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The Electroencephalogram in Korsakoff Syndrome.

1. The electroencephalograms were examined of 21 patients with a history of severe alcoholism and a confabulatory amnestic psychosis, nystagmus and peripheral neuropathy.

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2. The electroencephalographic findings were not characteristic of this syndrome: 17 showed abnormal tracings, and there were 4 normal records. Of the abnormal records 15 contained a predominance of moderately slow activity, and 9 of these 15 showed a lesser degree of fast activity. Two individuals presented focal abnormalities that corresponded well with clinical and pneumoencephalographic evidence for cerebral trauma.

3. There was no direct correlation between the degree of the electroencephalographic abnormality and the degree and duration of the psychosis, the nystagmus or the neuropathy.

4. The four patients who had convulsions also had cranio-cerebral injuries.

(Authors' abstr.)

Square Waves (B.S.T.) versus Sine Waves in Electroconvulsive Therapy.

1. A report on the authors' first year's experience with the Liberson-Offner Brief Stimulus technique for electro-convulsive therapy is presented in comparison with conventional sine wave technique.

2. Clinical study shows these methods to be equally effective in so far as observable improvement is concerned.

3. Electroencephalographic studies indicate the brief stimulus therapy method produces a significant reduction in post-treatment electrocortical disturbance. The evidence at present does not permit a statement of the presence or absence of irreversible brain changes.

4. It is postulated that the electrocortical disturbance is of no favourable or adverse significance in the clinical course. The amount of confusion produced seems similarly to be of little or no clinical significance.

5. The authors have observed a greater incidence of fractures of the spine following treatment with brief stimulus therapy, and conclude from this and from direct observation that the physical violence of the seizures is no different with either method.

6. As an incidental observation it seems that electro-convulsive therapy is of value in the treatment of schizophrenics, and that this value does not depend upon the presence of depression in the schizophrenic symptomatology.

7. Finally, the authors do not find any overwhelming evidence to indicate preference for either type of stimulator in clinical practice, although certain aspects of either method may be more or less objectionable in relation to the immediate feelings of given patients. (Authors' abstr.)

Analysis of Temporal Factors in Manic-depressive Psychosis, with Particular Reference to the Effect of Shock Therapy.

A review of temporal factors in 262 cases of manic-depressive psychosis indicates that the onset of illness is somewhat later in men than in women. Neither the age of onset, i.e. before or after 40, nor the type of predominant phase of illness, i.e. manic or depressive episodes, exerts a significant influence on the frequency of attacks or the length of remissions. The duration of hospitalization in untreated patients is essentially similar for manic and depressive episodes. Shock therapy effects a marked reduction in the duration of hospitalization of depressed patients; the effect is slightly greater for first hospitalizations than for later ones. There is less prominent shortening of length of hospitalization by shock therapy during manic episodes. In each instance the proportion of protracted hospitalizations is definitely diminished. The effect of shock therapy on length of remissions is not entirely clarified. However, it may be stated that shock therapy diminishes the incidence of rehospitalization within one year of discharge, irrespective of the numerical order of the illness. The question as to whether or not the incidence of lengthy remissions is affected by shock therapy can be answered only after another decade or more of observation has elapsed. (Authors' abstr.)

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Further Experiences of the Use of Malononitrile in the Treatment of Mental Illnesses.

1. The present paper offers some comments on the preliminary report by MacKinnon, Hoch, Cammer and Waelsch on the treatment of mental illnesses with malononitrile. The forementioned authors reported nine cases and stated that they obtained negative results. Their negative results are correlated by the writer to the short duration of the individual treatments.

To this extent the results of MacKinnon *et al.* confirm the experience of the writer (Hyden and Hartelius, 1948). No therapeutic effects have been observed to follow an m-treatment with a duration of only 15 minutes. In order to obtain results, emphasis is placed here—as in the earlier report (1948)—on the importance of a sufficiently long duration of the individual treatment.

2. The writer also reports on a more recent series of 40 patients with recorded katamneses.

3. Each patient was given an average of 1,250 mg. The average individual dose was 2·4 mg./kg. body weight. The average duration of the m-stage was 48 minutes. The average number of treatments in a course was eight.

4. The mental effect is in the nature of a stimulation that becomes evident within 24–28 hours of each treatment.

5. The results are collocated. They are markedly positive in 23 cases, relatively positive in 9, and negative in 8. The results are lasting in 22 cases and transient in 10.

6. The relation between malononitrile treatment and E.C.T. and other forms of therapy is discussed. Twenty-six patients received E.C.T. before malononitrile treatment, with varying results. Contra-indications to E.C.T. were present in 23 cases.

7. The clinical value of the method is due mainly to the positive results, its freedom from risks, and the fact that it is less limited than E.C.T. by contra-indications. (Author's abstr.)

