A Tuberculosis Survey in Mental Hospitals. (*Amer. Journ. Psychiat., vol. xiii, p.* 975, *March,* 1934.) *McGhie, B. T., and Brink, G. C.*

A higher percentage of tuberculous disease is found in patients with mental conditions than in the patients in general hospitals or in the general population (exclusive of certain industrial groups). Infection with tubercle bacilli has taken place in a higher percentage of mentally defective children than in apparently healthy school-children. In all suspicious cases every effort must be made to rule out tuberculosis as the cause of the symptoms. Temperature records, sputum examinations and weight charts are of great value, but an X-ray of the lungs is essential before the probability of tuberculosis can be eliminated. A properly conducted intracutaneous test is of great importance. Morbidity from tuberculosis is high in the nursing profession. Nurses with no pre-existing infection and resulting immunity should not be allocated in wards with known open cases of tuberculosis. X-ray pictures of the lungs should be taken of all probationer nurses before they are accepted. M. HAMBLIN SMITH.

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4. Neurology.

The Neuropathic Factor in Disease. (*Birmingham Med. Rev., vol. viii, p.* 252, *Dec.,* 1933.) *Evans, J. J.*

Against the theory that focal infection and elective affinity establish secondary diseases, the author adduces the lack of adequate scientific proof, the unilaterality and ipsilaterality of the secondary lesions, and the occurrence of secondary diseases with non-septic primary lesions. Adopting the eye for illustrative purposes, he suggests that secondary lesions result from "lowered vitality" of the tissues secondarily affected, due to defect of "trophic influence" or to reflex antidromic impulses. The ipsilaterality of the secondary lesion is accounted for by the antidromic, noxious, long axon-reflex disturbing the vascular state of the tissues.

JOHN D. W. PEARCE.

Head Injuries. (*Arch. Neur. and Psychiat., vol. xxxi, p.* 893, *May,* 1934.) *Strauss, I., and Savitsky, N.*

The writers point out the importance of a very complete neurological examination. Mann has mentioned as often overlooked the following symptoms: Difficulty in lateral conjugate gaze, a slight tendency to fall to one side, diminished corneal reflexes, and slight disorders in co-ordinated movements. Goldstein emphasized that mild involvement of the cerebellar pathways is often overlooked, as are also residuals of aphasia and mild forms of sensory agnosia. Changes in tonus limited to one limb, slight postural defects, defective associated movements, convergence reactions and other less striking evidences of disease of the basal ganglia are often missed. Others have pointed out the importance of an isolated positive Rossolimo reflex, mild contraction of the visual fields or diminished vibratory sensation in the lower limbs. There should be a careful study of the nature of the intellectual processes, the quality of the sensory experiences and the status of the volitional tendencies. Many head injuries show ready fatigability, emotional lability, difficulty in thinking, etc.—all changes similar to those found in the early stages of an organic psychosis.

The authors plead for the use of special technique in the making of tests and for the examination of the affective side of the mind. They also point out the frequent occurrence of defects in the visual fields; in some cases the colour fields are affected. A careful otological examination will often reveal defects of the vestibular apparatus, and by using an audiometer degrees of deafness otherwise missed will be detected.

Encephalography and ventriculography often show changes not otherwise thought of. There is a great need for pathological studies of brains some years after the head injury. G. W. T. H. FLEMING.