

always present in paralysis agitans, so that it is unlikely that the reaction is one of the automatic associated movements mediated through the corpus striatum and substantia nigra. There is a well-marked diminution in the movement where there is weakness of the facial nerve of even slight degree.

G. W. T. H. FLEMING.

*Toxic Infectious Disease in the Peripheral and Central Nervous Systems—so-called Neuronitis.* (*Arch. of Neur. and Psychiat.*, January, 1928.) Brock, S., and Ivimey, M.

A series of five non-fatal cases with toxic or infective processes involving the peripheral nerves and the central neuraxis. The authors suggest, as a suitable terminology for these cases, peripheral neuritis for processes limited to the distal parts of the nerve-trunks, radiculitis for involvement of the roots, and central neuritis (spinal, medullary, pontine, etc.) for involvement of the neuraxis. They point out that what Adolf Meyer described as central neuritis in 1901, he now considers to be pellagra.

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*Myasthenia Gravis.* (*Journ. of Nerv. and Ment. Dis.*, January, 1928.) Nielsen, J. M., and Roth, P.

The authors describe 3 cases in which the myasthenia reaction of Jolly was present at one time or another. The disease seems to occur in persons with small or flabby muscles, and usually affects the bowel muscles as well. Strychnine has little influence on the course of the disease. The basal metabolic rate is normal. The origin of the exhaustion is probably neuro-muscular.

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1. *Studies in Stuttering. Introduction.* (*Arch. of Neur. and Psychiat.*, November, 1927.) Orton, S. T.
2. *Studies in Stuttering. I. Disintegration of the Breathing Movements during Stuttering.* (*Arch. of Neur. and Psychiat.*, November, 1927.) Travis, L. E.
3. *Studies in Stuttering. II.* (*Arch. of Neur. and Psychiat.*, December, 1927.) Travis, L. E.

1. Orton considers that stuttering is often an expression of confusion of cerebral dominance, and is more closely allied to the apraxias than to the ataxias. Probably the cerebellum has nothing to do with the disorder.

2. The author investigated the action of the breathing mechanism during normal speech and during stuttering. He found in normal speech (1) a fairly close correspondence between thoracic and abdominal breathing; (2) a greater number of laryngeal than of breathing movements; (3) a complete independence between vertical movements of the larynx and movements of breathing; (4) rhythm in breathing, in the vertical movements of the larynx and in the changes in breath pressure; (5) a disproportionate increase in duration of expiration during speech;