

in only 3 per cent. of imbeciles, and just over 1 per cent. of epileptics, was injury at birth the chief circumstance to which the pathological condition could be attributed.

Laignel-Lavastine. APHASIA AND APRAXIA. [Bull. méd., March 20, 1920.]

In the report of a clinic the author's views on aphasia and apraxia are detailed. He divides aphasia into two groups, according to whether there is difficulty of interior language, and studies spontaneous speech, repetition, spontaneous writing, writing from copy and from dictation, comprehension of written and spoken words. The Proust-Wernicke-Lichtheim-Dejerine test, in which the patient is shown an object and asked to open and close the hands as many times as there are syllables in the word is reacted to by failure when the aphasia is intrinsic. This class is divided into two groups, aphasias of Broca, where the ability to articulate is lost, and aphasia of Wernicke, characterized by loss of comprehension. Extrinsic aphasias where there is no difficulty of the interior language are divided into four groups, pure motor aphasias, pure alexia, agraphia and pure word deafness. Three apraxias are classified, the ideational apraxia or apraxia of conception, ideomotor apraxia or apraxia of transmission and motor apraxia, or apraxia of execution. These disturbances are analyzed by tests of simple, reflex, expressive, description and transitive movements. To distinguish between apraxia and ataxia the ability of the patient to direct his thought toward an end is important. The ataxic patient does this hesitatingly and his conception of the end is correct. He can complete the action and improve it. The apraxic patient does not improve by repetition.

The lesion in ideomotor apraxia is localized in right handed persons in the left parietal lobe, more especially in the left supramarginal gyrus. A lesion of the left cerebrum determines a bilateral apraxia, predominating on the right. If the apraxia predominates or exists alone on the left, in a right handed person, there is also either a lesion of the corpus callosum or an associated lesion of the right cerebrum. Aphasia is a particular case of apraxia. Ideatory apraxia corresponds to dyslogia, motor aphasia to anarthria and ideomotor apraxia to aphasia. Motor aphasias are a species of apraxias. [Stragnell.]

Schupfer, F. INTERMITTENT HYDROCEPHALUS. [Riv. Crit. di Clin. Med., Florence, September 5, 1920.]

Recurring periods of hydrocephalus which had come on at 10 and continued to 44, at monthly or bimonthly intervals irrespective of menstruation. She had been pregnant nine times, bearing six children. Intense headache, vomiting, dimness of vision, inability to stand lasted each a few days, but gradually subsided by the tenth day. The more

recent attacks have been graver, bringing transient paralysis; the blood pressure is high, and the optic disk congested. Lumbar puncture brings relief.

Sachs, E. BRAIN TUMORS. [Arch. of Surgery, July, 1920.]

Of the eighty-five patients seen by Sachs, twenty-nine died, or 35.5 per cent. Eighteen of these twenty-nine deaths were in patients suffering with glioma, and sixty-four, or a little more than 74 per cent., of the patients had tumors other than glioma, and the mortality in these cases was only 17 per cent. Sachs urges that every brain tumor should be treated on the theory that it may be a glioma, and should be grouped with the most urgent cases that need hospital treatment. Of the gliomas in his series, 26 per cent. were readily removable, though successful extirpations constituted only 14 per cent.

Salomonson, J. K. A. Wertheim. A BRAIN TUMOR SUCCESSFULLY REMOVED. [Nederlandsch Tijdschr. voor Geneeskunde, 1920, LXIV, H 2, 2619.]

Salomonson reports to the Amsterdam Neurological Society a case of brain tumor successfully removed in a man aged 58. He had a numb feeling on the back of his left forearm and hand, followed by tingling sensations; at first this occurred in attacks of about three minutes' duration. Four months later, in an attack of this kind, he had a series of peculiar spasms and shock-movements in the fingers, lasting for three or four minutes, after which the fingers were quite powerless. Later, the attacks spread to the flexor muscles of the forearms. On the ulnar side of the hand tactile sensitivity was slightly affected, and there was almost complete astereognosis, which began definitely in the ulnar half of the hand and later involved the whole hand. There was a very slight but definite hyperemia of the right optic papilla. The diagnosis was a tumor of the precentral and postcentral gyri on the right side, involving the hand center. The tumor was successfully removed. Mention is made of a second similar tumor recorded by Salomonson in 1918. In the present case the tumor was probably a benignant endothelioma of the pia. Probably in both cases the tumor originated in the postcentral gyrus, for astereognosis appeared early and was followed by Jacksonian attacks. In both cases localization power and discrimination were a little diminished. [Leonard J. Kidd, London, England.]

Tunzen, Ezra. DIFFERENTIATION OF NEPHROSIS (BRAIN TUMOR). [Jahrb. f. Kinderheilkund, 91, 1920, 51.]

The author describes one of those rare cases of genuine chronic nephritis in childhood which shows at the same time the symptoms of brain tumor. A final judgment is not to be found, the results of a post-