

Tuberculosis and Mental Disease [*Tuberculosi e malattie mentali*]. (*Riv. Sper. di Fren.*, vol. lvi, p. 392, June, 1932.) Oriani, F.

The writer analysed the clinical records of 1,840 cases of mental disease which died from various causes. He endeavoured to ascertain if there was a relationship between the hebephrenic-catatonic types of dementia præcox and tuberculosis. He found no direct relationship between tuberculosis and mental disease, but in dementia præcox there appeared to be a tendency towards a predisposition to both diseases.

G. W. T. H. FLEMING.

Hypophrenia as a Symptom of Juvenile Paresis. (*Psychiat. Quart.*, vol. v, p. 39, Jan., 1931.) Potter, H. W.

The author describes 11 cases of his own with clinical and laboratory findings, and emphasizes the fact that congenital cerebral syphilis always results in mental pathology, which is expressed by various degrees of oligophrenia usually accompanied by emotional instability without any outstanding psychotic symptoms. The so-called "stigmata" of congenital syphilis may or may not be present in cases of congenital neurosyphilis. When the central nervous system is invaded by the syphilitic infection in early childhood, infancy or even *in utero*, the mental symptoms are confined almost exclusively to the field of intelligence, even when the involvement is of a parenchymatous kind.

G. W. T. H. FLEMING.

Circumscribed Cerebral Atrophy or Pick's Disease [*Atrofia cerebrale circoscritta o malattia di Pick*]. (*Riv. di Pat. Nerv. e Ment.*, vol. xxxix, p. 600, May-June, 1932.) Gullotta, S.

The author, although he does not describe a case of his own, gives a complete description of the theories of Pick's disease and of the histological and clinical picture. He points out that according to Grünthal there is a distinct hereditary element in these cases, and that also according to Onari and Spatz there is a superficial analogy with Marie's hereditary cerebellar ataxia and Huntington's chorea. He points out that when the atrophy of the frontal lobe is extensive there is an atrophy of the corresponding portion of the corpus callosum.

G. W. T. H. FLEMING.

4. Neurology.

Migraine. (*Bull. Neur. Inst. N.Y.*, vol. ii, p. 429, Nov., 1932.) Riley, H. S.

The writer states that the search for the fundamental causative factors which probably underlie all the manifestations of this disorder is not facilitated by splitting up the malady into a number of types; but, for descriptive purposes, such a classification may be permissible and, indeed, serviceable.

He describes the following types: (1) Hemicrania simplex; (2) ophthalmic migraine; (3) ophthalmoplegic migraine; (4) facioplegic migraine; (5) abdominal migraine; (6) psychic migraine, of which the most common form is the twilight state; (7) psychic equivalents.

In discussing the theories of causation, the writer says that for future investigation the emphasis should be placed upon the hypothesis that a perverted hormone balance is the inciting agent, and the resultant action of the vegetative nervous system, disordered in some way or another, provides the mechanism for the attack. With regard to treatment, the real therapy of the condition must await the solution of the mechanism for the attacks. At the present time therapy is directed toward the relief of what appear to be vascular crises in the attack, and the equalization of a disturbed hormone balance in the interval between seizures.

JOHN D. W. PEARCE.