

posterior end of the third ventricle and aqueduct of Sylvius (hyper-somnia), (3) the thalamic syndrome (central pain, hyperæsthesia), (4) the extra-pyramidal syndrome (bradykinesia, rigidity), (5) the decerebrate syndrome (hypertonicity, Magnus-de-Kleijn reflexes), (6) the syndrome of Parinaud (paralysis of conjugate vertical movements of the eyeballs), (7) the syndrome of the body of Luys (hemichorea), (8) the hypopituitary syndrome (infantilism, hypotrichosis, lowered metabolism), (9) the uncinata syndrome (olfactory and gustatory symptoms), etc.

These syndromes are of localizing value more particularly when they occur prior to the onset of pressure symptoms.

G. W. T. H. FLEMING.

Dangers of Diagnostic Lumbar Puncture in Increased Intracranial Pressure due to Tumour of the Brain. (Arch. of Neur. and Psychiat., May, 1929.) Masson, C. B.

In 94 cases of verified intracranial tumours, in all of which well-marked signs of increased intracranial pressure were noted, and in 62 of which the growths were supratentorial, the removal of a small amount of fluid by lumbar puncture did not give rise to any serious symptoms. Of the patients who had verified or suspected infratentorial new growths, and in whom lumbar puncture was performed before the diagnosis of expanding disease in the posterior cranial fossa had been made or suspected, not one developed any untoward symptoms after the puncture. The author concludes that in cases of increased intracranial pressure there is no danger from diagnostic lumbar puncture if it is carried out with the patient in a horizontal position and with a needle of small calibre, and if no more than 5 c.c. of fluid is removed.

G. W. T. H. FLEMING.

Disorders of Sensation produced by Cortical Lesions. (Brain, October, 1927.) Holmes, G.

The author records the results of his examination of sensation in large numbers of men with gunshot wounds of the head both during and after the war and in other instances. The qualities of cortical sensation are: (1) The appreciation of relationships in space, (2) the faculty of reacting appropriately to tactile stimuli of different intensity, and (3) the recognition of similarity and difference of test objects of various weights and sizes. Pain and thermal sensibility and the vibration sense are not affected by disease of the cortex. The distribution of cortical sensory disturbance is always limited to the opposite side of the body. It is, as a rule, more pronounced in the distal than in the proximal parts of the limbs. The disturbance of sensation is often apparently confined to or at least more pronounced on one side of a limb. Numerous observations indicate a topographical representation of the fingers in the sensory cortex, similar to the motor representation in the precentral gyrus. The sensory sphere of the cerebral cortex,

according to Collier, is to be found entirely behind the central fissure, the precentral gyrus having no sensory functions. The area extends posteriorly over the whole of the post-central gyrus, over most of the superior parietal lobule and probably to the anterior limit of the supramarginal gyrus. There is in the post-central gyrus focal representation of the head, fingers, arm, trunk, leg and foot from below upwards. Special sensory functions are separately represented in the cortex. The recognition of form, the discrimination of compass points and possibly the comparison of weights are more widely represented in the cortex than tactile sensibility or the appreciation of position or movement. When the post-central gyrus is involved the sense of position suffers chiefly, more complex faculties having a wider distribution, and loss of tactile localization is found for the most part when the lesion lies immediately behind the central fissure. J. R. LORD.

Remarks on the Ætiology of Encephalitis after Vaccination. (Acta Psychiat. Neur., vol. iv, fasc. 1, 1929.) Wiersma, D.

Dr. Wiersma comes to the following conclusions:

The clinical aspect, the histo-pathology and the epidemiology of post-vaccinal encephalitis, and of other kinds of encephalitis related to vaccination, make it highly improbable that the toxicity of the vaccine, or the bacteria or albumen contained in it, should be of importance in the ætiology of any of these encephalitides.

Many arguments can be adduced to support the hypothesis that the vaccine activates another virus already present in the body, which causes the encephalitis. The clinical peculiarities and the histological changes prove that this virus cannot be that of encephalitis lethargica. It is very likely, however, that pasteurællæ take a part in the ætiology of post-vaccinal encephalitis. A constitutional change may be of importance for its development.

J. R. LORD.

2. Psychology.

Instinct, Intelligence and Appetite. (Brit. Journ. Med. Psych., February, 1929.) Garnett, A. C.

The author rejects the view that animal instinct is perfect, rigid, unintelligent and automatic. He says that some of the innately conditioned actions are mere responses of a part of the organism to some specific stimulus, and are rigidly conditioned or unintelligent; here he probably refers to reflex actions. Tropisms also are excluded. But we do not have to rise very high in the scale of animal life, says the author, before we come to creatures whose responses to certain aspects of their environment, while undoubtedly innately conditioned, show unmistakable marks of