greater duration of the headaches and the somewhat greater frequency of nausea and vomiting. G. W. T. H. FLEMING.

Causes of Epilepsy. (*Arch. of Neur. and Psychiat., vol. xxvii, May,* 1932.) *Cobb, S.*

Fifty-six clinical causes of fits are grouped and discussed, and the author points out that thirteen physiological mechanisms have been put forward. It is considered likely that embryological defect and tissue destruction act by altering neural conduction. Congestion, asphyxia, vaso-constriction and increased intracranial pressure might all act by means of cerebral anoxæmia. Hydration and dehydration act through chemical changes. A large group of drugs and chemicals cause convulsions by some entirely unknown mechanism. G. W. T. H. FLEMING.

Extramural Patients with Epilepsy. (*Arch. of Neur. and Psychiat., vol. xxviii, August,* 1932.) *Paskind, H. A.*

The author studied 304 patients in private practice who had had epilepsy for over six years, and in some instances for two, three and four decades, and found that only 6·5% showed deterioration. The non-deteriorated patients came from a stock less heavily burdened with neuropathy; the onset was on the whole somewhat later, the attacks less frequent and the remissions more frequent and longer. G. W. T. H. FLEMING.

Epilepsy and Congenital Syphilis. (*Journ. of Nerv. and Ment. Dis., vol. lxxv, May,* 1932.) *Menninger, K. A., and W. C.*

The authors summarize the present position as expressed in the literature as follows:

(1) There is almost uniform agreement that congenital syphilis may produce actual anatomical alterations responsible for epileptic attacks.

(2) There is fairly general agreement that syphilis may act as a germ poison without progressing to actual brain damage, producing a spasmophilic diathesis.

(3) The weight of opinion favours the idea that congenital syphilis may be a direct or indirect cause of the epileptic syndrome, which may in an uncertain number of cases be the first, and in the others the only manifestation of the syphilitic condition.

(4) There are some workers who, through conservatism, do not feel that congenital syphilis is the proved cause of cases of so-called essential or idiopathic epilepsy, but agree that the fundamental cause is probably a developmental defect in the nervous system which may be syphilitic in origin.

(5) A few authors believe that epilepsy is totally unrelated to congenital syphilis.

(6) Some workers feel that too much weight is given to the Wassermann test, and the majority believe that syphilitic stigmata are sufficient to make a diagnosis of congenital syphilis regardless of the Wassermann test. Despite this, some writers base their conclusions as to the prevalence of syphilis entirely upon the statistics of Wassermann blood tests. In some cases the positive Wassermann test is the only sign of syphilis other than the epileptic attacks.

The authors feel that much of the published work on this problem is based on inadequate diagnostic data. The definite diagnosis or exclusion of congenital syphilis must not be based on the presence or absence of any single symptom or sign, but only upon the presence or absence of findings in the carefully investigated hereditary, chemical and physical constituents of the individual.

The authors present 31 cases of individuals having convulsions of the idiopathic epilepsy type, which they regarded as being of congenital syphilitic ætiology, basing their opinion on the above criteria. They conclude that congenital syphilis can produce convulsions, directly and indirectly, without the presence of gross brain lesions or encephalitis (juvenile paresis), and these convulsions have all the appearances of " idiopathic " epilepsy.

From a statistical viewpoint when compared with the total numbers of epileptics and the total number of congenital syphilitics, the occurrence of congenital syphilitic epilepsy must be regarded as unusual.

G. W. T. H. FLEMING.

Syphilitic Hydrocephalus in the Adult. (*Brain, vol. lv, September,* 1932.) *Greenfield, J. G., and Stern, R. O.*

Hydrocephalus is a fairly common result of basal gummatous meningitis. Complete obstruction of the foramen of Magendie is not uncommon, and the foramina of Luschka may also be sealed by plastic meningitis. Syphilitic hydrocephalus is a more common *post-mortem* finding than the larger syphilitic gummata of the meninges. Minute gummata, sometimes of the miliary giant-celled type, are often present in hydrocephalic cases. Degeneration of the myelinated fibres on the surface of the spinal cord occurs in long-standing cases. G. W. T. H. FLEMING.

A Case of Recklinghausen's Disease, with Observations on the Associated Formation of Tumours. (*Journ. of Nerv. and Ment. Dis., vol. lxxvi, October,* 1932.) *Kernohan, J. W., and Parker, H. L.*

The authors report a case of Recklinghausen's disease in which besides the neuro-fibromatosis there were numerous meningiomas and four distinct gliomas of the spinal cord. These latter belonged to the astrocytoma and cellular ependymoma types. There was also a syringomyelia with a pre-syringomyelic stage at each end of the cavity. The neuro-fibromata of the cranial nerves and dorsal roots did not quite conform to the types of tumours supposed to be present in these situations in this disease. G. W. T. H. FLEMING.

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5. Pathology.

The Influence of Septic Infection of the Sphenoidal Sinus upon the Cerebral Blood-supply. (*Journ. Laryngol. and Otol., vol. xlvii, No.* 12, 1932.) *Pickworth, F. A.*

The author shows how the cerebral arteries may be adversely affected by contiguous sepsis of the sphenoidal sinus and naso-pharynx. The mechanisms by which this takes place are discussed under the headings of diffusion of toxic