

of agitation and depression gave large reflex responses. As the mental symptoms subside, the size of the reflex decreases. Agitated and depressed patients are unable to reinforce a maximal patellar reflex response; this is a phenomenon of occlusion. In other words there are so many stimuli coming down the spinal cord from higher cerebral centres that a maximal response takes up all the available neurones. Hence reinforcement of a maximal response fails because of occlusion. These patients can still reinforce a small patellar reflex. Hypomanic patients give unpredictable reflex responses. Schizophrenic patients give responses similar to those of normal individuals.

G. W. T. H. FLEMING.

The Syndrome of Episodic Confusions. (*Amer. Journ. Psychiat.*, vol. cxiii, p. 625, Nov., 1936.) Kasanin, J.

The writer describes two cases of what Kleist has so well described as episodic confusion. He (Kleist) pointed out its possible relationship to epilepsy and migraine and its constitutional nature. He also considered that the disorder was due to a functional disturbance of the nerve elements in the region of the third ventricle.

G. W. T. H. FLEMING.

The Endocrine Glands from the Point of View of Neuropsychiatry [*Les glandes endocrines du point de vue neuro-psychiatrique*]. (*Ann. Méd. Psych.*, vol. xv, (i), p. 394, March, 1937.) De Loverdo, G.

Endocrine dysfunction, by disturbing the humoral equilibrium, has an action on the whole organism and is nearly always accompanied by some degree of psychological disorder. The author cites examples in cases of thyroid, gonad, pituitary and suprarenal disease. Post-influenzal depression and inertia are due to the involvement of the suprarenal, which is especially sensitive to this infection. The importance of a full knowledge of endocrinology in the treatment of mental disorder is stressed.

STANLEY M. COLEMAN.

Periodic Nervous and Mental Syndromes Exclusive of Manic-depressive States [*Syndromes périodique nerveux et mentaux en dehors des états maniaques dépressifs*]. (*Ann. Méd. Psych.*, vol. xv (i), p. 641, April, 1937.) Baruk, M. H., et Gevaudan, Mlle.

Evidence is brought forward to demonstrate that periodicity may occur in all varieties of psycho- and neuropathic syndromes, and that it cannot be limited to the manic-depressive psychosis. Further, in somatic, neuro-vegetative and cerebro-spinal disorders manifestations of periodicity are frequently to be met with.

It is concluded that periodicity is a fundamental feature of the physiology of the nervous system, and that it can no longer be considered a problem of purely psychological or psychiatric interest.

STANLEY M. COLEMAN.

4. Neurology.

The Ætiology of Headache. (*Bull. Neur. Inst. New York*, vol. vi, p. 12, Jan., 1937.) Brewer, E. P.

Ventriculography was performed 86 times on 77 patients. In a large number of instances introduction of air into the ventricles did not cause headache. Headache is often seen to appear after the withdrawal of fluid and to be relieved by the injection of air. Headache occurred as often in patients who did not have as in those who did have intracranial neoplasm. It occurred especially often when the intracranial pressure was high and was very frequently in the frontal region. It is probable that headache is produced by alteration in the intraventricular pressure.

T. E. BURROWS.