

stomach and intestines, and a temperature of 108°–111° F. A few dogs had periodic convulsions over a period of two or three days and made a complete recovery.

The blood chemistry showed no appreciable alteration in the calcium or potassium contents of the serum, or in the K : Ca ratio. Non-protein nitrogen appeared to increase with the increase in frequency and severity of the convulsions. Urea nitrogen followed the trend of the non-protein nitrogen. CO<sub>2</sub>-combining power of the plasma decreased as the frequency and severity of the spasms increased; the blood-sugar decreased until the animal died. Examination of the liver in three cases showed a total absence of glycogen. The authors consider that the lesion produced in the tuber is irritative, and causes a discharge of impulses from the nuclei in this region.

G. W. T. H. FLEMING.

*Influence of Intercurrent Febrile Disorders on Pre-existing Epilepsy.*  
(*Arch. of Neur. and Psychiat.*, October, 1930.) Guthrie, R. H.

The author reviewed 200 cases of epilepsy afflicted with febrile disorders. In the group with non-respiratory disease there was a decrease during the month of illness of 33.3% in the number of seizures. In those with respiratory disease there was no change.

G. W. T. H. FLEMING.

*Lesions of the Frontal Lobe.* (*Arch. of Neur. and Psychiat.*, October, 1930.) Sachs, E.

The author, from a study of his series of 45 cases with lesions of the frontal lobe, concludes that the most dependable signs are :

1. The mental change, which is characterized by a loss of memory for recent events and indifference to the illness and the surroundings. At times there is a euphoric state, at other times there may be marked depression.
2. A facial weakness on the side opposite the lesion, sometimes associated with involvement of the pyramidal tract of the opposite side.

In addition there may be disturbances of speech, and occasional defects in the visual field when the temporal lobe has been encroached on.

G. W. T. H. FLEMING.

*A Post-Encephalitic Syndrome—Torsion Spasm of the Foot.* (*Rivista di Neurologia*, February, 1930.) Vercelli, G.

The author describes a post-encephalitic syndrome in which there is a torsion spasm of the foot and lower leg when the patient walks. In the dorsal decubitus the spasm vanishes and all voluntary movements of the affected limb are possible. When the limb is put into the vertical position, however, the maintenance of equilibrium provokes a hypertonic spasm of the muscles, with contraction of the flexors and adductors on walking. The condition might be described as a " *pied de charleston*."

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