connection the author deals with dementia præcox and the manic-depressive psychosis, giving helpful guidance that is worthy of attention. WM. MCWILLIAM.

5. Neurology.

Encephalitic Sequelæ and their Treatment. (*Amer. Journ. Psychiat. September*, 1931.) *Cottrell, S. S.*

Encephalitis lethargica is a chronic infectious disease. The most constant seat of damage is situated in the midbrain; and the commonest structural damage is in the substantia nigra and adjacent areas. Most remedies have been unsuccessful. Stramonium was first tried in 1924; and reports of treatment by this drug have been almost uniformly favourable. The drug gives symptomatic relief. It must be given continuously, but the dosage varies.

M. HAMBLIN SMITH.

The Hyperkinesias. (*L'Encéphale, December*, 1931.) *Russetzki, J.*

This article deals with the problem, which is at present rapidly becoming more and more complicated, of involuntary and automatic associated movements.

These conditions can all be explained in terms of dys-function of the extra-pyramidal systems. Prof. Russetzki has grouped them under the following headings:

(1) Simple tremor.
(2) Myoclonic movements.
(3) Systematic and rhythmic movements of the choreo-athetotic type.
(4) More purely choreic types, and
(5) The sensory component of inconstant involuntary movements,.

The author discusses the most characteristic features of these motility disturbances, their type and their rhythm, the effects of cold, of emotion, of cutaneous excitation, of sleep and of the posture of the body. The general attitude of the body exercises a marked influence over the systematic, rhythmic type of movement; but has little or no effect on other varieties. Amongst the afferent excitations the most important are proprioceptive stimuli; cutaneous stimuli are of less importance. He points out that tonus is increased in simple tremor. Myoclonic conditions are accompanied by a normal or slightly increased tonus, and choreiform movements are associated with a hypotonus. W. MCC. HARROWES.

The Neuro-anatomy in Respiratory Failure. (*Arch. of Neur. and Psychiat., October*, 1931.) *Finley, K. H.*

The author discusses the literature, and gives two cases of his own in which respiratory failure followed lesions in the upper cervical cord and in the formatio reticularis. He is quite convinced

that there is no such thing as a focal respiratory centre. The respiratory neural mechanism is an integrative one, the integration taking place at several levels. The reticular formation in the brain system is one of the primary regions for this integration.

G. W. T. H. FLEMING.

Convulsive Manifestations in Huntington's Chorea. (*Journ. of Nerv. and Ment. Dis., August*, 1931.) *Notkin, J.*

The author, after reviewing the literature, presents a single case of his own, and points out that the pathological changes are not confined to the caudate nucleus, but are found in the cortex, in the prefrontal gyrus, frontal lobe, and sometimes in the parietal, temporal and occipital lobes. In the literature, in ten instances the convulsive attacks preceded the chorea, in six they appeared during its course, and in four they became manifest about the same time as the chorea. The author concludes that there is some relationship between Huntington's chorea and the idiopathic group of convulsive states. G. W. T. H. FLEMING.

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6. Pathology.

Injury and Repair within the Sympathetic Nervous System. I. The Preganglionic Neurons. (*Arch. of Neur. and Psychiat., September*, 1931.) *Tower, S. S., and Richter, C. P.*

The authors operated on twenty-six cats, and cut the preganglionic sympathetic nerve-fibres on the right side prior to their entry into the stellate ganglion. After the operation there was immediate elimination of the spontaneous waves in the skin potential and of the galvanic skin response, combined with an immediate increase in skin resistance. The resistance of the skin reached a peak many times the maximum normal figure, and then fell slowly and with fluctuations; between the third and seventh weeks, as skin resistance again approached a normal figure, the action currents of the skin reappeared. The authors are of the opinion that the galvanic skin response is a far more delicate test for the presence of sympathetic innervation than the gross observation of the activity of the sweat-glands.

G. W. T. H. FLEMING.

The Blood-Cerebro-spinal Fluid Barrier in Manic-depressive Psychosis. (*Arch. of Neur. and Psychiat., October*, 1931.) *Rothschild, W., and Malamud, W.*

The authors use Hauptmann's modification of the original Walter's method for estimating the ratio of distribution of bromide, and investigated 100 cases of manic-depressive psychosis and 28 of involutional melancholia. Amongst the former group 35%