Transorbital Lobotomy in Institutional Practice.

As the description of the technique indicates, very little time is required to perform the operation. When Freeman first introduced the procedure to Western State Hospital in August, 1947, 13 patients were operated upon in a single afternoon. In October, 1948, he demonstrated the later-developed movement at the 5-cm. mark on five patients in slightly more than one hour.

The simplicity of transorbital lobotomy becomes quite evident in light of the authors' successful operation of 74 cases independently following a preceptorship that consisted of the operation of three patients, each under Freeman's supervision.

As no fatalities or complications resulted it appears that transorbital lobotomy is safer than the standard neurosurgical procedures. The complication of post-operative convulsive seizures has not been observed.

In giving transorbital lobotomy an institutional trial the authors' goals were to determine if the operation could be of any practical aid in dealing with intractable mental illnesses and to assist in the refinement of case selection. On the basis of personal bedside experience with Freeman's 18 patients and with the authors' 74 it was found that the procedure could be valuable in certain chronic patients. If the disability is minor, although requiring chronic hospitalization, and if the physical methods of treatment have nearly produced a recovery on frequent occasions, transorbital lobotomy may succeed in spite of the illness being of long standing. Also on the basis of study of the 92 cases it appears that the value of the operation in rapidly progressing schizophrenic illnesses of more than a year's duration is somewhat limited. However, it often demonstrates a capacity of the patient to respond to psychosurgery, and indicates a favorable prognosis to a more extensive operation at a later date. Transorbital lobotomy was performed on several patients early in the series on whom a more extensive procedure would be recommended now if psychosurgery were being considered for the first time.

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It may be concluded that transorbital lobotomy is simple, safe and inexpensive. In particular it is to be recommended for institutional use. (Authors' abstr.)

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Hepatolenticular Degeneration: Analysis of Dyskinetic Phenomena; Relation of Degree of Hepatic Damage to Course of the Disease; Nervous Disorders in Ordinary Disease of the Liver.

Six cases of hepatolenticular degeneration were studied; in an additional case the characteristic motor phenomena were present, but the diagnosis was doubtful.

The significant features of the dyskinetic motor phenomena are described, with motion picture analysis. Spontaneous abnormal involuntary movements may be absent or, if present, may show the characteristics of regular alternating tremor or choreatic, athetotic or dystonic movements. During the maintenance of positions, disco-ordination ("static intentional ataxia") may be present, or alternating tremor, previously observed "at rest," may be increased in intensity. Both factors may interfere with the performance of fast active movements.

The mechanisms involved in the production of these specific dyskinetic phenomena, in particular the effect of cerebellar disturbances, are discussed.

The clinical findings and laboratory data related to damage to the liver are reported in each case. Neither clinical nor laboratory evidence of impairment of hepatic function was found in three cases; laboratory tests gave abnormal results in four cases. A positive reaction in the cephalin flocculation test and reduction of serum albumin were the most frequent pathologic findings.

The duration of the disease in this series was correlated with the severity of the damage to the liver. A rather prolonged course, over many years, was observed in some cases in which evidence of hepatic damage was missing or was not pronounced. A rapid progressive course of only one and a half years was found in other cases with obvious symptoms and signs of hepatic impairment.

The pathologic changes in the liver could be studied in three cases. In one case the chronic process of cirrhosis of the liver with predominant connective-tissue proliferation was observed, whereas in two cases a rather acute process with necrotic phenomena resembling subacute yellow atrophy was superimposed on the chronic process.

The association of neurologic disorders with "ordinary acquired" hepatic disease in man and the occurrence of peculiar symptoms with cirrhosis of the liver in domestic animals are evaluated, and the differentiation of the symptoms and pathologic picture of these conditions from the typical picture of hepatolenticular degeneration are outlined. (Authors' abstr.)

Athetosis and the Basal Ganglia: Review of the Literature and Study of Forty-two Cases.

A review of the literature disclosed the reports of 42 cases of hemiathetosis, double athetosis and double athetosis with torsion dystonia with adequate clinical descriptions and reports of pathologic changes. Analysis of these cases led to the following conclusions:

1. Athetosis is a pattern of involuntary dyskinesia which can be distinguished from chorea, and is characterized by increases and decreases of tone in irregular sequence in antagonistic muscle groups and slow involuntary movements involving chiefly, but not exclusively, the distal appendicular musculature such that vermicular activity results.

2. Hemiathetosis usually develops after hemiparesis, or in association with it, as a consequence of necrotizing cerebrovascular lesions, which destroy part of the internal capsule and striatum on the side opposite that of the activity. In some cases hemiathetosis may result from cerebrovascular lesions located in the diencephalic course of the brachium conjunctivum and in the region of the subthalamic nucleus, contralateral to the activity.

