

Salivation was generally associated with a suitable thought content. Reversal of inhibitory and exciting stimuli produced confusion of the reflex, although the patient at once appreciated what had happened. Consciousness is much more adaptable than the pure reflex. *Psychological processes cannot be reduced to the level of the laws governing conditioned reflexes.*

Conditioned reflexes lag behind consciousness.

W. MCC. HARROWES.

Biliary Anxiety [L'anxiété biliare]. (Ann. Méd. Psych., vol. xv (1), p. 177, Feb., 1935.) Baruk, H., Briand, H., Camus, L., and Cornu, R.

Clinical observations on three cases, in which anxiety states or melancholia are associated with biliary disorders, are supported by experimental work on animals injected with human or animal bile. It is concluded that the biliary intoxication acts directly on the neuro-vegetative centres at the base of the brain, determining on the one hand diverse visceral dysfunctions (cardiac and respiratory arrhythmia) and, on the other, anxiety.

STANLEY M. COLEMAN.

A Typical Clinical Case of Cotard's Syndrome followed by Cure [Un cas clinique típico del síndrome de Cotard seguido de curación]. (La Semana Méd., vol. xlii, p. 1643, June 6, 1935.) Sierra, A. M., and Guixá, J. A.

The writers give a clinical account of this case, with a discussion of the differential diagnosis and a review of previous work on the subject. Cotard's syndrome must not be regarded as exclusively a chronic complaint, in the strict sense of that term. In the presence of this condition it is well to be very cautious in giving a prognosis, since even the most severe cases may result in recovery.

M. HAMBLIN SMITH.

4. Neurology.

Two Cases of Spinal Meningitis after Lumbar Puncture [Zwei Fälle von Meningitis in primis spinalis nach Lumbalpunktion]. (Acta Psychiat. et Neur., vol. x, p. 211, 1935.) Clemessen, C., and Neel, A. V.

The authors report two cases in which lethal purulent meningitis followed diagnostic lumbar puncture. In one case the pressure of the cerebro-spinal fluid had been measured at the first lumbar puncture, and the authors suspect that regurgitation of fluid out of the manometer might possibly account for the infection. The post-mortem in both cases showed that the inflammatory changes were most marked in the lowest part of the lumbar sac.

S. L. LAST.

The Non-suppurative Forms of Encephalitis. (Arch. of Path., vol. xix, p. 213, Feb., 1935.) Baker, A. B.

The writer discusses epidemic, hæmorrhagic and herpetic encephalitis and encephalitis secondary to measles, whooping-cough, smallpox, mumps, chickenpox, dysentery, typhus, vaccination, rabies, lead, arsenic, phosphorus and alcohol. After discussing the inflammatory and degenerative changes in the nervous system, he points out that there is a predominance of certain changes in certain diseases, such as perivascular infiltration by mononuclear cells in epidemic encephalitis, including the St. Louis type, in herpetic encephalitis and encephalitis following mumps. Perivascular demyelination occurs in encephalitis following measles, smallpox, chickenpox and vaccination against rabies and smallpox. Nerve-cell destruction occurs in encephalitis following herpes, whooping-cough, chickenpox, poisoning with lead and phosphorus, cerebral hæmorrhage, in hæmorrhagic encephalitis and arsenic intoxication.

G. W. T. H. FLEMING.

The Neurologic Aspect of Leukæmia. (Amer. Journ. Med. Sci., vol. clxxxix, p. 766, June, 1935.) Schwab, R. S., and Weiss, S.

Only about 25% of cases with histological evidence of leukæmic infiltration of the

central nervous system exhibit neurological signs. The frequency of neurologic complications in the acute and chronic types of leukæmia and in the lymphatic and myelogenous types is about the same. The most frequently observed neurological signs were unilateral or bilateral palsies of the 6th and 7th nerves, with less frequent involvement of the 5th, 8th, 9th, 10th, 11th and 12th nerves. Absent deep reflexes, pyramidal signs, paræsthesias and signs of meningeal irritation were encountered. In 73·6% of 34 cases the spinal fluid showed abnormal findings, indicated by increased cell-count and protein content and by elevated pressure.

G. W. T. H. FLEMING.

Allergy in Migraine-like Headaches. (*Amer. Journ. Med. Sci.*, vol. cxc, p. 232, Feb., 1935.) Sheldon, J. M., and Randolph, T. G.

The writers investigated a group of 127 cases of migraine-like headaches. The results of treatment in the 60·8% of patients from whom adequate follow-up information was available showed that two-thirds of this number experienced relief of symptoms, partial or complete, following the rigid avoidance of suspected articles of the diet as determined by skin-testing and dietary history. They believe that allergy is an important contributory factor in certain cases of irregularly recurrent migraine-like headache.

G. W. T. H. FLEMING.

Hypothermia in Cases of Hypothalamic Lesions. (*Arch. of Neur. and Psychiat.*, vol. xxxiii, p. 570, Mar., 1935.) Davison, C., and Selby, N. E.

The authors describe a case with slight polyuria and polydipsia, adiposo-genital dystrophy, hypersomnia and a prolonged subnormal temperature. For three months the average temperature was 92·5° F. At autopsy, an angioma situated in the floor of the third ventricle was found. It had partially destroyed the oral ends of the supra-optic and paraventricular nuclei and the right mamillary body. The nuclei tuberculi proper were entirely destroyed. In addition, the following nuclei were implicated—the mamillo-infundibular and pallido-infundibular nuclei, the substantia grisea centralis and the intercalate and interfornicate nuclei. The authors think that the extreme subnormal temperature was due to the extensive implication of the nuclei tuberculi proper and of the mamillary bodies.

G. W. T. H. FLEMING.

Clinical Significance of Chorea as a Manifestation of Rheumatic Fever. (*Journ. Amer. Med. Assoc.*, vol. cv, No. 8, p. 571, Aug. 24, 1935.) Jones, T. D., and Bland, E. F.

The aim of the authors of this paper is to weigh the prognostic significance of chorea as a manifestation of rheumatic fever. Their material consisted of 482 patients with chorea and 518 patients with manifestations of rheumatic fever other than chorea, studied over a period of eight years. The incidence of rheumatic heart disease was 86% in the rheumatic fever without chorea group, and only 54% in the group with chorea as a symptom. When the latter group was analysed into (1) those with chorea and other symptoms of rheumatic fever, and, (2) those with chorea only (so-called "pure chorea"), the incidence of heart disease was 73% and 3% respectively. The number of attacks of chorea does not appear to influence the development of rheumatic heart disease. Precordial pain, pericarditis and congestive heart failure occurred twice as frequently in patients having rheumatic fever as in those having chorea in addition to rheumatic fever. Death occurred in only 0·7% of patients with chorea as compared with 14% of those with other symptoms of rheumatic fever and chorea, and in 32% of those with rheumatic fever and no choreic symptoms. The authors say, therefore, that chorea is to be considered a mild manifestation of rheumatic fever, and one in itself not especially conducive to the development of rheumatic heart disease.

J. L. FAULL.