

Dr. Prengowski believes the whole state to be vagotonic in origin. The blood-vessels of the skin contract, raising pressure in the cervical vessels. The alteration in the skin diminishes elimination, thus tending to bring about a state of intoxication.

The author claims to have devised a successful method of treatment, consisting of electric pads applied with warmth to the spinal column. He quotes cases in his own private practice and also post-war cases which were greatly benefited by this form of therapy. Its great advantage is that it does not necessitate any interruption of the patient's occupation. Unfortunately the cases are not followed up, so we do not know if relapses occurred. Dr. Prengowski has written a suggestive book. There is no doubt that the rôle of the vegetative nervous system is but little understood. The psychological side of the treatment of nervous disorders should not be entirely neglected.

The works of Hoffmeyer, Eppinger and Hess are quoted in support of the author's contentions, and in one place (p. 61) allusion is made to "les troubles vasomoteurs du cerveau"—an entity which remains not proven.

D. N. HARDCASTLE.

Un Groupe Particulier des Maladies Psychiatriques Fonctionnelles.
Par PIERRE PRENGOWSKI, M.D., Ph.D. Paris: Libraire Felix
Alcan, 1927. Crown 8vo. Pp. 100. Price 8 fr.

This little volume presents certain problems of psychiatric nosology, and Dr. Prengowski illustrates his point of view with twenty detailed case-histories taken from his own experience during the past thirteen years.

He notes that although Kraepelin originally divided psychotics into two main classes—dementia præcox and manic-depressive insanity—each new work of his showed some change of view, an addition or an alteration, so that finally it seems that the author himself was not absolutely sure of the stability of his own doctrine—indeed, he was unable to verify his theory in quite a number of cases. For many cases, even after an exhaustive analysis, cannot be allocated to one or other of the groups of Kraepelin, and they seem, from the point of view of symptomatology, ætiology and even pathology, to form a group apart.

Twenty selected cases—5 men and 15 women—are carefully described. They had been differently diagnosed by various doctors; one case was first said to be hysteria, then a manic-depressive psychosis, then schizophrenia, and so on, the diagnosis being changed as the various phases manifested themselves.

There were no alterations observed in the central nervous system; for the most part the patients were well nourished, and corresponded to the "piknisch" type described by Kretschmer. In the majority of female patients their catamenia was regular.

The family history showed nervous trouble in most of the cases, and physical illness was a final factor in several.

The chief factors noted and described were: Abnormalities of

the emotional display, anger, fear, great sexual excitement, etc., depression and states of euphoria. In some of the cases these alterations could be deliberately evoked. Psycho-motor excitation was a prominent feature in several cases. Delirium and various hallucinations, sensory, visual and auditory were present in others, lucid intervals occurring without apparent cause; lasting only a few hours. Others showed delusions of grandeur and persecution, disintegration of habits and personality. Eight cases had abnormal salivation.

D. N. HARDCASTLE.

Les Tumeurs de la Moelle; Étude Clinique, diagnostique, et thérapeutique. Par J. A. CHAVASSEY. Paris: Gaston Doin et Cie, Editeurs, 1928. Demy 8vo. Pp. 78. Illustr. 12 fr.

This monograph is written by a neurologist to show how accurately the type and position of tumours of the spinal cord can be located with a view to surgical intervention. The author describes at length the various signs and symptoms and their significance, especially as regards the localization of the neoplasm. Other tests, namely, examination of cerebro-spinal fluid, sub-arachnoid injection of lipiodol with radioscopy, manometric tests on cerebro-spinal fluid, and subarachnoid injection of air with, if desired, radioscopy, give valuable information.

In his opening chapter he points out that the majority of medullary tumours are juxta-medullary, *i. e.*, of the pia arachnoid or nerve-roots, that they are usually easily enucleated and therefore suitable for surgical removal. It is important to remember that with medullary tumours there is a long period of physiological suspension of function before there is anatomical destruction—a fact which accounts for the surprising results obtained following the removal of neoplasm in long-standing cases of paraplegia.

He describes the symptomatology under the two stages pre-paraplegia and paraplegia, and follows this with a description of less usual forms. Amongst the preparaplegic symptoms he describes the usual localized radicular and diffuse spinal pains and various sensory and reflex abnormalities. It is to the symptoms of the paraplegic stage that he attaches most importance, as he considers that definite diagnosis and localization are not possible before this. He attaches considerable importance to the automatic reflexes of the medulla—the defence reflexes of Babinski—and states that their exaggeration is one of the most characteristic phenomena of this stage of medullary tumour. Various forms of objective sensory disturbances are found, but the upper limit of such can always be accurately defined. This is most important, as from it the upper limit of the tumour can be ascertained. Paraplegia in flexion is distinctly unusual, but if it appears, either primary or secondary to the usual paraplegia in extension, the author considers it necessitates immediate operation.

The changes looked for in the cerebro-spinal fluid are increase of protein without corresponding increase of cellular content, and the