

*Brain Trauma.* (*Arch. Neur. and Psychiat.*, vol. xxxi, p. 956, May, 1934.) Winkelman, N. W., and Eckel, J. L.

The authors made a histological study of a group of cases of severe brain trauma. They point out that in some cases the trauma makes more active a pre-existing process, such as a syphilitic one. Subarachnoid hæmorrhage is the most common gross lesion. Large and small hæmorrhages within the brain substance are comparatively common. The onset of œdema shortly after an injury increases the damage to the brain.

The development of pial cortical adhesions could be traced from the beginning as the result of subarachnoid hæmorrhage and secondary reaction. "Traumatic neuroses" are usually based on organic changes. G. W. T. H. FLEMING.

*The Problem of the Pathogenesis and Psychopathology of the Amnesic Syndrome after Skull Injuries* [*Zur Frage der Pathogenese und Psychopathologie des amnestischen Symptomencomplexes nach Schädeltraumen*]. (*Zeits. f. d. ges. Neur. u. Psychiat.*, vol. cxlix, Nos. 1-3, pp. 134-75, 1933.) Klein, R., and Kral, A.

The authors describe four cases in detail. The cases seem to confirm the view held by Schröder that the concussion psychosis shows three stages: The first is that of deep unconsciousness, the second transitional stage resembles delirium, and the last stage is the amnesic, which tends to disappear gradually. From the analysis of the second stage mainly, the authors come to the conclusion that a lesion of the brain-stem, and not a diffuse general lesion of the brain, must be held responsible for the syndrome. This conclusion is reached not only by the study of the psychic symptoms, but from the somatic and vegetative disorders and from comparison with alcoholic delirium.

The amnesia in this type of case can be classified as anterograde amnesia, retrograde amnesia and amnesia for the past.

The anterograde amnesia involves a space of time after the accident, in which the patient may have apparently regained consciousness. It cannot be explained psychologically only, and the authors think an "apsychogenic" explanation necessary, assuming that many happenings do not "enter the personality".

The amnesia for the past, in which the history of the whole life and the formerly acquired knowledge is lost, is only a temporary one, passing away gradually. It is not due to a disorder on the receptive side, but is a disorder of reproduction.

The retrograde amnesia can be explained psychologically to some extent, the authors assuming that sometimes psychogenic mechanisms come into play and that a defective reception might be of importance too.

The authors believe that their theories hold for the amnesias due to traumatism only, and that they could not be generalized and applied to amnesic syndromes from other causes, as in senile changes of the brain. S. L. LAST.

*Can Traumatic Epilepsy Develop as a Sequel to Uncomplicated Simple Concussion?* [*Kann traumatische Epilepsie als Folge einer unkomplizierten, einfachen Gehirnerschütterung entstehen?*]. (*Acta Psych. u. Neur.*, vol. viii, p. 549, 1933.) Kaila, M.

By simple uncomplicated concussion the author understands the following syndrome: Unconsciousness of short duration, consciousness returning quickly and remaining clear; the patient may vomit for some time and have an altered pulse and respiration, but no other serious somatic or psychic symptoms.

Amongst 194 cases of head injury seen by the author, 78 cases belonged to this group; his second group of 54 cases had a fracture of the base or of the vault without dislocation, and the remaining 62 cases had more severe psychic or somatic symptoms, compound or depressed fractures.

In the first group he observed 4 epileptics, but only in one of them could the traumatism be held responsible. The second group contains 3 epileptics where the disease seemed to be due to the injury, and in the last group 6 had real epileptic seizures and 6 had epileptic equivalents in consequence of the accident.