

and realities of life. The somatic constitution showed that eight were pure pyknics, and only one showed no pyknic traits at all. The course of the disease is very protracted, six of the patients being over 80 years. Only three showed clinical symptoms of cerebral arteriosclerosis.

The author believes that the pathogenic factor is represented by changes in the brain, which could consist of arteriosclerosis or senile degeneration, and that the personality constitutes the pathoplastic factor. But he presumes that the cycloid temperament (personality) at the same time tends to prevent dementia and volitional inertia, in contrast with the non-cycloid seniles, who do not use their abilities, even if they are preserved to a certain extent. S. L. LAST.

Mental Aspects of Brain Tumours in Psychotic Patients. (*Journ. Nerv. and Ment. Dis.*, vol. lxxviii, pp. 333 and 500, Oct.-Nov., 1933.) *Jameison, G. R., and Henry, G. W.*

From their experience with 26 psychotic patients who developed brain tumour, the presence of which was established at autopsy, the authors draw various conclusions. They point out that there is no psychosis characteristic of brain tumour. The clinical picture of brain tumour manifestations, superimposed upon a psychosis, is characterized by changing contrasts and incongruities in the symptoms and signs, and by evidence of organic disease of brain, which becomes increasingly obvious.

More than half of the patients are depressed, and a larger percentage are distinctly apprehensive. At least one-fourth of the patients were suicidal. One-fourth had some insight into the fact that a serious complication had arisen in their illness. G. W. T. H. FLEMING.

General Paretics Before and After Malarial Treatment: An Experimental Psychological Investigation [*Progressive Paralytiker vor und nach der Malaria-behandlung: Eine experimentellpsychologische Arbeit*]. (*Zeitschr. f. d. ges. Neurol. u. Psychiat.*, vol. cxlvi, p. 661, 1933.) *Weisfeld, M.*

The author examined 29 paretics with various tests. He sets out to show how the improvement achieved by malarial treatment can be demonstrated by different tests. Such tests were carried out twice, first before, secondly after the treatment. The following different psychical and psychomotor functions were tested in this investigation: Memory, impressionability, the mental horizon (and imaginative power), calculation, intellectual activity, the intelligence (in a more restricted sense than usual), the power to deliver moral judgments, attention, handwriting and manual speed. As the results are given in figures, the improvement can be expressed in percentages.

Of all the cases, 45% only showed an improvement in the power to reach moral judgments, 56% in attention and 61% in their manual speed, whereas 68-78% of the patients had better results in the various other tests.

The author is not satisfied with the explanation given by other authors that the intellectual improvements are due to an increase in activity only, but holds that the various functions themselves have been changed for the better by the malarial treatment. S. L. LAST.

Psychic Trauma and Hyperthyroid Conditions [*El trauma psíquico y los estados hipertiroideos*]. (*La Semana Méd.*, vol. xli, p. 453, Feb. 8, 1934.) *Rodríguez, A. D'A., and Lejtman, S.*

Nine cases, uncomplicated by pathological antecedents or concurrent ailments, have been fully studied. The emotional shock constantly reacts upon the thyroid function, and is capable of disturbing it even in quite healthy subjects. The cases present a clinical picture which is nearly always incomplete; the diagnosis is at times difficult, but not impossible. The history of psychic trauma with the immediate commencement of the symptoms should put us on the track of the

correct diagnosis. In the case of every patient who would formerly have been called neurasthenic, hysterical or psychasthenic, the thyroid function should be most minutely investigated, in order to ascertain whether this is not the cause of the existing neuro-endocrine disturbance.

M. HAMBLIN SMITH.

4. Neurology.

An Improved Method of Encephalography. (Bull. Neur. Inst. N.Y., vol. ii, p. 75, March, 1932.) Davidoff, L. M., and Dyke, C. G.

The routine is as follows: The evening before the day on which the procedure is to take place the patient is given sodium amytal, gr. iij, in order to ensure a restful night. This dose is repeated at 8 a.m. At 8.45 a.m. an injection of morphia is given (adults gr. $\frac{1}{4}$ to $\frac{1}{2}$, children gr. $\frac{1}{8}$ to $\frac{1}{4}$) and no breakfast. At 9 a.m. the operation is performed in the X-ray department. The patient sits on a bench with forehead resting against a vertical Potter-Bucky diaphragm, and lumbar puncture is performed under novocaine anæsthesia. On occasions when general anæsthesia is advisable, the same position of the patient is used during injection of air. To allow for the expansion of the air, an initial 10 c.c. of cerebro-spinal fluid is removed and replaced by 5 c.c. of air. Thereafter 5 c.c. of air are introduced for every 5 c.c. of fluid removed. The fluid is removed by attaching a 10 c.c. syringe to the lumbar puncture needle by means of a length of rubber tubing. Atmospheric air for injection is sucked into the syringe through many thicknesses of sterile gauze to exclude bacteria. Both removal of fluid and injection of air is done slowly, and the fluid is not sucked out, but allowed to fill 5 c.c. of the syringe "against the weight of the plunger with the syringe in a horizontal position".

Details as to amount of air to be injected and indication for greater or less volume are given together with details of radiographic technique. Stereoscopic films from four sides are taken in every case. The symptoms likely to arise during and after the procedure are given, and include headache, nausea, vomiting, cyanosis, pallor, perspiration, chilliness, drowsiness, restlessness and poor pulse. This procedure had been in use for two years in over 300 cases at the time of writing.

J. L. FAULL.

The Demonstration of Normal Cerebral Structures by Means of Encephalography. (Bull. Neur. Inst. N.Y., vol. ii, p. 331, July, 1932.) Dyke, C. G., and Davidoff, L. M.

(1) *The Choroid Plexuses.*

This is the first of a series of studies upon the appearance of normal cerebral structures as demonstrated by the method of encephalography previously described by the authors. They claim to have demonstrated that certain defects in the bodies of the lateral ventricle and the roof of the fourth ventricle as outlined by air are caused by the choroid plexuses. The presence of such defects depends on the size of the choroid plexuses, and does not appear to be associated with any particular condition.

(Bull. Neur. Inst. N.Y., vol. iii, p. 138, June, 1933.)

(2) *The Corpora Quadrigemina.*

A group of one hundred encephalograms was reviewed to determine the frequency with which the corpora quadrigemina could be demonstrated. They were visible in 71% of the cases. This identification of these structures is possible by their size and shape and their fixed relation to other known structures of the brain that are easily recognized in the encephalogram.