ceive a psychological explanation on the ground of pathological introspection and attention to subconscious language.

3. *Conjugal General Paralysis*.—Fives cases are reported in which man and wife have developed general paresis. The etiological factor was not always evident, but in two of the instances syphilis played the leading rôle. In one family alcoholism is the only known cause, while in the two remaining cases cranial injury and heredity appear as causative agents in the husband, and grief and sorrow induce the disease in the wife. Regarding these latter cases, there is room for much skepticism. In three of the families the husband died first and in the other two they suppose the wife to have succumbed first. One woman developed tabes many years before there were any signs of general paresis. There was nothing of special note in the clinical pictures presented.

(1902, Vol. 14, No. 79, July.)

1. New Contribution to the Study of Vertiginous Epilepsy and Its Treatment by Bromated Camphor. BOURNEVILLE and AM-BARD.
2. Contribution to the Study of the Action of Valerian and Valerianates. CH. FÉRÉ.
3. A Parasite in the Blood of Epileptics. M. M. BRA.

1. *Treatment of Vertiginous Epilepsy*.—Bourneville, as the result of years of treatment of epilepsy at Bicêtre, advises the administration of monobromated camphor, in gradually increasing amounts. When the dose has reached to five times the initial dose, it is gradually diminished. He does not give the amount of camphor used at the start. He reports the cure of three cases of the vertiginous form by this method.

2. *Action of Valerian and Valerianates*.—In small doses they excite voluntary motion. In stronger doses they produce depression. In any strength they cause diminution of resistance to fatigue. There is thus produced an inverse effect according to the strength of drug used. The physiological action as proved by experiment also differs in an interesting way from the antispasmodic and sedative effect which empiricism attributes to the drugs.

3. See abstract from *Revue Neurologique* in this number.

(1902, Vol. 14, No. 80, August.)

1. A Case of Epithelioid Papilloma of the Red Nucleus. Contribution to the Study of the Functions of the Red Nucleus. F. RAYMOND and R. CESTAN.
2. Infantile Tremors and Congenital Nystagmus. An Attempt at Classification. LENOBLE and AUBINEAU.
3. Notes Upon a Case of Epileptic Delirium. A. PETIT.
4. The Hysteria of Saint-Theresa. ROUVY.

1. *Papilloma of the Red Nucleus*.—The case reported is of interest from both a pathological and a clinical standpoint. The tumor presents microscopically a close resemblance to the metastases formed from a growth primary in the intestinal canal. However, after a most careful search at the autopsy no primary focus was found, and the reporters have decided that the neoplasm is primary in the brain, and originates probably from the pia mater covering the crura cerebri; that it is of the

nature of an endothelioma and akin to the "cerebral papilloma" of Rindfleisch, and the epithelioid endothelioma of Triegler. Drawings of the microscopical appearance of the tumor are given. The growth destroyed the left red nucleus completely, the inner half of the right red nucleus, and both third nerve nuclei. The crura were unaffected. The Marchi method demonstrated some degeneration of fibers in the right superior cerebellar peduncle; a small number of degenerated fibers on either side of the median line in the medulla just anterior to the posterior longitudinal bundle; a few in fibers to the island of Reil; but none in the pyramidal tracts and no evidence of a red nucleus-spinal tract. The clinical picture presented was as follows: the symptom-complex of Weber, in that there was a paralysis of the left oculo-motor nerve (primarily) associated with motor disturbances of arm and leg of the right side of the body, which did not consist in a true paralysis, but merely slight paresis accompanied by incoördination and ataxia. There was pronounced titubation and the speech was affected by disarthria. The reflexes were exaggerated. From a study of the case in its clinical and pathological aspects, Raymond and Cestan conclude that the red nucleus exercises an influence over the tonus of the muscles of the extremities and that the disturbance of the motor apparatus and speech was due to the lesions in the superior cerebellar tract at the site of the red nucleus.

2. *Infantile Tremors and Congenital Nystagmus*.—This article is an attempt to make a classification of the diverse forms in which these affections present themselves. The writers base their work almost entirely on the clinical aspect of the cases and await confirmation of their ideas from the pathological discoveries of the future. They regard the tremors and nystagmus as expressions of an organically diseased central nervous system and base their argument upon the fact that in most instances either hereditary taint or some evidences of anatomical defect, such as exaggerated knee-jerks, atrophies, or epileptic manifestations are present. The case of infantile tremor which they describe belongs to the group of cases diagnosed as spasm nutans, and as indicating the presence of some underlying anatomical lesion, or at least a susceptible nervous system; they call attention to the fact that both the maternal grandfather and uncle were born blind, and that one younger brother had epileptiform attacks.

