

in the winter of 1926-7. The illness is characterized by a prodromal period of from fifteen to twenty days, after which certain symptoms appear with startling suddenness. These comprise, on the physical side, fever, and most of the clinical signs of disseminated sclerosis, such as exaggeration of the deep reflexes, absence of the superficial abdominals, extensor plantar reflexes and nystagmus. Romberg's sign was also present and there was a degree of cerebellar ataxia. On the mental side the condition was characterized by acute anxiety and depression, with suicidal tendencies.

With regard to the ætiology the authors were guarded in view of the small number of cases observed, but they definitely consider it an infective process and point out its resemblance to disseminated sclerosis. In the treatment sedatives with ergot and belladonna were used, and salicylates and arsenic are suggested. The essential feature, however, would appear to be careful nursing, especially in view of the psychic condition.

R. S. GIBSON.

*Epilepsy and Anaphylactic Shock* [*Épilepsie et choc anaphylactique*]. (*L'Encéph.*, July-August, 1927.) Claude, H., and Montessert, M.

Arguing from the analogy of asthma and urticaria, the theory has been put forward that epilepsy consists of a cerebral anaphylaxis due to the ingestion of some unknown substance. The authors experimented with dogs, and are very careful in applying their results to human beings. On the whole they reach the tentative conclusion that the relationship between anaphylaxis and epilepsy, though frequent in their experiments, has not been conclusively shown to be one of cause and effect.

R. S. GIBSON.

*Epileptic Fits with an Aura of Hysterical Type* [*Crises d'épilepsie à aura hystérique?*]. (*Bull. Soc. Clin. de Méd. Ment.*, July, 1927.) Courbon and Magnand.

In this case fits, not definitely convulsive, had occurred from childhood, and in adult life the seizures began to be preceded by an aura consisting of the "epigastric sensation" of hysterical patients. The authors consider that the fits were genuine epilepsy and that the hysterical aura was secondary.

W. D. CHAMBERS.

*Bravais-Jacksonian Epilepsy (Sensory Type)* [*Épilepsie Bravais Jacksonienne sensitive*]. (*L'Encéph.*, July-August, 1927.) Janota, O.

This article is a study of the anatomical basis of this type of Jacksonian epilepsy. As the result of the observation of a number of cases where operative interference was adopted with successful results, the author comes to several conclusions.

In the first place he confirms the observations of Sittig, who divided his cases into two groups, those in which the spread of symptoms corresponded exactly to the cerebral involvement of the