3. Hemiathetoid activity may be present despite secondary degeneration of the corticospinal tract on the affected side, but cases are rare.

4. Double athetosis usually manifests itself in early infancy, and in almost half the cases (46 per cent.) a history of trauma at birth is recorded. Bilateral

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paresis and spasticity, particularly of the lower extremities, are present in almost one-half the cases of double athetosis. Retarded speech development and/or dysarthria are present in a high proportion (80 per cent.) of the cases, and more than half (58 per cent.) of the patients are mentally defective.

5. Double athetosis is most frequently a consequence of bilateral status marmoratus (*état marbré*) of the striatum, but also appears as a result of bilateral necrotizing cerebrovascular lesions in the striatum.

6. Double athetosis may appear as a result of bilateral status dysmyelinisatus of the globus pallidus or of localized destruction in the globus pallidus bilaterally.

7. Status marmoratus of the striatum does not inevitably result in double athetosis, although such instances are rare.

8. Double athetosis may appear without demonstrable pathologic change in the striatum or globus pallidus, but such cases are rare.

9. Double athetosis with torsion dystonia usually manifests itself in infancy, but may appear later in life. The incidence of paresis, spasticity, speech disturbances and mental impairment is the same as that in double athetosis without torsion dystonia.

10. Double athetosis with torsion dystonia is a consequence of the same pathologic changes in the same structures as those reported in cases of double athetosis without torsion dystonia.

Adequate clinical descriptions and pathologic study will continue to be of value in elucidating the genesis and nature of these phenomena, particularly when supplemented with cinematographic records. (Author's abstr.)

The Vomiting Center : A Critical Experimental Analysis.

The location of the vomiting center in the brain stem was demonstrated by two basic methods :

1. Electrical stimulation of a certain region of the medulla elicited vomiting. This reactive region corresponds to the dorsolateral border of the lateral reticular formation, including the tractus solitarius and its nucleus.

2. Destruction of the same general region produced a preparation which was permanently refractory to high doses of apomorphine and copper sulfate. On the other hand, animals with bilateral ablation of the dorsal nucleus of the vagus, while also permanently refractory to apomorphine, responded reflexly to small doses of copper sulfate. The dorsal sensory nucleus of the vagus, on which apomorphine acts, thus constitutes one of the afferent influences on the emetic neuron complex.

Therefore, the central mechanism of vomiting *per se* must reside in the dorsolateral border of the lateral reticular formation, and not in the superficial structures designated by Hatcher and Weiss. This center is in the midst of other loci, the activities of which constitute the complex physiologic pattern of vomiting.
(Authors' abstr.)

Oligodendrogliomas : A Review of Two Hundred Cases.

From this study of 200 cases of oligodendroglioma, certain features tending to define this tumor entity were outstanding. The growth appeared to be one primarily of the fourth and fifth decades, and affected the sexes about equally. It was most commonly located in the cerebral hemispheres as a subcortical infiltrating neoplasm, but in rare instances practically any other part of the brain was involved. The life span of the tumor was long, being estimated as from eight to fourteen years. Deposition of calcium was a rather characteristic phenomenon of this tumor, regardless of the age of the patient or the location of the tumor, and appeared relatively early in the development of the neoplasm, probably between the second and the third year of growth. Histologically the tumors could be conveniently classified as oligodendrogliomas and oligodendroblastomas. Certain histologic variations in general pattern and cellular detail were substantial evidence of a relation to the ependymoma. These tumors did not lend themselves well to grading with respect to degree of malignancy. Perhaps the criteria established for the grading of tumours are not applicable to oligodendrogliomas. It is logical to assume that the factors which influence the rapidity of growth should be reflected in the histologic picture. Possibly future studies will disclose these features, or perhaps a revision of present-day precepts will prove peculiarly applicable to this tumor entity. (Authors' abstr.)

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Chronic Barbiturate Intoxication: An Experimental Study.

Five men formerly addicted to morphine, who volunteered for the experiment, received doses of secobarbital (seconal(R)), pentobarbital or amobarbital (amytal(R)) sufficiently large to induce continuous mild to severe intoxication for periods varying from 92 to 144 days.

Symptoms of chronic barbiturate intoxication included impairment of mental ability, confusion, regression, increased emotional instability, nystagmus, dysarthria, ataxia in gait and station and depression of the superficial abdominal reflexes. The clinical manifestations of chronic barbiturism were similar to those of chronic alcoholism.

The effects of the same dose of barbiturates varied greatly in the same person from day to day. This variation was partially correlated with changes in food intake. Pronounced differences in the effects of the same dose of barbiturates on different subjects were also observed.

