

*The Abnormal Excretion of Theelin and Prolan in Patients Suffering from Migraine : Preliminary Report.* (*Journ. of Nerv. and Ment. Dis.*, vol. lxxvii, May, 1933.) Riley, H. A., Brickner, R. M., and Kurzrok, R.

Thirteen patients suffering from migraine were studied over a period which included a typical attack. The amount of theelin when present rarely exceeded 5 rat units per litre. Only exceptionally did the quantity of hormone reach 10–20 rat-units, which is considered the normal amount for women within the menstrual age. No relation was found between variations in the excretion of theelin and the occurrence of headache. In all the cases prolan was excreted. In two women past the menopause and one approaching it, prolan was present almost daily in large quantities. In 20 out of 29 instances the headache was preceded or accompanied by the appearance of prolan in the urine. There was a continuous relation between the appearance of prolan and the occurrence of headache. The two prolans A and B are both from the anterior pituitary.

G. W. T. H. FLEMING.

*Ménière's Disease.* (*Arch. of Neur. and Psychiat.*, vol. xxix, March, 1933.) Coleman, C. C., and Lyerly, J. G.

The authors confine the term Ménière's disease to those cases which give a history of violent attacks of vertigo, accompanied by nausea and vomiting, tinnitus in one ear and partial deafness in the same ear. Treatment consists in intracranial section of the eighth nerve. The risk from the operation is now very small and recovery prompt. Of the cases operated on by the authors, none showed vertigo following the operation; tinnitus improved in every case if it was not actually abolished.

G. W. T. H. FLEMING.

*Narcolepsy.* (*Amer. Journ. Psychiat.*, vol. xii, March, 1933.) Wortis, S. B., and Kennedy, F.

Narcolepsy may be regarded as a symptom-complex denoting a neuro-physiological derangement, probably of an organic nature, in the region of the floor of the third ventricle and peri-aqueductal regions. One or more of three cardinal symptoms occur—sleep or trance-like states, attacks of cataplexy, and catalepsy. In a small group of cases ephedrine has been found useful.

M. HAMBLIN SMITH.

*Convulsive Disorders of Two Opposite Periods of Life : Puberty and Climacterium.* (*Amer. Journ. Psychiat.*, vol. xii, March, 1933.) Gordon, A.

Is the chronological relationship between the genital life and convulsive seizures a mere coincidence or is it fundamentally physiological? We must discard the idea of mere incidental coincidence. A break in the mechanism which regulates chemical equilibrium occurs at critical times in genital life; this break is produced primarily by the hormone of the anterior lobe of the hypophysis, and secondarily by the influence of the latter on other endocrine glands. At the same time, the psychological factor has to be taken into account. The problem is only solvable by an analysis of all functions, somatic and psychological, in the individual case.

M. HAMBLIN SMITH.

*Hereditary Factors in Epilepsy.* (*Amer. Journ. Psychiat.*, vol. xii, March, 1933.) Stein, C.

This paper presents the results of a tabulation of 1,000 institutionalized epileptics and 1,115 non-epileptic controls. The results do not justify the conclusion that the symptom-complex known as epilepsy is an inherited condition. The higher incidence of neuro-psychiatric disorders in the families of epileptics may be explained on the basis of an existing potential or latent germ-plasm defect. It is likely that this defect or vulnerability furnishes more than usually fertile ground for the production of epilepsy by such factors as trauma, infection, birth-injury and alcoholism.

M. HAMBLIN SMITH.