

any skipping of a link, *i.e.*, if a member of the family has escaped the disease, none of that member's descendants has become affected; the single apparent exception to this rule—that afforded by *B's* son—seems sufficiently explained by the fact of *B's* dying from other causes before expiry of the critical period of life. Further, it may be noted that the three doubtful cases referred to with slight choreic movements, in which the diagnosis is not yet confirmed, are all in offspring of affected children of *C* and *D*.

The onset of the disease is commonly insidious. It occurs mostly in robust persons who have married and had families, and it begins at ages varying from 26 to 51 years. The author does not find any evident raising or lowering of the average age of onset in successive generations, such as some writers have alleged. In particular instances the illness has been ascribed by members of the family to various causes, but the only causal factor whose influence is at all clear is the hereditary factor.

SYDNEY J. COLE.

Global Aphasia and Bilateral Apraxia due to an Endothelioma compressing the Gyrus Supramarginalis. (*Arch. of Neur. and Psychiat.*, June, 1921.) Bremer, F.

Two cases are described where a knowledge of Marie and Foix's syndrome of the supramarginalis—slight paresis of the right arm with marked sensory disturbances, global aphasia and ideo-motor apraxia—enabled the localisation of the tumours to be correctly made. In each case the symptoms disappeared after the removal of the tumour. Pressure on the corpus callosum was impossible as the tumours were so small. A lesion of the left gyrus supramarginalis was found responsible for a true bilateral apraxia in thirteen cases out of forty-one (von Monokow).

In two other cases a small gliomatous cyst of the frontal region produced the type of aphasia characterised by an intensity of dysarthria contrasting with a relative conservation of the understanding. This represents the syndrome anarthrique of Marie and Foix, which they showed to be produced by a lesion in the posterior part of the second frontal convolution and the adjacent part of the ascending gyrus.

C. W. FORSYTH.

Reflex Epilepsy [Über Reflexepilepsie]. (*Zeitschr. f. d. ges. Neur. u. Psychiat.*, Bd. lxxiv, February, 1921.) Rosenhain, E.

In 1850 Brown-Séquard divided a guinea-pig's sciatic nerve, and after some weeks observed the development of an epileptic condition, and of an epileptogenous zone on the injured side. The attacks occurred sometimes spontaneously, but they occurred regularly when the epileptogenous zone was stimulated or touched. From the spasms of a guinea-pig to human epilepsy is a big jump; nevertheless, a number of cases of convulsion in man were described as analogous to what Brown-Séquard had observed. For example, in 1871 Westphal reported the case of a girl, *æt.* 17, in whom pressure on the left supraorbital nerve regularly produced a tonic spasm, which ended with vigorous weeping and howling.

The conception of reflex epilepsy requires the existence of a kind of epileptic condition, distinguished from other forms of epilepsy by the circumstance that, in consequence of a local disease somewhere outside the brain, convulsive attacks are released, on a reflex path, by stimulation of a centripetal nerve. In criticism Rosenhain sets forth the following considerations: (1) The fits do not follow at once upon the incidence of the local disease; there is an interval, sometimes of years. (2) An aura in the region of the affected nerve has been supposed to be further evidence of the reflex nature of the disturbance; but the occurrence of such an aura may be a mere coincidence; or it may be due, in cases of Jacksonian epilepsy, to a chance affection of a spot of cortex corresponding to the injured limb; or the aura may have been merely referred to a *locus minoris resistentie* of the periphery of the body; or, if the aura were dependent, in accordance with the notion of reflex epilepsy, on a morbid functioning of the injured nerve, it would be fair to assume that, wherever an aura is located, there there is to be found the seat of production of a fit—which is absurd. (3) It has been said that in some cases, after treatment of the local affection, or after extirpation of the epileptogenous zone, the epilepsy has been cured; but this is no proof of its reflex nature, for the cure may have been due to removal of a toxic source, or to amelioration of a neuritis ascending to the subarachnoid space. (4) If, by suitable stimulation of a centripetal nerve, an epileptic fit were regularly induced, the reflex nature of the condition would be clear; but in many of the cases the fits were induced psychically; in many the fits were not epileptic at all, but hysterical; there is no record of any exact observations on the delimitation of the epileptogenous zone, the strength of the stimuli employed, or the time interval between the application of the stimulus and the release of the fit; and, further, it is necessary to exclude many cases of local affection of the cortex in which, in consequence of a focal brain lesion, a local stimulation of the corresponding limb produces convulsions. (5) As the conception requires that the malady should be a veritable epilepsy, the possibility arises that not merely major fits but various epileptic equivalents might be evoked in the same way; in this connection equivalents have never been considered. (6) How is it that among the entire epileptic material of the Breslau clinic during the last ten years there has not been a single case, and that at the Würzburg clinic no case has ever been known? If a reflex epilepsy were possible, the war would have yielded many cases.

The conception of reflex epilepsy arose in an age when epilepsy was very imperfectly distinguished from other affections, but it still drags out a shadowy existence in the literature. Rosenhain's paper may help to lay its ghost.

SYDNEY J. COLE.

3. Clinical Psychiatry.

The Study of the Trend in a Group of Dementia Præcox Cases. (State Hosp. Quart., May, 1921.) Wright, W. W.

Seven cases showing two trends are discussed; four in which the incest phantasy is evident, and three where the union with the father has a more symbolic representation in a setting of religious exaltation,