Although the variation in the effects of the drugs made it difficult to determine whether tolerance developed, 4 of the 5 patients, when abruptly returned to the same dose of barbiturates they were receiving at the end of the experiment, became much more intoxicated than they were at any time after attaining the maximum dosage level gradually. Some tolerance, therefore, developed during chronic intoxication.

After abrupt withdrawal of barbiturates a definite abstinence syndrome developed. The barbiturate withdrawal syndrome was characterized by disappearance of the signs of intoxication, weakness, tremor, great anxiety, anorexia, nausea and vomiting, rapid loss of weight, increase in pulse and respiration rates, fever, increase in blood pressure, difficulty in making cardiovascular adjustments in standing, convulsions of *grand mal* type and the development of a psychosis. The barbiturate withdrawal psychosis resembled alcoholic delirium tremens, and was

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characterized by anxiety, agitation, insomnia, confusion, disorientation chiefly in time and place, but not in person, delusions and auditory and visual hallucinations.

No changes were observed in the total, true or pseudo-cholinesterase contents of serum during chronic intoxication with barbiturates or after withdrawal.

Recovery from chronic barbiturate intoxication and from the barbiturate withdrawal syndrome appeared to be complete. No clinical evidence of permanent damage was detected sixty days or more after withdrawal began.

During chronic barbiturate intoxication the amplitude of all electroencephalographic waves was increased, and the percentage of waves of frequencies of 15 to 30 cycles per second was greater. After withdrawal of barbiturates, paroxysmal bursts of high amplitude waves of frequencies of 4 to 6 cycles per second appeared in the first 12 to 48 hours. Records obtained during and after a convulsion were similar to records of *grand mal* seizures due to idiopathic epilepsy. Within 30 days after the barbiturates were discontinued the electroencephalographic pattern returned to that seen prior to chronic intoxication.

Barbiturates are addiction-forming drugs, and in some respects addiction to barbiturates is more dangerous and undesirable than is addiction to morphine. (Authors' abstr.)

Adaptive Behaviour in Long-Surviving Dogs without Neocortex.

The post-operative life-histories of two decorticated dogs, one surviving nineteen and the other twelve months, are presented. Anatomic studies of the brains in these animals revealed no traces of remaining neocortex.

The dogs showed spontaneous changes in the direction of better adaptation with increasing post-operative age in connection with swallowing food, avoiding the walls of their circular pens, extricating themselves from corners, escaping from the grasp of the attendant and attempting to escape from the pen. On the other hand, the preparations showed no recognition of food, food receptacles, the attendant who always fed them or the needle prick which always preceded clyses with saline solution and which regularly evoked rage.

Formal attempts to produce conditioned motor responses to visual and auditory stimuli, either by the classic pavlovian method or by avoidance technics, were not successful. Discrete conditioned motor responses to tactile stimuli were established after prolonged efforts. During attempts to produce conditioned salivation associated with injections of morphine, salivation was observed only as part of a generalized rage response before injection of the drug. Attempts to produce time conditioning of increased motor activity were not successful.

An unconditioned tactile salivatory response was observed, which was intensified by hunger and diminished by feeding. After complete decortication, one of the dogs (an adult male) reverted to the female posture during urination. Decortication did not alter the pattern of the reaction of the dogs to electrical stimulation of the pulp nerves of teeth; the threshold of such reactions appeared to become elevated slightly after the operation.

These observations are discussed with reference to the problem of adaptation and conditioning. (Author's abstr.)

Cephalin-Cholesterol Flocculation and Thymol Turbidity Tests in Schizophrenia.

The incidences of positive results in cephalin-cholesterol flocculation tests were almost identical among newly hospitalized catatonic patients, patients with non-catatonic schizophrenia and other psychiatric patients. Results for a chronically ill group with long term hospitalization were somewhat equivocal. The results of thymol turbidity tests for chronically ill patients were essentially negative. This study does not lend confirmation to a previously expressed theory that hepatic damage is an etiologic factor in the production of catatonia or other schizophrenic symptoms. (Authors' abstr.)

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Recent Contributions to the Anatomy and Physiology of the Cerebellum.

1. Tactile, auditory and visual areas are known to exist within the cerebellum.
2. Motor, tactile, auditory and visual areas in the cerebrum project to these same cerebellar areas, which, in turn, project back on the cerebral areas.
3. It has been established that almost every structure which projects to the cerebellum also receives a projection from it (seldom direct).
4. Certain areas of the cerebellum when properly stimulated produce localized movements and suppression or facilitation of cortically or reflexly induced movements.
5. Cerebellar stimulation can modify cerebral activity.
6. There are single neurologic units within the cerebellar cortex which are spontaneously active. It is believed that these units are Purkinjë cells and/or the granule-basket cell complexes.
7. It is necessary to abandon the old concepts of a cerebellum which functions as a whole and functions entirely in a proprioceptive sphere.
8. A new concept of function is developed which includes cerebellar action in dampening and in potentiating associated sensory and motor centers alike. The cerebellum thus becomes the " great modulator of neurologic function."

