

useful to the progress of science, which will always have uses for all serious contributions.

Italian psychiatry, during 1906, has suffered sad losses. Two young men, especially, who would have done honour to science and the speciality—Obici and Angiolella—died at the age of 35, when they were nearing the end of their zealous work. And among many others we must regret the death of Professor Roncati, Professor of Psychiatry at the University of Bologna, who bequeathed his fortune, of nearly a million francs, to the provincial administration for enlarging and completing the urban asylum which he directed for more than thirty years.

Epitome of Current Literature.

I. Neurology.

On the Pyramidal Tracts of Man [Sulle vie Piramidali Dell'uomo]. (Riv. Speriment di Freniat., vol. xxxii, fasc. iii-iv.) Ugolotti, F.

This article refers to the much debated anatomy of the direct pyramidal and so-called "homolateral" tracts.

In two previous communications Ugolotti fully expressed his view on this subject; but further investigation has caused him to alter his opinion as to the origin of the homolateral bundle of fibres.

The direct pyramidal tract.—Marie and Guillain in 1903 asserted that the difference in extent of the degenerations met with in this column depended on the seat of the primary lesion. If this was situated in the brain proper the degeneration was confined to the inner and posterior margin of Türck's column. While, on the other hand, if the lesion occurred in the cerebral peduncles or in the pons they maintained that the resulting degeneration extended in the shape of an arc, "en croissant," round the anterior margin of the tract. Thus they divided the degenerations found in the direct pyramidal into two distinct types, the cerebral and the mesencephalic, depending on the seat of the original lesion.

The degenerated fibres termed by them "en croissant," and alleged to be characteristic of the mesencephalic type of lesion, took their origin, they believed, from numerous masses of cells in the peduncles, sub-optic region, and the pons in the vicinity of the pyramidal paths, and joined the pyramidal tracts on their way from the cortex.

Ugolotti, in one of the papers previously referred to, strongly combated these conclusions, and claimed that the different forms which the degeneration assumed in this tract varied according to the level at which the cord is examined, and followed the anatomical distribution of the fibres characteristic of each region. Whether the lesion were cerebral or mesencephalic the anterior pyramidal tract preserved the same appearance in degeneration, namely, triangular or rectangular in the cervical, and arc-shaped in the dorsal region. The degeneration as a rule did not extend to the lumbar region, but when it did, it was

represented by a few fibres arranged along the side of the anterior median sulcus.

The "homolateral" pyramidal tract.—Ugolotti applies the nomenclature "homolateral" to those fibres of the pyramidal tract which, in cases of a unilateral lesion of the motor centres, are found degenerated in the position of the "crossed" pyramidal tract, but on the *same* side as the primary lesion. Several explanations have been put forward to account for this double degeneration of the crossed pyramidal tracts following on a unilateral brain lesion: that degenerated fibres passed from one tract to the other across the white commissure; that it was the result of compression of the sound by the affected tract at the level of the pyramidal decussation; that the degeneration was propagated at this point by simple contact; that at the point of decussation each pyramid sent down a bundle of fibres into the "crossed" pyramidal column of the *same* side; that it was due to a double crossing of the pyramidal paths, one at the ordinary level, the other at some higher point in the interhemispheric commissures.

In a former article Ugolotti favoured this latter view. He concluded that the double degeneration was the result of the passage of a bundle of fibres from the seat of injury in the motor zone into the opposite hemisphere, probably through the corpus callosum, and that these fibres at the level of the bulbar decussation passed with the crossed pyramidal fibres coming from the uninjured motor centres into the lateral column on the same side as the lesion, forming the homolateral tract. Further investigation, however, has caused him to alter his opinion and to agree with Dejerine and Thomas that the homolateral bundle of fibres is detached direct from the degenerated pyramidal tract at the commencement of the bulb, and instead of decussating pursues a direct course into the lateral column of the same side. That the point of origin of these fibres has not been more frequently detected Ugolotti believes is due to the fact that the fibres are as a rule few in number, and the number that leave the diseased pyramidal path together at any one point is small; at times, however, they originate as a bundle of fibres large enough to be demonstrated with the greatest facility.

The Marchi reaction is the one recommended by the author, who found the Weigert-Pal method uncertain, and suggests that it is owing to its frequent employment that several observers have been led to false conclusions on this subject.

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Contribution to the Study of the Functions of the Frontal Lobe [Contributo allo Studio delle Funzioni del Lobo Frontale]. (Arch. di Psichiat., vol. xxvii, fasc. iv, v, 1906.) Roncoroni.

In this paper, the author records in detail a clinical observation of a traumatic lesion of the prefrontal area, and in connection therewith discusses the question of the functions of this part of the brain. The subject of the observation, a man, æt. 50, addicted to alcoholic excess, but without anything else of special note in his family or personal history, sustained a compound fracture of the left frontal bone nine months before he came under Roncoroni's care. For fifteen or sixteen days after the injury he was unconscious; there was some loss of brain