

#### 4. Neurology.

*Suboccipital or Lumbar Puncture* [*Punção sub-occipital ou lombar*]. (*Revista da Assoc. Paulista de Med.*, April, 1932.) Lange, O.

Various accidents may occur during the operation of lumbar puncture, and sundry undesirable conditions may follow this procedure. The author prefers suboccipital puncture, which is largely practised in Brazil. He considers that the procedure may be carried out with minimal risk, but three conditions are absolutely necessary—complete immobility of the patient; correct position of the patient with the spinal canal in perfect correspondence with its occipital orifice; introduction of the needle exactly in the median plane, half a centimetre above the spinous process of the axis, and exactly perpendicular to the skin.

M. HAMBLIN SMITH.

*Pseudo-Tuberculous Meningitis* [*Meningites pseudo tuberculosas*]. (*Revista da Assoc. Paulista de Med.*, March, 1932.) Lange, O.

The controversies upon the curability of tuberculous meningitis are reviewed, as is also the work which has been done, in various countries, on those acute and benign meningitic syndromes which resemble tuberculous meningitis. The author discusses the causes which may determine the onset of these acute meningites. He considers the names which have been applied to these conditions, and expresses his preference for the term "acute benign lymphocytic meningites". The work which has been done by the injection into animals of cerebro-spinal fluid taken from patients who suffer from these forms of meningitis is reviewed. There is a description of two cases now under observation at São Paulo, Brazil.

M. HAMBLIN SMITH.

*Right Hemiplegia with Broca's Aphasia* [*Hemiplegia direita com afarsia de Broca*]. (*Revista da Assoc. Paulista de Med.*, March, 1932.) Galloti, O., Filho, A., and de Carvalho, A. H.

A fatal case of a man who had contracted syphilis which produced hemiplegia consequent upon cerebral softening. The clinical signs are recorded; and there is a discussion of the anatomical questions involved.

M. HAMBLIN SMITH.

*A Case Presenting a Lesion of the Four Last Cranial Nerves on the Left Side* [*Sobre um caso de lesão dos quatro últimos nervos cranianos do lado esquerdo*]. (*Revista da Assoc. Paulista de Med.*, April, 1932.) Bacelar, A.

The description of a curious case in which a woman exhibited various left-sided buccal and pharyngeal paralyses and anæsthesias, resulting from a pistol-bullet wound on the side of the head. Surgical interference was to be undertaken.

M. HAMBLIN SMITH.

*The Sex Ratio in Migraine*. (*Arch. of Neur. and Psychiat.*, vol. xxvii, June, 1932.) Allan, W.

The author finds that the incidence of migraine is the same in men as in women. In women, however, it is a more severe malady, as shown by the

greater duration of the headaches and the somewhat greater frequency of nausea and vomiting.

G. W. T. H. FLEMING.

*Causes of Epilepsy.* (*Arch. of Neur. and Psychiat.*, vol. xxvii, May, 1932.)  
Cobb, S.

Fifty-six clinical causes of fits are grouped and discussed, and the author points out that thirteen physiological mechanisms have been put forward. It is considered likely that embryological defect and tissue destruction act by altering neural conduction. Congestion, asphyxia, vaso-constriction and increased intracranial pressure might all act by means of cerebral anoxæmia. Hydration and dehydration act through chemical changes. A large group of drugs and chemicals cause convulsions by some entirely unknown mechanism.

G. W. T. H. FLEMING.

*Extramural Patients with Epilepsy.* (*Arch. of Neur. and Psychiat.*, vol. xxviii, August, 1932.) Paskind, H. A.

The author studied 304 patients in private practice who had had epilepsy for over six years, and in some instances for two, three and four decades, and found that only 6.5% showed deterioration. The non-deteriorated patients came from a stock less heavily burdened with neuropathy; the onset was on the whole somewhat later, the attacks less frequent and the remissions more frequent and longer.

G. W. T. H. FLEMING.

*Epilepsy and Congenital Syphilis.* (*Journ. of Nerv. and Ment. Dis.*, vol. lxxv, May, 1932.) Menninger, K. A., and W. C.

The authors summarize the present position as expressed in the literature as follows:

(1) There is almost uniform agreement that congenital syphilis may produce actual anatomical alterations responsible for epileptic attacks.

(2) There is fairly general agreement that syphilis may act as a germ poison without progressing to actual brain damage, producing a spasmophilic diathesis.

(3) The weight of opinion favours the idea that congenital syphilis may be a direct or indirect cause of the epileptic syndrome, which may in an uncertain number of cases be the first, and in the others the only manifestation of the syphilitic condition.

(4) There are some workers who, through conservatism, do not feel that congenital syphilis is the proved cause of cases of so-called essential or idiopathic epilepsy, but agree that the fundamental cause is probably a developmental defect in the nervous system which may be syphilitic in origin.

(5) A few authors believe that epilepsy is totally unrelated to congenital syphilis.

(6) Some workers feel that too much weight is given to the Wassermann test, and the majority believe that syphilitic stigmata are sufficient to make a diagnosis of congenital syphilis regardless of the Wassermann test. Despite this, some writers base their conclusions as to the prevalence of syphilis entirely upon the statistics of Wassermann blood tests. In some cases the positive Wassermann test is the only sign of syphilis other than the epileptic attacks.