Congenital nystagmus they classify as follows: (1) Essential nystagmus, the manifestation being an isolated symptom; (2) essential nystagmus with various additional nervous symptoms, such as facial asymmetry, inequality of pupils; (3) essential nystagmus with special nervous symptoms, as exaggerated reflexes and epileptic manifestations; (4) the occurrence of the symptom in the family, either alone or associated with other nervous signs.

The pathological changes, they think, may be found at the root of these affections, the tremors and the nystagmus are malformations of motor cells in the cortex, alterations in the cells of the nuclei of motor nerves of the eye, and faults in the conduction of the axis cylinders due perhaps to changes in the myelin sheath. In certain cases, the writers think the cause will be found to lie in punctate hemorrhages at the time of birth.

3. *A Case of Epileptic Delirium*.—Petit reports this case as showing that the epileptic delirium is composed of two factors, the cerebral state and the epileptic impulse. The first of these exists independent of the patient's epilepsy and consists of the ensemble of his moral nature, his habits and his intellectual attainments. The epileptic impulse provokes the unconscious acts of the delirious state, functionates as an electric

spark, and releases the uncontrollable mental processes. But the unconscious acts of the delirium always have their origin in, and are regulated by, the previous "cerebral state" of the individual. The case cited shows this relationship. The patient, while in his normal condition, was taken to a hospital and later to an asylum for observation, because a few days previously he had been suffering from maniacal delirium associated with complete unconsciousness. Six years later he again becomes maniacal, goes to the police and insists upon being taken to the hospital where he had previously recovered from this state. He had no memory of his doings during that time.

4. *The Hysteria of Saint-Theresa*.—This is a historical study of the mental alienation of one who figured prominently in the ecclesiastical history of the sixteenth century. Rouby gives an account of three cases of suspended animation which have occurred in his practice and he demonstrates the hysterical nature of these attacks.

I. STRAUSS (New York)..

MISCELLANY.

CARCINOSIS OF THE CENTRAL NERVOUS SYSTEM. E. SIFFERT (Münch. med. Woch., May 20, 1902).

The course of carcinosis of the central nervous system is usually rapid, according to this author, and more often involves the cord than the brain. It is of comparatively rare occurrence and generally of a metastatic nature. The metastases vary widely in number and are usually situated at the border between the white and gray matter, not often larger than a cherry, and remain quite distinct from the tissues around them although it is quite possible for them to be completely overlooked at autopsy. There are no symptoms of pressure, for the growth is a gradual substitution. With the invasion of the pia the subarachnoid spaces will soon be affected and because there is less resistance offered here there is always increased growth. In the vertebral canal the tissue takes the shape of an irregular cylindrical tube, developing most fully in the dorsal region, noticeably at the point where the posterior nerve roots have their departure. The predominant pathological lesion may be inflammation and hemorrhage, which are always present. The course is very rapid although it may last for a number of weeks, the symptoms being partly mechanical and partly toxic and the last stage is that of an erosion of the nerve-substances. Unless the primary tumor, usually found in the lung, is apparent, the diagnosis is apt to be somewhat hard, but characteristics such as advanced age, increasing apathy, cachexia developing rapidly, delirium alternating with lucid intervals, speech disturbance somewhat similar to that shown in paresis, absence of choked disk, pain and stiffness of the neck, pain and disturbance of the bladder, should prevent error.

JELLIFFE.

REFLEX SPASM CAUSED BY ASCARIS. J. P. NAAB (Münch. med. Woch., May 13, 1902).

This author notes that cases of ascaris are often taken for disorders much more serious, as when a child is seized with convulsions, followed by leg coma, and a provisional diagnosis of meningitis is often made, until the stools reveal the real cause of the trouble and the administration of santonin and calomel quickly rights it. As in some quite severe cases only a few worms have been discovered it would seem to indicate that the number does not govern the severity of the symptom. An aid to diagnosis may be noted in the excessive secretion of saliva.

JELLIFFE.