Periscope

Miscellany

INTERNAL HYDROCEPHALUS. W. G. Spiller and A. R. Allen (Journal A. M. A., April 13).

The authors discuss the causes of internal hydrocephalus, reviewing the literature, and remark that while the occlusion of the aqueduct of Sylvius is not infrequently mentioned as an etiologic factor in the textbooks, it is rare to find references to actual cases of such occurrence. They take the opportunity, therefore, to report a case in which the condition was induced by a probably congenital, almost total occlusion of the aqueduct. The subject was an elderly woman who was supposed to have been born hydrocephalic, but in spite of this and of an epilepsy that had lasted for years she had lived to the advanced age of 62, and retained her faculties fairly well developed. The aqueduct, while almost entirely occluded, was well lined throughout by a layer of ependymal cells which would not be the case had its occlusion been due to neuroglia proliferation, as in a previous case reported by Spiller. This, and the long continuance of the condition through the patient's whole life, indicates the congenital nature of the obstruction.

CEREBRAL LOCALIZATION AND THE STUDY OF PSYCHIATRY, WITH ESPECIAL REFERENCE TO THE MECHANISM OF HALLUCINATIONS AND ILLUSIONS AND THE CLASSIFICATION OF THE FORMS OF INSANITY. Chas. K. Mills, M.D. (The British Medical Journal, Sept. 29, 1906).

Coarse cerebral lesions when diffuse are effective in the production of hallucinations and illusions, but not if strictly focal, and it is evident therefore that the part played by the associative mechanism of the brain is most important in the symptomatology of insanity. The author's classification of insanities is into the teratological or abiotrophic and the pathological or acquired. Under the first would be classed congenital idiocy and imbecility, dementia præcox, dementia choreica and other presenile insanities, and senile dementia; also those less in degree, such as the melancholia-mania group, paranoia, hysteria, epilepsy and psychasthenia. The pathological insanities would include those due to diffuse destructive organic disease, as the forms of imbecility or mental defect due to post-natal causes, general paresis, syphilitic insanity, and traumatic insanity; also the insanities due to toxemias and exhaustion. C. D. CAMP.

PARALYSIS OF THE EYE MUSCLES FOLLOWING SPINAL ANESTHESIA. Alvin. Ach, M.D. (Muench. med. Woch., March 26, 1907).

The etiology of the paralysis of the eye muscles, following spinal anesthesia is still obscure. Adam, who observed the first case of paresis of the muscles, thought the manifestations were due to hemorrhage in the nucleus of the sixth nerve. Loeser considered it to be due to the toxic action of the drug on the nucleus or nerve involved. He points out the affinity and selective action that some poisons have for certain nerves and nerve centers, as lues, alcohol, diphtheria and leal. Landow agrees with Loeser. Lang thought it to be peripipheral neuritis, whereas Baisch, in his case of double-sided abducens paralysis, was under the impression that it was an apoplectic insult. Ach is of the opinion that it is not due to the