

Kaila deducts from these figures that traumatic epilepsy may occur as a sequel to uncomplicated simple concussion, but that this occurrence is a rare one.

S. L. LAST.

*A Case of Cyst of the Ependyma of the Third Ventricle : A Contribution to the Problem of the Relationship of Psychic Symptoms to the Brain Stem [Ein Fall von Ependymcyste des III Ventrikels : Ein Beitrag zur Frage der Beziehungen psychischer Störungen zum Hirnstamm].* (Zeits. f. d. ges. Neur. u. Psychiat., 1933, cxlix, pp. 312-344.) Foerster, O., and Gagel, O.

The authors give a full clinical and histological description of a cystic tumour situated in the third ventricle. They believe this tumour to have taken origin in the ependyma. The psychical state was characterized by disorientation, loss of memory as well as of impressionability, confabulations and apathy interrupted by euphoric states. According to the authors, the picture resembled Korsakov's psychosis. Six other cases of tumours affecting the third ventricle are then described, in which a definite maniacal state was one of the features. In 4 cases this appeared during the operation, whereas 3 showed this state previous to the operation, and it was obviously mechanical irritation of the infundibulum which provoked the mania.

Having mentioned the maniacal state occurring in tumours of the quadrigeminal plate and the unconsciousness and coma which arise spontaneously in tumours of the third ventricle, and often during operations near the corpora quadrigemina, the authors express the following view :

The functions of the cortex, as the region where the neurodynamic processes related to consciousness, take place, are stimulated by the anterior part of the hypothalamic region, and inhibited by the medulla oblongata and the grey matter round the aqueduct and the posterior part of the third ventricle. Mania, therefore, can develop either by stimulation of the activating region (anterior hypothalamic region) or by depression of the inhibitory one (quadrigeminal region). On the other hand, sleep and unconsciousness can be produced by stimulation of the inhibitory region or depression of the (stimulating) hypothalamus.

S. L. LAST.

*Tolosa's Sign and the Changes in Deep Sensibility Occurring in Tabes [O sinal de Tolosa e as alterações da sensibilidade profunda na tabes].* (Revista da Assoc. Paulista de Med., vol. iv, p. 78, Feb., 1934.) Bicudo, J. da F.

There are two cremasteric reflexes—superficial (R.C.S.), obtained by light friction, and in close relation with tactile sensibility, and deep (R.C.P.), obtained by deep pressure, and in strict relation with deep and especially with visceral sensibility. These reflexes disappear, either separately or conjointly, in various nervous diseases, and the disappearance is known as Tolosa's sign. The alterations of the reflexes observed in 16 cases of tabes are tabulated and discussed. It is suggested that further observations in this field may produce results of considerable diagnostic importance.

M. HAMBLIN SMITH.

*The Blinking Reflex [Le réflexe de clignement à la menace].* (L'Encéphale, vol. xxix, p. 1, Jan., 1934.) Rademaker, G. G. J., and Garcin, R.

The authors conclude that rolandic and occipito-rolandic lesions are capable of abolishing the blinking reflex in the heterolateral temporal field without hemianopsia in that part of the field. They point out that this finding is in accord with physiological experiments, and that it is of significance both for its evidence as to the path of the reflex and in diagnosis. They mention that their thesis has received confirmation as a result of surgical intervention in the area mentioned.

W. McC. HARROWES.

*Painful Paroxysmal Hereditary Akinesia [Heredo-akinesie paroxystique douloureuse].* (L'Encéphale, vol. xxix, p. 100, Feb., 1934.) Koulikov, A. E.

This communication, from the Neurological Clinic at Moscow, describes a condition occurring in certain children when their meals are not regular and when