

Cortical Autonomic Epilepsy. (*Journ. of Nerv. and Ment. Dis.*, vol. lxxxi, p. 168, Feb., 1935.) *Watts, J. W., and Frazier, C. H.*

The writers present the case-histories of two patients in which manifestations, such as nausea, epigastric distress and vomiting were substituted for epileptic convulsions. They quote the evidence of Penfield and Gage that stimulation of the cortex of area 7a gave rise to abdominal symptoms, and that these writers think that representation of visceral sensation will eventually be localized somewhere near the temporal lobe.

G. W. T. H. FLEMING.

The Two Types of Terminal Catatonia Most Closely Related to Diseases of the Striatum and the Problem of Central Nervous System Disease in Schizophrenia [*Die den striären Erkrankungen am meisten verwandten zwei Formen katatoner Endzustände und die Frage der Systemerkrankung bei Schizophrenie*]. (*Arch. f. Psychiat.*, vol. ciii, p. 101, 1935.) *Leonhard, K.*

The author studied 50 cases of catatonia in its final stages, i.e., cases stationary for at least ten years. He was especially interested in two types, the "starre" (rigid) and the "faxenhafte" (manneristic). He compares them to parkinsonianism and Huntington's chorea. In a very interesting and thorough comparative analysis he shows the many points of resemblance without, however, neglecting the differences. In his opinion the resemblance is so great that it bears out the organic causation of catatonia, which he holds to be due to a disorder on a higher level than the one responsible for parkinsonism and chorea. He hopes that further anatomical research may discover more constant findings if sufficiently old cases are examined, and the different types of catatonia are studied separately. He supposes different systems to be responsible for the different types described.

S. L. LAST.

Investigations of the Myodystonic Reaction in Schizophrenics [*Untersuchungen über die myodystonische Reaktion bei Schizophrenen*]. (*Acta Psychiat. et Neur.*, vol. viii, p. 679, 1933.) *Lindberg, B. J.*

Fifty chronic schizophrenics were examined for the presence of Söderbergh's myodystonic reaction. This reaction is supposed to be an "objective index of non-psychogenic disorder in the central nervous system. It proves with a high degree of probability a disorder of the extrapyramidal system". The reaction consists of a sort of after-contraction following faradic stimulation of a muscle. Fourteen out of 50 schizophrenics showed a positive reaction. The author concludes that these results support the view that in schizophrenia there occur not only "pseudo-extrapyramidal" signs, but also disorders of a true extrapyramidal nature.

S. L. LAST.

Salivary Conditioned Reflexes in Man, Sane and Insane, and their Association with Consciousness. (*L'Encéphale*, vol. xxx, p. 394, June, 1935.) *Lentz, A. K.*

By means of an apparatus applied to the opening of the parotid duct in man, it has been possible to collect saliva precisely as in dogs, but without any operation. The subject was put into a special cabin as in animal experiments. The problems of the investigation were to study generally the formation of conditioned reflexes of the lowly salivary type, to observe any peculiarities in this in psychotics, and also to study the influence of the superior type of cortical activity which characterizes man.

Epileptics slowly formed unstable reflexes which were abolished for some time after a fit. General paralytics differed according to stage. Their reflexes were unstable, and it seemed to be chiefly a paralysis of inhibition. Schizophrenics quickly formed reflexes, which were lost and redeveloped rapidly. Hallucinations materially hindered the development of reflexes. Defectives behaved according to the degree of defect, but the true reflex to the sight of the food (chocolate) developed well. The more serious the psychic malady the more difficult the formation of reflexes.

Salivation was generally associated with a suitable thought content. Reversal of inhibitory and exciting stimuli produced confusion of the reflex, although the patient at once appreciated what had happened. Consciousness is much more adaptable than the pure reflex. *Psychological processes cannot be reduced to the level of the laws governing conditioned reflexes.*

Conditioned reflexes lag behind consciousness.

W. MCC. HARROWES.

Biliary Anxiety [L'anxiété biliare]. (Ann. Méd. Psych., vol. xv (1), p. 177, Feb., 1935.) Baruk, H., Briand, H., Camus, L., and Cornu, R.

Clinical observations on three cases, in which anxiety states or melancholia are associated with biliary disorders, are supported by experimental work on animals injected with human or animal bile. It is concluded that the biliary intoxication acts directly on the neuro-vegetative centres at the base of the brain, determining on the one hand diverse visceral dysfunctions (cardiac and respiratory arrhythmia) and, on the other, anxiety.

STANLEY M. COLEMAN.

A Typical Clinical Case of Cotard's Syndrome followed by Cure [Un cas clinique típico del síndrome de Cotard seguido de curación]. (La Semana Méd., vol. xlii, p. 1643, June 6, 1935.) Sierra, A. M., and Guixá, J. A.

The writers give a clinical account of this case, with a discussion of the differential diagnosis and a review of previous work on the subject. Cotard's syndrome must not be regarded as exclusively a chronic complaint, in the strict sense of that term. In the presence of this condition it is well to be very cautious in giving a prognosis, since even the most severe cases may result in recovery.

M. HAMBLIN SMITH.

4. Neurology.

Two Cases of Spinal Meningitis after Lumbar Puncture [Zwei Fälle von Meningitis in primis spinalis nach Lumbalpunktion]. (Acta Psychiat. et Neur., vol. x, p. 211, 1935.) Clemessen, C., and Neel, A. V.

The authors report two cases in which lethal purulent meningitis followed diagnostic lumbar puncture. In one case the pressure of the cerebro-spinal fluid had been measured at the first lumbar puncture, and the authors suspect that regurgitation of fluid out of the manometer might possibly account for the infection. The post-mortem in both cases showed that the inflammatory changes were most marked in the lowest part of the lumbar sac.

S. L. LAST.

The Non-suppurative Forms of Encephalitis. (Arch. of Path., vol. xix, p. 213, Feb., 1935.) Baker, A. B.

The writer discusses epidemic, hæmorrhagic and herpetic encephalitis and encephalitis secondary to measles, whooping-cough, smallpox, mumps, chickenpox, dysentery, typhus, vaccination, rabies, lead, arsenic, phosphorus and alcohol. After discussing the inflammatory and degenerative changes in the nervous system, he points out that there is a predominance of certain changes in certain diseases, such as perivascular infiltration by mononuclear cells in epidemic encephalitis, including the St. Louis type, in herpetic encephalitis and encephalitis following mumps. Perivascular demyelination occurs in encephalitis following measles, smallpox, chickenpox and vaccination against rabies and smallpox. Nerve-cell destruction occurs in encephalitis following herpes, whooping-cough, chickenpox, poisoning with lead and phosphorus, cerebral hæmorrhage, in hæmorrhagic encephalitis and arsenic intoxication.

G. W. T. H. FLEMING.

The Neurologic Aspect of Leukæmia. (Amer. Journ. Med. Sci., vol. clxxxix, p. 766, June, 1935.) Schwab, R. S., and Weiss, S.

Only about 25% of cases with histological evidence of leukæmic infiltration of the