment. Sci., 1927, Ixxiii, 40.

Hyoscine is of undoubted value in the Parkinsonism of chronic encephalitis; its action is a specific one; its value is objectively demonstrable, amongst other methods, by its effect on the blood-sugar curve, which is made to approximate to the normal curve. It is important to remember that the action of hyoscine is only temporary, but its prolonged use does not lead to tolerance or any deleterious effects. Though in the majority of cases the full benefit of hyoscine can only be obtained by hypodermic administration, there is no doubt that in many cases considerable benefit follows its oral exhibition. It is, without doubt, much superior to belladonna or stramonium. The 'functional' element in this disease is possibly related to lesions in or around the basal ganglia, and it has been suggested that analogous lesions may account for similar symptoms in hysteria, chorea, Wilson's disease, etc. Although no recovery can be claimed at present for the use of such drugs as tryparsamide and argotropin in the treatment of chronic encephalitis, it is hoped that time will show that they have been successful in the attack on the encephalitic virus as evidenced by the prevention of any further progress of the disease. Oral hygiene is an important subsidiary line of treatment.

C. S. R.

ENDOCRINOLOGY.


The authors review the literature of hypophyseal cachexia and quote shortly thirty new cases in which the tuber cinereum was studied microscopically. In the majority of the cases severe cachexia was present, but except for this they departed from the classical clinical picture in many particulars. Cushing and Paulesco after removal of the pituitary body observed rapid progressive wasting, muscular tremor, asthenia, apathy, hypothermia, slowing of pulse and respiration, arterial hypotension, hyposensibility to adrenalin, and loss of hair. These symptoms the present authors attribute to a lesion of the tuber cinereum rather than of the pituitary body itself. They discuss the relationship of this region of the brain to the sympathetic and endocrine system, but do not bring forward any new facts. In many of their cases they found severe lesions in the paraventricular and supra-optic nuclei of the tuber cinereum, such as capillary haemorrhages, miliary gummata and syphilitic infiltrations, and they are inclined to the view that these lesions played a considerable part in producing the clinical symptoms.

J. G. G.