

Sensory variants he describes as reflex epilepsy, sensory epilepsy and affective epilepsy.

All these are freely elaborated and numerous cases are cited to illustrate the points raised. WM. McWILLIAM.

*Observations and Results of Intra-cranial Section of the Glossopharyngeus and Vagus Nerves in Man.* (*Journ. of Neur. and Psycho-path.*, October, 1927.) Fay, T.

Dr. Fay describes two cases which arose in his neuro-surgical practice:

- (1) Intra-cranial section of the glossopharyngeus.
- (2) Intra-cranial section of the vagus nerve.

He describes the anatomy of the parts involved and discusses the two lesions at length.

He concludes that the glossopharyngeus is probably a nerve of special sense, devoted to gustatory and secretory function; that the vagus nerve supplies a small cutaneous area in the region of the concha of the ear, as well as common sensation to the pharynx and larynx; and that intra-cranial section of the root should determine the nuclear functions of these nerves, and further establish the exact physiology of each. WM. McWILLIAM.

*Post-Concussion Neurosis: Traumatic Encephalitis.* (*Arch. of Neur. and Psychiat.*, August, 1927.) Osnato, M., and Giliberti, V.

The authors, struck by the resemblance between post-concussion syndromes and epidemic encephalitis, investigated 100 cases of concussion with or without fracture of the skull. In concussion of the brain there is no marked neuroglia reaction, but a hæmorrhagic and thrombotic picture, usually in the periphery, the white and grey matter of the deeper parts of the brain being comparatively free from injury. The pia arachnoid suffers most. Concussion is *not* "a transient state which does not comprise any evidence of structural cerebral injury." There *is* injury in concussion, and in some cases probably secondary degenerative changes develop, giving rise to a symptomatology which resembles in many ways epidemic encephalitis. Hence the authors' preference for the term "traumatic encephalitis" in place of "post-concussion neurosis." G. W. T. H. FLEMING.

*Encephalitis Periaxialis Diffusa (Schilder).* (*Arch. of Neur. and Psychiat.*, December, 1927.) Schaltenbrand, G.

Schaltenbrand describes a case of this disease in a girl of 14, in which the diagnosis was made ante-mortem on typical symptoms of apathy, optic neuritis, choked disc and signs of extensive bilateral lesions of the brain. At autopsy the brain showed widespread softening and disintegration of the white matter of both hemispheres. The process involved the corpus callosum, and extended downward as far as the midbrain and chiasma. The less extensively involved areas showed an abnormal filling of the blood-vessels and a mucoid degeneration of the oligodendroglia, identical