(Author's abstr.)

Focal Electroencephalographic Changes in Unilateral Electric Convulsion Therapy.

A group of 14 psychotic patients were subjected to electric convulsion therapy in which a new technic of unilateral electrode placement was employed. Detailed clinical and electroencephalographic observations were made throughout the course of sixteen treatments, with follow-up examinations.

Focal electroencephalographic changes were produced by unilateral placement of stimulating electrodes in electric convulsion therapy.

Vulnerability of the right frontal area for slow wave activity regardless of electrode placement was demonstrated.

The occipital area showed the least vulnerability for focal activity.

Recovery from effects of electric convulsion therapy as recorded by electroencephalogram was faster with unilateral stimulation than with the standard bilateral method of stimulation.

No characteristic convulsive reaction was obtained by unilateral stimulation, but a tendency toward flexion on the left side and extension on the right side was noted when right-sided stimulation was employed. The opposite reaction was less characteristic of left-sided stimulation.

No untoward or complicating clinical, neurologic or electroencephalographic effect was observed with the unilateral method of electric convulsion therapy that was not also seen with the standard bitemporal method. (Authors' abstr.)

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Some Data Concerning the Growth and Development of the Cerebral Cortex in Man. II. *Post-natal Growth Changes in the Cortical Surface Area.*

It appears that the general growth of the cerebral hemisphere in post-natal life occurs between birth and the sixth year. The only exception is the frontal lobe, where the growth continues as late as the tenth post-natal year. Except in the occipital lobe two phases of rapid growth can be identified, the first extending from birth to the second year, and the second, somewhat less rapid and less marked, extending from the second to the sixth year. In the occipital lobe rapid growth occurs up to the sixth year, but the two phases are not clearly separated.

In terms of absolute increase, the parietal lobe appears to undergo a greater expansion than does any other lobe of the brain. There was no evidence that growth occurred earlier in any one lobe of the brain than in the others, although there was some indication that in the frontal and in the parietal lobe the process of expansion occurred at a greater rate than it did in either the temporal or the occipital lobe.

There was no evidence confirming Woollard's conclusions that the visual area developed first. There was definite indication that the frontal lobe continued to develop beyond the sixth year period of growth seen in the other lobes of the brain and in the cerebrum in general. (Author's abstr.)

Psychic Function and the Electroencephalogram.

It is fairly clear that there is no departure from the range of normal frequencies as a result of any variation within the normal range of psychic function as long as the subject remains awake. The prevalence of alpha activity is increased by readiness for constructive cerebration, and is dissipated by constructive cerebration itself. Affective states *per se* are without influence on the electroencephalogram, but whatever alterations in the state of intellectual function are evoked by the affective states are reflected in changes in the prevalence of alpha rhythm. Similarly, variations from subject to subject in the electroencephalographic pattern reflect a personality difference only to the extent that habits of constructive, intellectual function vary. (Author's abstr.)

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The Effects of Lesions in the Cingular Gyrus and Adjacent Areas in Monkeys.

Lesions of the anterior cingular gyrus (area 24), with varying involvement of neighbouring areas, but still comprising a limited lesion of the medial frontal surface of the hemisphere, were made in five rhesus and two cebus monkeys; one was unilateral, the remainder bilateral.

The animals were subsequently observed for 2 to 14 weeks. Behaviour changes noted by other workers were confirmed. In all but two, a very old monkey with bilateral lesions and the monkey with a unilateral lesions, there was an increased tameness and reduction of aggressiveness, with apparent loss of the sense of danger. These changes tended to disappear after a few weeks. Continual restless pacing occurred in three animals and also gradually subsided after two weeks.

Fibre connections of the anterior part of area 24 could be demonstrated by the Marchi method into areas 6, 8, 9, 10 and 29, and into the anterior border of area 4. Most of these areas also send fibres back into the cingular cortex. From the posterior part fibres pass into the anterior nucleus of the thalamus.

(Authors' abstr.)

The Penetration of Particulate Matter from the Cerebrospinal Fluid into the Spinal Ganglia, Peripheral Nerves and Perivascular Spaces of the Central Nervous System.

The literature relating to the subarachnoid "cul-de-sac" is reviewed.

A technique for introducing an india ink suspension into the cisterna magna of the rabbit without resultant rise in intracranial pressure is described.

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Forty-eight hours after the introduction typical " ink-cuffs " are seen at the proximal poles of the root ganglia.

