

Periscope

Review of Neurology and Psychiatry

(Vol. IV, No. 4.)

1. Epidemic Cerebro-Spinal Meningitis. J. S. FOWLER.
2. A Plea for the Scientific Treatment of Stammering. H. G. LANGWILL.
3. Return of Paraplegia in a Case of Old Infantile Paralysis. O. CROUZON.
 1. *Cerebro-Spinal Meningitis*.—Dr. Fowler reports 23 cases at the Edinburgh Sick Children's Hospital, 14 of which went to autopsy. Nineteen meningococcal cases died. Lumbar puncture was of paramount importance in diagnosis. Often the diagnosis in acute cases in children was in doubt until the cerebro-spinal fluid was seen. No case occurred in an exclusively breast-fed infant. Autopsy showed in most cases that the cord lesion was older than that of the brain. The abdominal reflex was abolished early in all cases. There is some reason to suppose that the natural channel of entry for the infection is from the abdominal cavity.

(Vol. IV, No. 5.)

1. A Clinical and Experimental Investigation into the Lymphogenous Origin of Toxic Infection of the Central Nervous System. DR. ORR and DR. ROWS.
2. On the Nature of the "Faisceau en Écharpe" of Féré. G. E. SMITH.
3. On Another Form of Anomaly in the Cerebro-Pontine Tract. G. E. SMITH.
4. The Relative Order of Innervation of Certain Muscles of the Arm. A. W. MACKINTOSH.

1. *Toxic Infection*.—As a result of their research these two pathologists conclude that (1) "In peripheral nerves, spinal roots, and cranial nerves there is a constant stream of lymph ascending towards the central nervous system whose main current lies in the inner meshes or lymph spaces of the fibrous perineural sheath. Toxins reach the spinal cord and brain by this channel; and although they spread to some extent in the lymph spaces of the pia-arachnoid, and so affect structures at a distance from their point of entry, for the most part they pass, in the main current of the lymph, along the nerve-roots into the substance of the central nervous system. Here they apparently follow the nerve paths of the affected roots, and show little tendency to diffuse amongst the neighboring fibres. (2) In their extra medullary portion these nerves are protected from the influence of the toxins by the vital actions of the neurilemma sheath, but on losing this in their intramedullary part they at once undergo degeneration. (3) The first change is a primary degeneration of the myelin; the axis-cylinders and nerve cells are evidently affected later."

It was further stated as a conclusion that the vascular changes found in the cord in acute myelitic lesions should not be considered as being of primary hæmatogenous origin, but rather as being reactive changes due to a primary lymphogenous infection of the adventitia of the vessel walls.

(Vol. IV, No. 6.)

1. The Occasional Long Duration of Brain Tumour, with the Report of a Case of Jacksonian Epilepsy of Eight Years' Duration as the only Sign of a Small Cerebral Glioma. W. G. SPILLER and E. MARTIN.
2. The Amyotrophy of Chronic Lead Poisoning: Amyotrophic Lateral Sclerosis of Toxic Origin. S. A. K. WILSON.
3. Further Bacteriological and Experimental Investigations into the Pathology of General Paresis and Tabis Dorsalis. W. F. ROBERTSON and D. M'RAE.

1. *Brain Tumour*.—The duration of this case was 8 years. The tumour found on autopsy was a glioma, 1.5 cm. by 1.5 cm. by 0.5 cm., in a man of 60, situated in the posterior end of the right second frontal convolution, and did not extend into the precentral convolution. It was subcortical and had been localized for operation by left-sided Jacksonian attacks, but was not found and removed on opening the skull.

2. *Lead Amyotrophy*.—Wilson gives a detailed history of four cases of lead palsy with progressive atrophies; and suggests that the associated signs and symptoms—of cramps in the limbs, fibrillation in the diseased muscles, involuntary spasmodic movements, weakness, increased reflexes, ankle clonus, some spasticity, diminished electrical reactions, and lack of sensory impairment,—are essentially the clinical syndrome of the classical Charcot disease and indicate a probable toxic origin. Unfortunately he is unable to support his opinion by post mortem examinations.

3. *Pathology of Paresis*.—The authors adhere to their germ theory and claim histological evidence of the presence of special infective foci, in the alimentary tract and bronchi of general paresics and in the bladder of tabetics. Direct invading foci were also found, e. g., in the cervix uteri, in the conjunctiva, in the nasal mucosa, etc.

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Fourth Year, No. 5. September–October, 1907.)

1. Some Functional Disturbances of Audition among Certain Mentally Weak Individuals. A. MARIE.
2. Pantomimic Dissociation among the Insane. DR. DROMARD.
3. The Theory in regard to the Origin of the Emotions and the Actual Data of Physiology. H. PIERON.

1. *Functional Disturbances of Audition*.—This is so long an argumentative and psychophysiological analysis of the function of hearing that it is difficult to make a satisfactorily brief abstract of it. Marie starts from the teaching of Preyer that man, along with other animals, begins life without the sense of hearing; then he hears some sounds imperfectly; next, others are perceived more perfectly; until finally he is able to distinguish a great number of sounds in a mass, his powers increasing thus gradually from the highest to the lowest tones. An arrest of development may occur anywhere in this evolutionary process. As noted among idiots, the cessation of development doubtless occurred before there was any power of audition whatsoever. In other instances it must have occurred shortly after the first appearance of the function, the most frequent operative cause being here birth asphyxia, such as plays so prominent a rôle in the production of certain forms of idiocy. The effect of this respiratory failure upon the development of the apparatus of hearing is