Aneurysms of the Cerebral Vessels. (*Arch. of Neur. and Psychiat., January*, 1929.) *Sands, I. J.*

Cerebral aneurysms may be caused by arterio-sclerosis, septic emboli, or congenital weakness of the vessel-walls. In the vast majority of instances, cerebral aneurysms are recognized only after they have ruptured. The signs of ruptured cerebral aneurysm are those due to the disease causing the aneurysm, those due to pressure or irritation of the surrounding brain structure, and those due to subarachnoid hæmorrhage. In a person suffering from hypertension or arterio-sclerosis, or from a general or local infection, especially infective endocarditis, the sudden onset of headache, nausea, vomiting, unconsciousness and convulsions, and the presence of cervical rigidity and Kernig's sign, disturbances in pupillary reflexes, blurring of the discs, papillœdema, diplopia, paralysis of the cranial nerves and disturbances of deep reflexes, together with a bloody spinal fluid, point to a ruptured intracranial aneurysm. Absolute rest in bed is the most important therapeutic measure.

G. W. T. H. FLEMING.

Cerebral Hæmorrhage Consequent on Softening due to Thrombosis [*L'Hémorragie cérébrale massive consécutive au ramollisement cérébral thrombosique*]. (*L'Encéph., June*, 1928.) *Lhermitte and Kyriaco, N.*

The authors cast doubt upon the usually accepted belief that the main cause of large cerebral hæmorrhages is the rupture of a miliary aneurysm. Inspired by the almost forgotten work of Rochoux and the more recent researches of Artobus and Strauss, they have investigated a number of cases, and have come to the conclusion that a considerable number of sudden, large and fatal hæmorrhages occur in parts of the brain where sclerosis and softening have already prepared the way.

A number of cases are given, and the symptoms in life and *post-mortem* findings carefully recorded. R. S. GIBSON.

Cerebro-hepatic Syndrome with Cystic Degeneration of the Liver-cell Nuclei [*Syndrome hépato-encéphalique : transformation kystique des noyaux des cellules hépatique*]. (*L'Encéph., April*, 1928.) *Guiraud, P.*

This paper adds a case to those observed and described by Marchand and Courtois. In 1913, at the age of 2 years, the patient had a rather vague, feverish, nervous illness. During the following fifteen years he suffered from epileptiform seizures, and a condition closely resembling the Parkinsonian syndrome. He died at the age of seventeen from pulmonary tuberculosis.

The *post-mortem* findings included extensive degeneration and sclerosis throughout the cerebrum. The most interesting feature, however, was the condition of the liver. Here there was profound lobular disintegration with overgrowth of fibrous tissue and formation of new bile capillaries. There was also extensive cystic formation of a peculiar type.