There is naked-eye evidence of spread of the ink over the surface of the ganglia, particularly in the ganglia of the sciatic nerve.

The distribution of ink over the cerebral hemispheres, brain stem and cerebellum is described.

Histological examination revealed (normal material) that the subarachnoid space terminates near the proximal pole of the root ganglion as a well-defined cul-de-sac.

India ink particles accumulate in the cul-de-sac, whence they pass into the subdural space, into the substance of the ganglion and finally into the mixed spinal nerve.

The perivascular spaces of the central nervous system contain amounts of india ink that vary with the degree of filling of the adjacent subarachnoid space.

The perivascular spaces of the hippocampus, globus pallidus and cerebellum were well filled in all members of the series.

The physiological and pathological significance of these findings is discussed.
(Author's abstr.)

Neurotic Tendencies in Epilepsy.

An experiment was designed to investigate the hypothesis that patients suffering from epileptic seizures tend to be emotionally unstable, immature and neurotic persons.

Three tests known to differentiate neurotic from normal groups were given to 38 epileptic patients, 20 female and 18 male, whose average age was 23 and who were of roughly average intelligence.

When test results were compared with those of normal groups it was found that on all three tests the average score of the epileptic group was roughly one standard deviation below that of the normal groups. This difference was tentatively equated with neuroticism.

It was shown that there was no correlation between length of illness and degree of neuroticism—a result which would seem to negative the theory that neuroticism in the epileptic is merely a reaction to his illness.

It was also shown that the more neurotic subjects tended to have lower abstract intelligence scores, lower vocabulary scores, and lower conceptual quotients on the Shipley-Hartford scale. (The conceptual quotient is often taken to indicate intellectual deterioration.)

The results of the experiment may thus be interpreted as supporting the original hypothesis, and it is concluded that epileptics tend to have a stronger neurotic predisposition than non-epileptics. (Author's abstr.)

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Anatomical Study of Lobotomy. Survey of Six Specimens from 11 to 235 days Post-operative Survival.

The objectives of this study lie primarily in the anatomical field of inquiry. These objectives were only partially fulfilled because of the relatively short period of post-operative survival, and especially because the preoperative and postoperative pathologic changes, either unrelated to or complicating the surgically inflicted

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lesions, made difficult the interpretation of the secondary degenerations of nuclei and fiber tracts in the brain and brain stem.

1. The neuropathological study showed that in three specimens (4, 5 and 6) a more or less severe atrophying cerebral process was present for some time before the operation. In Case 4 the atrophy of the frontal lobes and the hydrocephalus *ex vacuo* were so severe as to cast doubt on the relevance of psychosurgery in this case. This would seem to indicate the need of a radiographic study of the cranial contents prior to lobotomy, especially in patients who have been hospitalized for many years, such as the so-called " deteriorated " schizophrenics.

2. Cerebral lesions directly related to surgery of the brain were of two orders: the mechanical dissolution of the continuity of the cerebral substance by the surgeon's instruments (aspiration needle, blunt leucotome, retractors, etc.,) and the necrosis of the tissues which were not directly damaged but became devitalized as a result of interference with their blood supply.

3. The extent and severity of parasurgical necrosis in the authors' material seemed to be greater when the aspiration needle was used, and comparatively less when the blunt leucotome was used to sever the continuity of the cerebral substance in the frontal lobes.

4. The neuropathologic post-operative and intercurrent complications observed in the authors' material were vascular, local infective by extension from the scalp wound, systemic infective by spread from visceral septic foci, and cerebral metabolic.

5. The topographic study of surgical section showed that as a rule the orbito-mesial quadrants of the frontal lobes were severed, involving the cingulate gyrus, while the dorso-lateral or convexal quadrants were largely spared. The symmetrical and consistently bilateral degeneration of the fibers in the dorso-medial or juxta-caudate part of the anterior limb of the internal capsule, in the subthalamic region, and in the rostro-mesial quadrants of the pons in cases of more than two months' post-operative survival was the most conspicuous anatomical finding. The inference is close at hand that the fronto-pontine tracts were bilaterally and symmetrically degenerated as a result of their surgical section close to the areas of their origin in the frontal lobe—areas 10 (FE), mesial 9 (FD) and 8 (FC).

