with that in Penfield's acute swelling. The areas of severe degeneration showed a complete destruction of the myelin, which was phagocytosed by scavenger cells of microglial origin. The axis-cylinders were partially preserved. The oligodendroglia had entirely disappeared. The neuroglia had hypertrophied in number and size of the cells, and formed a thick, fibrous network. The perivascular spaces were enlarged, and were filled with scavenger cells and a few lymphocytes. In the areas of severest destruction there was formation of a scar of connective tissue. The author thinks this disease is probably caused by an ultra-microscopic virus.

G. W. T. H. FLEMING.

Forced Conjugate Upward Movement of the Eyes following Epidemic Encephalitis. (*Arch. of Neur. and Psychiat., January*, 1928.) *Taylor, E. W., and McDonald, C. A.*

Taylor and McDonald report 13 cases of upward movement of the eyes in post-encephalitic Parkinsonism. In 8 out of the 13 the movement was only upward, in 4 this was combined with lateral movement, in 1 case there was a slight external rotation of the right eys, and in 1 case downward alternated with upward movement. Associated movements of the head occurred in 5 cases. Usually the interval between attacks was more than twenty-four hours. The treatment, largely by scopolamine, was effective in 8 cases; in 2 it was without result. The disappearance of the spasm when the patient lay down was striking in several cases.

G. W. T. H. FLEMING.

The Evolution of an Encephalitic Dystonia into a Hypertonic Akinetic Syndrome resembling Wilson's Progressive Lenticular Degeneration. (*Journ. of Nerv. and Ment. Dis., November*, 1927.) *Brock, S., and Katz, S.*

The authors describe a case of encephalitic dystonia, with little evidence of hypertonus and insignificant striatal-bulbar symptoms, which developed into a syndrome with hypertonus, restriction or loss of movement, dysarthria and dysphagia, which resembled Wilson's disease. Apart from a slight euphoria there was no psychic disturbance. They point out that the Vogts and Jakob have called attention to partial striatal lesions progressing to a complete strio-pallidal degeneration. G. W. T. H. FLEMING.

Lesions of the Epiconus. (*Journ. of Nerv. and Ment. Dis., November*, 1927.) *Alpers, B. J.*

The epiconus region, which includes segments from the fifth lumbar to the second sacral inclusive, differs materially in an anatomical way from the conus. The symptoms are those of involvement of the sacral plexus (the nervus peroneus being most affected) absence or diminution of the knee-jerks, integrity of the sphincters, and integrity of the patellar reflexes. Alpers' own cases showed that the glutei and hamstrings were involved in all his cases, also the extensors of the toes. The extensors of the thighs and legs are

always involved to some extent. Seletzky believes that there are two types of epiconus syndromes, one involving chiefly the gluteus maximus, with the peroneal nerve only slightly affected, the lesion being in the lower part of the epiconus. The other type shows more pronounced involvement of the peroneal nerve, and the glutei are only slightly involved, the lesion being in the upper part of the epiconus. Any disease affecting the spinal cord may of course involve the region of the epiconus.

G. W. T. H. FLEMING.

Vasomotor and Pilomotor Manifestations: Their Localizing Value in Tumours and Lesions of the Spinal Cord. (*Arch. of Neur. and Psychiat., January*, 1928.) *Fay, T.*

When the skin of the trunk is suddenly exposed to cold by uncovering it, in diffuse daylight, a band of hyperæmia appears and fades. The level of vasomotor demarcation coincides with the first signs of sensory change, which began with this line and became increasingly more definite below this level. The upper zone of hyperalgesia corresponds to the upper level of vasomotor demarcation. The pilomotor reflex is obtained by flicking the skin with a cold towel. Thomas recently suggested deep pinching of the skin and the trapezius muscle at the base of the neck. This gives a homolateral reflex, spreading down the same side. This may fail to appear below the involved segment. A point of tenderness to deep pressure was found in each case over the spinous processes at the level of the lesion. The vasomotor line of demarcation will frequently indicate the level of the lesion before the development of sensory or motor symptoms of focal value.

G. W. T. H. FLEMING.

The Corpus Striatum. (*Arch. of Neur. and Psychiat., October*, 1927.) *Morgan, L. O.*

The author reviews the present position with regard to this important region of the brain. He describes experiments on six cats by the Marchi method, and having studied secondary degenerations in human brains as well, he comes to the following conclusions:

Efferent fibre systems from the globus pallidus have been shown to terminate in (1) the mammillo-infundibular nucleus of Malone; (2) cephalic part of the substantia reticularis hypothalami of Malone (nucleus of Forel's field) of the same and opposite sides; (3) the subthalamic nucleus of Luys; (4) the subthalamus ventro-caudal to the thalamus (caudal part of the substantia reticularis hypothalami); (5) interstitial nucleus of Cajal and nucleus of Darkschewitsch; (6) oculo-motor nucleus and nucleus of Westphal-Edinger; (7) red nucleus (?); (8) motor division of the substantia nigra (intrapeduncular nucleus of Malone); (9) peripeduncular nucleus of Jaconsohn.

Through a strio-bulbar fasciculus, fibres terminate in (10) the trochlear and abducens nuclei; (11) reticular nucleus of the pons and