to the supramarginal and angular gyri, where the examination of the brains of the subjects revealed an abiotrophic change and a quantitative and qualitative loss. Mention is then made of the "sensory visual band" of Elliot-Smith, and its significance as a connecting link between parietal and occipital mechanisms is mentioned. The authors suggest that it is a disturbance of this group of cerebral areas that leads to a loss of personal bodily orientation, in the absence of which external space cannot be adequately managed by the subject.

W. Mc. HARROWES.

Clinical Observations on the Value of the Hoffmann Sign. (*Journ. of Nerv. and Ment. Dis., vol. lxxvii, p.* 594, *June*, 1933.) *Fay, T., and Gotten, H. B.*

This sign consists in flexion of the fingers and thumb on snapping the tip of the nail of the middle or index finger. The authors consider it to be a delicate reflex phenomenon associated with organic diseases of the nervous system situated above the mid-cervical region. They consider it compares favourably with the Babinski reflex as a reliable index of organic disease in the cortical spinal pathways. It may appear at times without a Babinski sign when the lesion is focal to the fibres or areas concerned in motor functions of the upper extremities.

G. W. T. H. FLEMING.

Postural Reflexes in Various Diseases of the Central Nervous System, Particularly Catatonic Dementia Præcox [*Sui riflessi di postura locale e generale in varie malattie del sistema nervosa centrale, nella demenza precoce catatonica in ispecie*]. (*Riv. Sper. di Freniat., vol. lvi, p.* 131, *March*, 1932.) *Severino, A.*

The writer investigated the postural reflexes in 50 cases of dementia præcox, of which 20 were catatonics, in 34 cases of severe disease of the nervous system and in 24 functional cases. The general reflexes were found well preserved in dementia præcox and without any exaggeration in catatonics. In 60% of the catatonics there was an exaggeration of the local reflexes. In the non-catatonic cases of dementia præcox this percentage was less than 20. This deviation from the normal the writer considers is due to some toxic or organic change in the nervous system, and he assumes that there is some lesion of the extrapyramidal centres.

G. W. T. H. FLEMING.

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5. Oligophrenia (Mental Deficiency).

Some Clinical Neuro-psychiatric Conditions with Mental Defect [*Di alcune forme cliniche neuro-psichiatriche con deficit mentale*]. (*Riv. Sper. di Freniat., vol. lvi, p.* 1, *March*, 1932.) *de Sanctis, S.*

The writer distinguishes three types: A with cortical and pyramidal symptoms predominating, B with striate and extra-pyramidal symptoms most marked, and C with a mixed symptomatology, cortical and basal. All three showed marked defect of personality, while the intellectual defect varied in degree.

G. W. T. H. FLEMING.

A Contribution to the Study of Mongolism [*Contributo allo studio del mongolism*]. (*Riv. Sper. di Freniat., vol. lvi, p.* 162, *March*, 1932.) *Delfini, C.*

The writer describes a case of mongolian idiocy. At the autopsy there was a striking agenesis of the cerebral cortex. The histological examination showed an arrest of development in a primitive stage. In the left lateral ventricle there was a cyst the size of a hazel-nut. There was a marked alteration in the whole endocrine system, which the writer considers must have taken place *in utero*. He believes that the cause lies in an agenesis of the suprarenal medulla, and to a want of development of the thyroid parenchyma.

G. W. T. H. FLEMING.

https://doi.org/10.1192/bjp.79.327.789-a Published online by Cambridge University Press