6. The salient point of this anatomical study of lobotomy is that in all six specimens the cingulate gyrus was involved, and the orbito-mesial ectocortex (isocortex) of areas 10 (FE), mesial 9 (FD) and 8 (FC) was undercut and isolated from the mesocortex (transitional cortex) of the cingulate gyrus (area 24 (LA)), orbital limbus (posterior part of area 11 corresponding to Economo's fields FH, FHl, FFa and island of Reil (areas 13–16 of Brodmann)). These rostral orbito-mesial areas of the frontal lobes remained connected to the more primordial meso-cortical parts of the brain only through the matricial synaptic ground-work (neuropil of Herrick-Coghill) of the convexal cortical plate and through its short and long arcuate associate systems. Not only the thalamo-frontal radiations, but the pathway descending from the anterior half of the cerebral hemisphere to the brain stem and spinal cord was deprived of a large and important component of fronto-subthalamic, fronto-pontine, and probably other corticifugal fibers of the frontal lobe.

7. On the basis of the authors' study it seems that the degeneration of the anterior thalamic radiations and nuclei following frontal lobotomy has been stressed at the exclusion of the even more obvious degeneration of the far greater mass of efferent projections which connect the frontal lobes to all the levels of the neuraxis " in series " and " in parallel " (15). These efferent projection systems are equally important, and must be taken into consideration in the construction of a valid conceptual schema of the anatomico-clinical correlation between the frontal lobotomies (and other injuries to the brain) and the reorganization of the overt behavior which follows them. (Authors' abstr.)

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Unilateral Prefrontal Lobotomy for the Relief of Intractable Pain.

Unilateral prefrontal lobotomy performed for the relief of pain in 58 consecutive cases yielded good results in 66 per cent., fair results in 20 per cent., and poor results in 14 per cent. This operation produces a relative rather than an absolute barrier to conscious pain perception. Experience indicates that the effectiveness of unilateral lobotomy is permanent for pain of constant severity. Pain of psychogenic origin has not been relieved by unilateral lobotomy. (Author's abstr.)

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The Etiology of Schizophrenia.

The fundamental thesis advanced in this paper is that schizophrenia consists of a number of phenomena, defined on a cultural level, and understandable only by concepts unique to the interpersonal level of organization. These concepts are not discussed in detail, and may be found in the writing of such authors as N. Cameron and Sullivan, as well as in current work by sociologists, psychologists and anthropologists.

Genetic findings, used to prove the existence of a specific constitutional predisposition to schizophrenia, are criticized on the basis that the principles of social inheritance, interpersonal relations and social learning are ignored. Biological deviations are explained either as being irrelevant, or as secondary processes resulting from emotional disturbances, or as primary participants acting indirectly in the way they influence the individual's style of life. Biological factors which seem to be more directly related to the schizophrenic process (such as low energy output with a consequent tendency toward withdrawal) are considered to be a universal property of the human organism, normally distributed among the general population. All such characteristics are operative only when there exists a degree of insecurity in childhood, followed by stress later on in life.

It is pointed out that to many observers schizophrenia is not a disease, but a convenient label for a number of phenomena which are continuous with, and merge into, the phenomena of other so-called disease entities. Both on the biological and psychological level there can be found no set of circumstances specific to schizophrenia, except as predicated by the definition of the term.

The action of somatic therapy is explained either on the basis of concomitant interpersonal processes, or on the basis of the influence such treatment has upon a person's psychological life by means of its effect upon universal biological functions. Social and anthropological evidence supporting the suggested view is given, as well as evidence found in clinical experience. The implications of such a theory for research and therapy are discussed. (Author's abstr.)

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The Effect of Alcohol on Liver Lipids and on Liver and Heart Glycogen.

It has been shown, in agreement with Best's findings, that chronic alcoholization does not increase the tendency for the development of nutritional fatty liver when the animals are maintained with a low intake of lipotropic substances. Neither does it seem to accelerate the development of the liver cirrhosis which normally follows a sustained fatty liver. A moderate degree of chronic alcoholization in the rat did not exert any definite effect on the level of glycogen in the liver, but acute alcohol intoxication caused a definite reduction in liver glycogen, except when glucose was administered at the same time. Administration of glucose along with the alcohol in glycogen-depleted animals invariably caused an increase in liver glycogen in spite of the alcohol intoxication. The glycogen concentration of the heart was not apparently influenced by either acute alcohol intoxication or chronic alcoholization. (Authors' abstr.)

Chloride Levels in the Blood of Alcoholic Patients in Relation to the Phenomenon of Craving.

The low salt intake combined with excessive fluid intake in the course of a prolonged alcoholic bout results in a net loss of salt via the urine and, to a lesser extent, in the sweat. The consequent low level of chloride in the blood produces a physiological thirst. The sensation of thirst is normally most delicately regulated to satisfy bodily requirements automatically.

