

Epileptiform Attacks, Mental Confusion and Signs of Focal Lesions Rapidly Cured by Mercurial Treatment [*Crises épileptiformes, obtusion intellectuelle et symptômes de lésion en foyer rapidement guéris par le traitement mercuriel*]. (*Bull. Soc. Clin. de Méd. Ment.*, December, 1922.) Vernet, P., and Merland, A.

The patient, a girl of syphilitic parentage, developed a complete right hemiplegia, motor aphasia, numerous epileptic seizures and a state of profound mental confusion. A diagnosis of a gumma in the vicinity of the left motor area was made. Mercurial treatment effected a rapid cure.
J. S. ANNANDALE.

Mental and Respiratory Disorders following Epidemic Encephalitis [*Troubles psychiques et respiratoires consécutifs à l'encéphalite épidémique*]. (*Bull. Soc. Clin. de Méd. Ment.*, November, 1922.) Roubenovitch, F., Barük and Bariety.

The patient, a child, after an attack of acute encephalitis lethargica, showed the usual alterations in character, and became mischievous, disobedient, querulous, restless and violent. The respiratory disorder was of the nature of paroxysmal polypnoea lasting for about two minutes at a time, and followed by a period of apnoea. The respiratory rhythm was deranged, expiration being longer than inspiration, and of a sighing character. The authors are unable to make any adequate suggestion as to the pathogenesis of the respiratory manifestations.
J. S. ANNANDALE.

A Case of Amaurotic Family Idiocy, Late Infantile Type (Bielschowsky), with Clinical Picture of Decerebrate Rigidity. (*Arch. of Neur. and Psychiat.*, December, 1926.) Hassin, G. B.

The author describes the case of a girl, æt. 7½, a Hungarian-American. In its late onset (at 3½), protracted course, presence of cerebellar atrophy and the absence of the racial element and macular changes, it resembled the type described as late infantile by Bielschowsky and as cerebellar by Jansky. The micro-chemical changes are given in great detail. Clinically the outstanding feature was decerebrate rigidity, which occurs more frequently in amaurotic family idiocy than in any other disease. The Magnus de Kleijn neck reflex which occurred in this case closely resembled that occurring in the tonic phase of an epileptic seizure.

G. W. T. H. FLEMING.

Somnolence: Its Occurrence and Significance in Cerebral Neoplasms. (*Arch. of Neur. and Psychiat.*, January, 1927.) McKendree, C. A., and Feinier, L.

Somnolence may occur in cerebral neoplasms apart from the anatomical region involved, and before any definite signs of increased intracranial pressure manifest themselves. It may occur without demonstrable gross changes in the ventricles or gross hyperplasia of the region involved and without ventricular distension.

Somnolence was most constantly found in cases exhibiting marked internal hydrocephalus. On the other hand, the degree

was often slight compared with other instances in which there was little or no distension of the ventricles. The majority of this series of cases showed undoubted signs of increased intracranial pressure, and the authors believe that this factor with or without ventricular distension operates directly or indirectly in slowing cerebral circulation, diminishing conscious receptivity of environmental stimuli and producing somnolence.

G. W. T. H. FLEMING.

Psycho-galvanic Studies in Schizophrenia. (Arch. of Neur. and Psychiat., December, 1926.) Syz, H. C.

The average electrical resistance in catatonic stupor was found to be more than twice as high (280,000 ohms) as it is in normal persons (111,000). The average resistance of paranoid schizophrenics was similar to normal persons (120,000). In a group of 15 depressives the average resistance was high (216,000). In considering the galvanic reactions the author recognized direct reactions occurring in less than 4 secs., late reactions in 4-8 secs., and disconnected reactions after 8 secs. Disconnected waves of lesser amplitude and occurring in groups were classed as spontaneous waves. Spontaneous and disconnected waves occurred in almost all paranoid schizophrenics (78%), and also in a fair number of catatonics (38%) and depressed patients (32%). Direct reactions occur less frequently (22%) than in normal persons (34%). In depressed patients they are only 19% and in catatonic patients 5%. In paranoid schizophrenics there are fewer reactions closely connected with outside stimuli, but many waves appear spontaneously, quite independent of environmental influences. In catatonic stupors there is greatly diminished galvanic activity. In one case even sensory stimuli like pin-pricks and sounding a motor horn did not cause a deflection of the galvanometer string. The galvanic records of persons of the same reaction type show features which are typical and fairly consistent.

G. W. T. H. FLEMING.

Manganese Toxæmia ; with Special Reference to the Effects of Liver Feeding. (Brain, March, 1927.) Charles, J. R.

The clinical manifestations of manganese poisoning are lack of energy and mental languor, bodily fatigue on exertion, emotional instability with excessive smiling and hilarious laughter. The face at rest shows a Parkinsonian mask, although sometimes on this is superimposed a set, spastic smile. The voice is low in tone and monotonous. There is marked rigidity in all the muscles of the limbs and trunk. The patient walks with a stiff gait on a wide base. Retropulsion is almost constant in advanced cases. There is atrophy or alteration in the electrical reaction of the muscles. Tremors of a coarse type are seen in the head and limbs. These vary from fine twitching of the hand to rhythmical movements of the head, limbs and trunk. No changes in sensibility were noticed, but cramps were common. The deep reflexes are increased.