

(*Bull. Neur. Inst. N.Y.*, vol. *iii*, p. 147, June, 1933.)

(3) *The Cerebral Convulsions and Sulci.*

In a review of 700 encephalograms special attention was given to the identification of the various cerebral fissures, sulci and convolutions. These structures on the medial aspect of the hemisphere are extremely easy to recognize. Beginning with the landmark of the corpus callosum, all the major sulci and convolutions and some of the minor ones are readily demonstrable. On the lateral surface of the cerebral hemisphere the convolutional pattern is much more complex, and a considerable amount of distortion occurs in the flat encephalogram as a result of the convexity of this surface. It is possible by stereoscopic films and the use of cranio-cerebral topography (after Taylor and Haughton) to recognize, first, the Sylvian and Rolandic fissures; following the identification of these cerebral markings and using them as landmarks, many of the other sulci and convolutions can be distinguished. By the use of illustration in stereoscopic pairs, the effort is made to convey the identity and three dimensional relations of the convolutions and sulci to the reader.

J. L. FAULL.

*The Dangers and the Mortality of Ventriculography.* (*Bull. Neur. Inst. N.Y.*, vol. *iii*, p. 210, June, 1933.) Riggs, H. W.

The author undertook a study of 148 cases where the diagnostic procedure of ventriculography had been undertaken in the Neurological Institute, New York, in order to investigate the mortality-rate attending the operation. There were 12 deaths (8.1%). Most of the fatal cases occurred in patients with advanced symptoms and signs of intracranial tumour. Nearly all the patients who did badly after ventriculography, and in whom the situation of the lesion was verified by autopsy (7 cases) or at operation, had growths so situated as to be able profoundly to influence the third ventricle and the brain-stem with any change in pressure relations, such as were likely to result from the evacuation of fluid and the introduction of air. Dangerous symptoms followed by recovery occurred in 31 patients (21%); in 23 of these the growths were deeply situated. Dangerous symptoms are due chiefly to a profound disturbance of the balance of pressure in the cranial cavity, and the frequency of their occurrence is not proportionate to the degree of dilatation of the ventricles or the amount of increase of intracranial pressure. Puncture of the ventricle and release of air will sometimes effect relief of symptoms; caffeine and hypertonic saline intravenously rarely proved beneficial. The author considers ventriculography to be a valuable and even indispensable diagnostic procedure, but it should be used only in those patients in whom localization of the tumour is impossible or uncertain by clinical means.

J. L. FAULL.

*The Disturbances in Vision and in Visual Fields after Ventriculography.* (*Bull. Neur. Inst. N.Y.*, vol. *iii*, p. 190, June, 1933.) Masson, C. B.

The occurrence of temporary blindness after ventriculography in a patient in the Neurological Institute led the author to examine 100 consecutive cases of ventriculography in order to learn how frequently disturbances in vision and in the visual fields occurred after the intraventricular introduction of air and what causative factor was involved. Six cases of temporary blindness occurred. Case-notes of each instance are given, together with details of technique and course of case. All the cases recovered sight within twenty-one to seventy-two hours. Possible causes are discussed, such as site and nature of cerebral lesion, track of needle, etc., but the author confesses himself unable to offer a satisfactory explanation for the occurrence of the symptoms.

J. L. FAULL.

*Special Disability in Writing.* (*Bull. Neur. Inst. N.Y.*, vol. *iii*, p. 1, June, 1933.) Orton, S. T., and Gillingham, A.

Writing, in common with other fractions of the language faculty, is intimately related to the problem of unilateral cerebral dominance, since it is lost in lesions

of the dominant hemisphere and not disturbed by comparable lesions in the subordinate hemisphere. The authors offer the hypothesis that a failure to acquire the usual degree of unilateral cerebral dominance lies at the back of many instances occurring in children and young adults of a specific inability to master the art of writing.

Among older children who have been given training in writing for several years, and yet have made very indifferent progress in it, several groups may be recognized: (a) Those with evidence of damage or injury to the pyramidal or extrapyramidal motor system, e.g., "birth injury", spasticity of Little's disease, etc.; (b) obvious sinistrals who have met difficulty because of training unsuitable to their needs; (c) a third and the largest group is composed of children whose difficulty in writing coexists with other problems due to failure in acquisition of clear-cut unilateral dominance. These cases are intergrades between dextrals and sinistrals.

Methods of testing for latent left-handedness are described, and illustrations given of cases with the results of such tests. There follows a description of the best method of re-training cases in the use of the hand controlled by the dominant hemisphere.

J. L. FAULL.

*A Study in Aphasia. (Arch. of Neur. and Psychiat., vol. xxxi, p. 1, Jan., 1934.) Weisenburg, T. H.*

The author carried out a four years' research on aphasia. His material consisted of 314 patients, of which 234 were examined in detail. Of these, 60 aphasic patients were chosen for the study. Extensive mental tests were carried out. A control group of 85 normal individuals of the same social and educational class was used. The author came to the following extensive conclusions:

(1) Aphasic disorders never consist of simple losses in one form of language, such as speaking, reading or writing. There is always a more complicated and extensive change, and this is the natural result of the complexity of the language-process and the extent to which it permeates thinking.

(2) There are apparent in many cases psychological changes beyond those which can be ascribed to the specific language disturbances. The term "aphasia" must be understood to represent a group of disorders occurring with the cerebral lesion, the majority but not all of which are changes in the language process.

(3) The most satisfactory classification of the aphasic disorders is that based on four divisions—the expressive, the receptive, the expressive-receptive and the amnesic. Of these, the amnesic represents the only fairly clear-cut syndrome. The first three are each descriptive of groups of disorders. The disorders of the first two groups are only predominantly expressive or predominantly receptive; in the expressive there is always some degree of limitation in receptive functions, and in the receptive there are always some defects in speaking and writing.

(a) The predominantly expressive disorders handicap speaking and writing more seriously than the receptive functions. They are characterized most obviously by defects in articulation and word-formation, but they may involve extensive changes in many language and non-language performances.

(b) The predominantly receptive disorders involve relatively serious defects in the understanding of spoken language or of printed material. Expressive disturbances also appear, but are almost always less prominent than the receptive—they consist largely of verbal and grammatical confusions.

(c) The expressive-receptive disorder is a severe limitation in all language processes, with or without considerable disturbance of non-language performances.

(d) The amnesic disorder is a fundamental difficulty in evoking words as names for objects, conditions or qualities, and is manifested in many language responses.

(4) Within the expressive, the receptive and the expressive-receptive groups there are great differences in the extent of the disorder in individual cases. In