Sensory variants he describes as reflex epilepsy, sensory epilepsy and affective epilepsy.

All these are freely elaborated and numerous cases are cited to illustrate the points raised. WM. MCWILLIAM.

Observations and Results of Intra-cranial Section of the Glosso-pharyngeus and Vagus Nerves in Man. (*Journ. of Neur. and Psycho-path., October*, 1927.) *Fay, T.*

Dr. Fay describes two cases which arose in his neuro-surgical practice:

(1) Intra-cranial section of the glossopharyngeus.
(2) Intra-cranial section of the vagus nerve.

He describes the anatomy of the parts involved and discusses the two lesions at length.

He concludes that the glossopharyngeus is probably a nerve of special sense, devoted to gustatory and secretory function; that the vagus nerve supplies a small cutaneous area in the region of the concha of the ear, as well as common sensation to the pharynx and larynx; and that intra-cranial section of the root should determine the nuclear functions of these nerves, and further establish the exact physiology of each. WM. MCWILLIAM.

Post-Concussion Neurosis: Traumatic Encephalitis. (*Arch. of Neur. and Psychiat., August*, 1927.) *Osnato, M., and Giliberti, V.*

The authors, struck by the resemblance between post-concussion syndromes and epidemic encephalitis, investigated 100 cases of concussion with or without fracture of the skull. In concussion of the brain there is no marked neuroglia reaction, but a hæmorrhagic and thrombotic picture, usually in the periphery, the white and grey matter of the deeper parts of the brain being comparatively free from injury. The pia arachnoid suffers most. Concussion is *not* "a transient state which does not comprise any evidence of structural cerebral injury." There *is* injury in concussion, and in some cases probably secondary degenerative changes develop, giving rise to a symptomatology which resembles in many ways epidemic encephalitis. Hence the authors' preference for the term "traumatic encephalitis" in place of "post-concussion neurosis."

G. W. T. H. FLEMING.

Encephalitis Periaxialis Diffusa (*Schilder*). (*Arch. of Neur. and Psychiat., December*, 1927.) *Schaltenbrand, G.*

Schaltenbrand describes a case of this disease in a girl of 14, in which the diagnosis was made ante-mortem on typical symptoms of apathy, optic neuritis, choked disc and signs of extensive bilateral lesions of the brain. At autopsy the brain showed widespread softening and disintegration of the white matter of both hemispheres. The process involved the corpus callosum, and extended downward as far as the midbrain and chiasma. The less extensively involved areas showed an abnormal filling of the blood-vessels and a mucoid degeneration of the oligodendroglia, identical

with that in Penfield's acute swelling. The areas of severe degeneration showed a complete destruction of the myelin, which was phagocytosed by scavenger cells of microglial origin. The axis-cylinders were partially preserved. The oligodendroglia had entirely disappeared. The neuroglia had hypertrophied in number and size of the cells, and formed a thick, fibrous network. The perivascular spaces were enlarged, and were filled with scavenger cells and a few lymphocytes. In the areas of severest destruction there was formation of a scar of connective tissue. The author thinks this disease is probably caused by an ultra-microscopic virus.

G. W. T. H. FLEMING.

Forced Conjugate Upward Movement of the Eyes following Epidemic Encephalitis. (*Arch. of Neur. and Psychiat., January*, 1928.) *Taylor, E. W., and McDonald, C. A.*

Taylor and McDonald report 13 cases of upward movement of the eyes in post-encephalitic Parkinsonism. In 8 out of the 13 the movement was only upward, in 4 this was combined with lateral movement, in 1 case there was a slight external rotation of the right eys, and in 1 case downward alternated with upward movement. Associated movements of the head occurred in 5 cases. Usually the interval between attacks was more than twenty-four hours. The treatment, largely by scopolamine, was effective in 8 cases; in 2 it was without result. The disappearance of the spasm when the patient lay down was striking in several cases.

G. W. T. H. FLEMING.

The Evolution of an Encephalitic Dystonia into a Hypertonic Akinetic Syndrome resembling Wilson's Progressive Lenticular Degeneration. (*Journ. of Nerv. and Ment. Dis., November*, 1927.) *Brock, S., and Katz, S.*

The authors describe a case of encephalitic dystonia, with little evidence of hypertonus and insignificant striatal-bulbar symptoms, which developed into a syndrome with hypertonus, restriction or loss of movement, dysarthria and dysphagia, which resembled Wilson's disease. Apart from a slight euphoria there was no psychic disturbance. They point out that the Vogts and Jakob have called attention to partial striatal lesions progressing to a complete strio-pallidal degeneration. G. W. T. H. FLEMING.

Lesions of the Epiconus. (*Journ. of Nerv. and Ment. Dis., November*, 1927.) *Alpers, B. J.*

The epiconus region, which includes segments from the fifth lumbar to the second sacral inclusive, differs materially in an anatomical way from the conus. The symptoms are those of involvement of the sacral plexus (the nervus peroneus being most affected) absence or diminution of the knee-jerks, integrity of the sphincters, and integrity of the patellar reflexes. Alpers' own cases showed that the glutei and hamstrings were involved in all his cases, also the extensors of the toes. The extensors of the thighs and legs are