4. Neurology.

Intracranial Neoplasms: their Incidence and Mental Manifestations. (*Psychiat. Quart., vol. xi, p.* 561, *Oct.*, 1937.) *Hoffman, J. L.*

Amongst 2,000 autopsies at St. Elizabeth's Hospital there were 69 intracranial neoplasms, i.e., 3·45%. The writer points out that there is no psychosis characteristic of brain tumours. The usual symptoms, such as euphoria, facetiousness, *witzelsucht*, uncinate phenomena, dreaming states, etc., are merely suggestive, and have to be confirmed by a neurological examination. The symptoms most suggestive of a brain tumour are confusion, aphasia and sphincter disturbances, together with hypersomnia. G. W. T. H. FLEMING.

Epidemic Encephalitis. (*Arch. Neur. and Psychiat., vol. xxxviii, p.* 1135, *Dec.*, 1937.) *Holt, W. L.*

The writer followed up 78 cases of acute epidemic encephalitis at the Boston Psychopathic Hospital. He found 11·5% alive and without known sequelæ after from 10 to 16 years. The prognosis for lasting recovery appears not to be altered appreciably by the prominence of mental symptoms during the acute attack. Of 90 patients with sequelæ observed again after from 10–17 years, 7·7% had apparently recovered. Children with behaviour disorders constitute the only group with sequelæ of epidemic encephalitis in whom improvement may reasonably be expected. G. W. T. H. FLEMING.

Familial Total External Ophthalmoplegia [*Oftalmoplegia esterna totale congenita familiale*]. (*Il Cervello, vol. xvii, p.* 72, *Mar.*, 1938.) *Galli, G. M.*

Five cases in one family are described. A brother and sister were affected, while a remaining sister escaped. Their male first cousin, father and paternal grandmother were the other sufferers. The symptoms were confined to those of external ophthalmoplegia plus slight adductor paresis of the vocal cords. The blood and cerebro-spinal fluid Wassermann tests were negative in all the cases; the usual chemical and biochemical tests were negative in the cerebro-spinal fluid, and the colloidal benzoin test showed 0000022120000o. H. W. EDDISON.

Friedreich's Ataxia. (*Arch. Neur. and Psychiat., vol. xxxix, p.* 116, *Jan.*, 1938.) *Hassin, G. B.*

The pathological feature of Friedreich's disease is degeneration of the posterolateral columns of the cord, which is also usually seen in subacute combined degeneration. The differences in the two diseases are quantitative: one is a chronic degeneration, the other subacute. The medulla, pons and cerebellum are not involved in Friedreich's disease, but are in Marie's ataxia, which is a morbid condition of certain groups of ganglion cells. The degeneration of the posterior roots which often occurs in cases of Friedreich's ataxia of long standing is secondary to that of the posterior columns. G. W. T. H. FLEMING.

Electrical Signs of Cortical Function in Epilepsy and Allied Disorders. (*Amer. Journ. Psychiat., vol. xciv, p.* 835, *Jan.*, 1938.) *Jasper, H. H., and Nichols, I. C.*

The writers found epileptiform seizure waves on the electro-encephalograms of patients who were not subject to paroxysmal loss of consciousness or to convulsive movements. On the other hand, this makes possible the diagnosis of epileptoid disorders in patients who would not otherwise be diagnosed as epileptic. The

E.E.G. also provides a good indication of the effect of treatment. The writers think that the absence of waves from the frontal area means that the synchronized discharge of groups of cells is not great enough to develop sufficient voltage for detection through the skull.

Brain mechanisms in epilepsy are merely extreme variations of those of normal brain function. G. W. T. H. FLEMING.

Epilepsy: A Paroxysmal Cerebral Dysrhythmia. (*Brain, vol. lx, p. 377, Dec., 1937.*) *Gibbs, F. A., Gibbs, E. L., and Lennox, W. G.*

The writers investigated the electro-encephalogram in epilepsy, and consider that it demonstrates the existence of a paroxysmal cerebral dysrhythmia. They examined a group of 400 epileptics, of whom 120 had seizures while the encephalograms were being made.

They found that seizures involving the cortex were accompanied by characteristic fluctuations in the action potentials. *Grand mal* has a fast, psychomotor attacks a slow, and *petit mal* an alternating fast and slow rhythm.

The exact pattern during the seizure tends to be characteristic for each patient.

Antecedent to these gross abnormalities of rhythm is a lack of a competent control of cerebral rhythms.

Some patients have sub-clinical seizures which are typical short disturbances of rhythm not attended by subjective or objective evidence of a seizure.

Petit mal may occur during sleep. *Grand mal* may be predicted many hours in advance.

In some patients abnormal activity begins in one area of the cortex and spreads to involve other areas. One patient with abnormal spikes confined to the frontal area greatly improved following bilateral amputation of the frontal lobes.

The inhalation of carbon dioxide and the administration of glucose result in temporarily abolishing certain abnormal rhythms. In some patients attention prevents the development of abnormal rhythms. G. W. T. H. FLEMING.

Vegetative Disorders in the Syndrome of the Red Nucleus and the Thalamus [*Vegetative Störungen im Rotenkern-Thalamussyndrom*]. (*Zeitschr. f. d. ges. Neur. u. Psychiat., vol. clix, p. 396, 1937.*) *Széky, A.*

The author describes a case showing a thalamic syndrome, including disorders of sensation as described by Head, central pains, thalamic hand, etc. On top of these symptoms there were some vegetative ones. Trophic ulcers occurred on the affected side. The skin was cool and cyanotic, and on the same side there was hyperidrosis, which occurred spontaneously as well as in response to pilocarpine. The author assumes the hypothalamic region to be involved as well.

S. L. LAST.

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5. Pharmacology and Treatment.

The Treatment of Schizophrenia with Pentamethylenetetrazol [*Traitement de la schizophrénie par le Pentaméthylénetétrazol* (*Cardiazol*)]. (*Ann. Méd. Psych., vol. xcvi* [*i*], *p. 23, Jan., 1938.*) *Delgado, H.*

Observations on the technique of Meduna's cardiazol therapy are followed by a review of the results obtained by previous workers using this method of treatment. Of the 17 schizophrenics treated by the author, 6 are in a complete remission. The other 11 are still receiving treatment, and of these, 4 show incomplete remission, 2 marked improvement, 4 inconstant improvement, and 1 shows no mental change. STANLEY M. COLEMAN.