

*Brain Trauma.* (*Arch. Neur. and Psychiat.*, vol. xxxi, p. 956, May, 1934.) Winkelman, N. W., and Eckel, J. L.

The authors made a histological study of a group of cases of severe brain trauma. They point out that in some cases the trauma makes more active a pre-existing process, such as a syphilitic one. Subarachnoid hæmorrhage is the most common gross lesion. Large and small hæmorrhages within the brain substance are comparatively common. The onset of œdema shortly after an injury increases the damage to the brain.

The development of pial cortical adhesions could be traced from the beginning as the result of subarachnoid hæmorrhage and secondary reaction. "Traumatic neuroses" are usually based on organic changes. G. W. T. H. FLEMING.

*The Problem of the Pathogenesis and Psychopathology of the Amnesic Syndrome after Skull Injuries* [*Zur Frage der Pathogenese und Psychopathologie des amnestischen Symptomencomplexes nach Schädeltraumen*]. (*Zeits. f. d. ges. Neur. u. Psychiat.*, vol. cxlix, Nos. 1-3, pp. 134-75, 1933.) Klein, R., and Kral, A.

The authors describe four cases in detail. The cases seem to confirm the view held by Schröder that the concussion psychosis shows three stages: The first is that of deep unconsciousness, the second transitional stage resembles delirium, and the last stage is the amnesic, which tends to disappear gradually. From the analysis of the second stage mainly, the authors come to the conclusion that a lesion of the brain-stem, and not a diffuse general lesion of the brain, must be held responsible for the syndrome. This conclusion is reached not only by the study of the psychic symptoms, but from the somatic and vegetative disorders and from comparison with alcoholic delirium.

The amnesia in this type of case can be classified as anterograde amnesia, retrograde amnesia and amnesia for the past.

The anterograde amnesia involves a space of time after the accident, in which the patient may have apparently regained consciousness. It cannot be explained psychologically only, and the authors think an "apsychogenic" explanation necessary, assuming that many happenings do not "enter the personality".

The amnesia for the past, in which the history of the whole life and the formerly acquired knowledge is lost, is only a temporary one, passing away gradually. It is not due to a disorder on the receptive side, but is a disorder of reproduction.

The retrograde amnesia can be explained psychologically to some extent, the authors assuming that sometimes psychogenic mechanisms come into play and that a defective reception might be of importance too.

The authors believe that their theories hold for the amnesias due to traumatism only, and that they could not be generalized and applied to amnesic syndromes from other causes, as in senile changes of the brain. S. L. LAST.

*Can Traumatic Epilepsy Develop as a Sequel to Uncomplicated Simple Concussion?* [*Kann traumatische Epilepsie als Folge einer unkomplizierten, einfachen Gehirnerschütterung entstehen?*]. (*Acta Psych. u. Neur.*, vol. viii, p. 549, 1933.) Kaila, M.

By simple uncomplicated concussion the author understands the following syndrome: Unconsciousness of short duration, consciousness returning quickly and remaining clear; the patient may vomit for some time and have an altered pulse and respiration, but no other serious somatic or psychic symptoms.

Amongst 194 cases of head injury seen by the author, 78 cases belonged to this group; his second group of 54 cases had a fracture of the base or of the vault without dislocation, and the remaining 62 cases had more severe psychic or somatic symptoms, compound or depressed fractures.

In the first group he observed 4 epileptics, but only in one of them could the traumatism be held responsible. The second group contains 3 epileptics where the disease seemed to be due to the injury, and in the last group 6 had real epileptic seizures and 6 had epileptic equivalents in consequence of the accident.

Kaila deducts from these figures that traumatic epilepsy may occur as a sequel to uncomplicated simple concussion, but that this occurrence is a rare one.

S. L. LAST.

*A Case of Cyst of the Ependyma of the Third Ventricle: A Contribution to the Problem of the Relationship of Psychic Symptoms to the Brain Stem [Ein Fall von Ependymcyste des III Ventrikels: Ein Beitrag zur Frage der Beziehungen psychischer Störungen zum Hirnstamm].* (*Zeits. f. d. ges. Neur. u. Psychiat.*, 1933, *cxlix*, pp. 312-344.) Foerster, O., and Gagel, O.

The authors give a full clinical and histological description of a cystic tumour situated in the third ventricle. They believe this tumour to have taken origin in the ependyma. The psychical state was characterized by disorientation, loss of memory as well as of impressionability, confabulations and apathy interrupted by euphoric states. According to the authors, the picture resembled Korsakov's psychosis. Six other cases of tumours affecting the third ventricle are then described, in which a definite maniacal state was one of the features. In 4 cases this appeared during the operation, whereas 3 showed this state previous to the operation, and it was obviously mechanical irritation of the infundibulum which provoked the mania.

Having mentioned the maniacal state occurring in tumours of the quadrigeminal plate and the unconsciousness and coma which arise spontaneously in tumours of the third ventricle, and often during operations near the corpora quadrigemina, the authors express the following view:

The functions of the cortex, as the region where the neurodynamic processes related to consciousness, take place, are stimulated by the anterior part of the hypothalamic region, and inhibited by the medulla oblongata and the grey matter round the aqueduct and the posterior part of the third ventricle. Mania, therefore, can develop either by stimulation of the activating region (anterior hypothalamic region) or by depression of the inhibitory one (quadrigeminal region). On the other hand, sleep and unconsciousness can be produced by stimulation of the inhibitory region or depression of the (stimulating) hypothalamus.

S. L. LAST.

*Tolosa's Sign and the Changes in Deep Sensibility Occurring in Tabes [O sinal de Tolosa e as alterações da sensibilidade profunda na tabes].* (*Revista da Assoc. Paulista de Med.*, vol. iv, p. 78, Feb., 1934.) Bicudo, J. da F.

There are two cremasteric reflexes—superficial (R.C.S.), obtained by light friction, and in close relation with tactile sensibility, and deep (R.C.P.), obtained by deep pressure, and in strict relation with deep and especially with visceral sensibility. These reflexes disappear, either separately or conjointly, in various nervous diseases, and the disappearance is known as Tolosa's sign. The alterations of the reflexes observed in 16 cases of tabes are tabulated and discussed. It is suggested that further observations in this field may produce results of considerable diagnostic importance.

M. HAMBLIN SMITH.

*The Blinking Reflex [Le réflexe de clignement à la menace].* (*L'Encéphale*, vol. xxix, p. 1, Jan., 1934.) Rademaker, G. G. J., and Garcin, R.

The authors conclude that rolandic and occipito-rolandic lesions are capable of abolishing the blinking reflex in the heterolateral temporal field without hemianopsia in that part of the field. They point out that this finding is in accord with physiological experiments, and that it is of significance both for its evidence as to the path of the reflex and in diagnosis. They mention that their thesis has received confirmation as a result of surgical intervention in the area mentioned.

W. McC. HARROWES.

*Painful Paroxysmal Hereditary Akinesia [Heredo-akinesie paroxystique douloureuse].* (*L'Encéphale*, vol. xxix, p. 100, Feb., 1934.) Koulikov, A. E.

This communication, from the Neurological Clinic at Moscow, describes a condition occurring in certain children when their meals are not regular and when