modified in katatonia, and it would be interesting to note whether similar vagotonic alterations might not be discovered there also.

W. McC. HARROWES.

The Anatomic Substratum of the Convulsive State. (*Arch. of Neur. and Psychiat., May*, 1930.) *Spielmeyer, W.*

The author gives an account of his own work, especially on the sclerosis of Ammon's horn. This area of sclerosis when stained by Nissl's method shows a loss of ganglion cells. In the earliest stages of this condition, there is a loss of cells and an increase of glia cells of the rod form on the border between the area attacked and the normal tissue. These changes are almost as frequent in the cerebellum, where there is a proliferation of the fibroglia in the molecular zone. Spielmeyer considers these changes to be closely related to the epileptic attacks and probably of circulatory origin. He found similar changes in arterio-sclerosis, thrombosis and embolism. The localization in Ammon's horn and in the cerebellum is due to the unsatisfactory blood supply of these areas. One of Spielmeyer's co-workers, Neuberger, has demonstrated recent destruction of muscle elements in the heart without organic changes in the coronary arteries.

G. W. T. H. FLEMING.

The Problem of Localization in Experimentally Induced Convulsions. (*Arch. of Neur. and Psychiat., May*, 1930.) *Pike, F. H., Elsberg, C. A., McCulloch, W. S., and Chappell, M. N.*

The authors believe that both the rubro-spinal and pyramidal systems are concerned with the control of movement. The pyramidal is the main motor system responsible for clonic convulsions. Before the pyramidal fibres have become myelinated and attained their full functional capacity, clonic convulsions arise from lower motor mechanisms. When the central nervous system is otherwise intact, clonic convulsions are of cortical origin. Tonic convulsions arise from the lower motor mechanisms in the period immediately succeeding an injury to the cortical motor mechanisms. They are absent in the early post-operative stages in animals in which the midbrain has been split longitudinally in the mid-line, while clonic convulsions persist if the pyramidal system is intact.

G. W. T. H. FLEMING.

Diagnostic Significance of Sensory Auræ in Epilepsy. (*Brit. Journ. of Med. Psychol., May*, 1930.) *MacCurdy, J. T.*

The author investigated the auræ of a large number of patients at the Manhattan State Hospital and the Craig Colony. The first conclusion he came to was that no such thing as a pure motor aura existed. The idiopathic aura is either sensory or psychic, and is invariably accompanied by an emotional reaction which is always of a painful nature, and is usually fear. Every patient with a