Nuclear Ophthalmoplegia with Double Choked Disc in an Acute Case of Encephalitis Lethargica of Hæmorrhagic Type; Subtemporal Decompression [*Ophtalmoplégie nucléaire complète avec double stase papillaire au cours d'un poussée aiguë d'encéphalomyélite léthargique de type hémorrhagique. Décompression sous-temporale*]. (*Journ. de Neur. et Psychiat., July*, 1927.) *van Bogaert, Ludo, and van der Briel, A.*

The authors describe a case of a girl of twenty years of age, who, two years after a typical attack of encephalitis lethargica, from which she made a complete recovery, again became ill with symptoms of the same disease.

On this occasion, however, the signs were widespread. All the cranial nerves from the second to the twelfth were involved, and ultimately an Argyll-Robertson pupil on both sides, with double choked disc, became manifest. There was also complete ophthalmoplegia of the nuclear type.

There were also meningeal symptoms and lumbar puncture obtained hæmorrhagic cerebro-spinal fluid.

A sub-temporal decompression was performed, resulting in complete cure of the ocular signs and symptoms.

The authors consider that the increased intracranial pressure was not solely responsible for the choked disc, which must in part be attributed to interstitial inflammatory changes in the optic tracts.

While admitting the risks of the operation the authors consider it justified by the seriousness of the symptoms and the inadequacy of any other form of treatment. R. S. GIBSON.

Medullary and Spinal Forms of Epidemic Encephalitis [*Sur les formes basses de l'encéphalite épidémique*]. (*Journ. de Neur. et Psychiat., January*, 1928.) *Ley, Rodolphe-Albert, and van Bogaert, Ludo.*

After calling attention to the diverse signs and symptoms of epidemic encephalitis, the authors emphasize the fact that a form whose manifestations are, at first at any rate, confined to the part supplied from the medulla and cord must be recognized.

Among numerous other cases they describe such a one in which there were no cerebral or mid-brain symptoms at first except headache and where flaccid paresis and hyperæsthesia of the upper limbs were the main symptoms. Later the mid-brain centres were involved.

They point out the close resemblance of certain cases of this type to disseminated sclerosis and discuss the differential diagnosis. R. S. GIBSON.

On an Epidemic Encephalomyelitis: Disseminated Neuraxitis with Anxiety [*Sur une néuraxite infectieuse epidémique; la neuraxite disséminée à forme anxieuse*]. (*Prat. Méd. Franç., July*, 1927.) *Targowla, R., and Serin, Mlle.*

In this article the two authors describe a disease which, they state, has not been previously observed and which they studied

https://doi.org/10.1192/bjp.74.306.535-b Published online by Cambridge University Press

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'epilepsie à aura hystériforme?*]. (*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

https://doi.org/10.1192/bjp.74.306.535-b Published online by Cambridge University Press