The alcoholic, in the early stages of a drinking bout, drinks as a result of environmental or psychological factors. At this voluntary stage of drinking the blood chlorides are not significantly altered. When the drinking continues to the point of producing a lowered blood chloride level, because of the low salt and excessive water intake combined with excessive chloride loss in urine and sweat, the sensation of thirst evokes an abnormal response. Instead of salt and water the alcoholic continues to take liquor. The stage of uncontrolled drinking has then been reached. The alcoholic takes more whisky and water to replace the loss of water and salt, causing his body fluids to become diluted to hypotonic solutions. This condition, known as water intoxication, may in part account for the muscular cramps frequently noted during drinking bouts. Thus, the alcoholic does not replace his salt, but perhaps satisfies his local pharyngeal thirst sensation by the drinking of more liquor and water. This further exaggerates his net salt loss and perpetuates his craving. The phenomenon of craving for liquor may therefore be viewed as a " perverted physiological craving."

Clinically, the perverted physiological craving for liquor in prolonged alcoholic episodes is promptly corrected by increasing the salt intake in the diet or by the administration of saline parenterally. Within several minutes a dose of 2 gm. of salt in 30 c.c. of water, followed by a glass (200 c.c.) of water, reduces the tremulousness, permits sleep and corrects the physiological craving. (Authors' abstr.)

Acetaldehyde in Relation to Intoxication by Ethyl Alcohol.

It appears that quite high concentrations of acetaldehyde, relatively speaking, can exist in the blood of rats without causing very obvious signs of intoxication. Values of 4 to 6 mgm. per 100 ml. are so much higher than the 100 to 700 micrograms per 100 ml. usually found in the blood of rats suffering from alcohol intoxication that one may safely assume that the signs of intoxication which follow administration of alcohol cannot be attributed to the acetaldehyde alone.

The question whether acetaldehyde makes any important contribution to the degree of alcohol intoxication is less easily answered. Experiments in which alcohol and acetaldehyde have been administered together will be described elsewhere, and suggest some kind of synergistic action between those two agents. In view of what has been said above, it is possible that such effects are the consequence of cerebral anoxia modifying the alcohol intoxication.

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The distinction between the effects of temporary anoxia and alcohol intoxication is possibly less clear-cut than might at first appear. In the former the oxygen supply is interrupted, while in the latter, no matter what theory of intoxication or narcosis is preferred, one feels impelled to postulate some interference in carrying on the energy-yielding reactions of cells, which depend ultimately on oxidation for their performance. (Author's abstr.)

The Role of Acetaldehyde in the Toxicity of Tetraethylthiruam Disulfide and Alcohol. With a Method for the Determination of Acetaldehyde in 0·20 ml. of Blood.

The hypothesis that acetaldehyde is responsible for the toxic manifestations observed in man after treatment with tetraethylthiruam disulfide and alcohol is discussed.

Experiments with rats, which exhibit a rise in acetaldehyde after T.E.T.D. and alcohol, have shown that intravenous administration of ferrous chloride and ascorbic acid, either alone or in combination, does not affect the concentration of acetaldehyde in the blood.

Since it has been observed that treatment of human patients with ferrous chloride and ascorbic acid rapidly abolishes or decreases the toxic effect of T.E.T.D. and alcohol, it appears that acetaldehyde is not responsible for the toxicosis.

A method for the determination of acetaldehyde in 0·20 ml. of blood has been described. (Authors' abstr.)

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1. Biochemistry, Pathology, etc.

Arsenic and Arsenic Compounds in the Central Nervous System. Grzycki, Stanislaw, and Kobusowna, Barbara (Univ. M.C.S., Lublin, Poland). [*Ann. Univ Mariae Curie-Sklodowska, Sect. D4*, 19–52 (1949).]

Regardless of the way of administration, As and its compounds are taken up and stored by active mesenchymal cells within their protoplasm. This leads to a damage of nuclear structure, fatty degeneration of the protoplasm and finally to the complete destruction of the cell. As is probably removed through blood vessels and through kidneys. The changes observed in nerve cells are not specific to As, but are secondary in nature, being caused by the cutting off of their normal supply system owing to destruction of the above-mentioned cells. Arsenite, aliphatic As compound (Solarsol), aromatic compounds (Stovarsol, Novarsenobenzol, Neo-salvarsan) were used. I. Z. ROBERTS (Chem. Abstr.).

The Depression of Brain Oxidations. II. Comparative Influence of Pentobarbital upon Dog Cortex, Caudate Nucleus and Hypothalamus. Wilkins, D. S., Featherstone, R. M., Schwidde, J. T., and Brotman, M. (State Univ. of Iowa, Iowa City. [*J. Lab. Clin. Med.*, **35**, 411–21 (1950); *cf. C. A.*, **43**, 7540i.]

The total *in vitro* O_2 consumption per unit weight by the caudate nucleus of the basal ganglion of dog brain was not significantly greater than that of hypothalamus. Pentobarbital (0·04 per cent.) depressed the O_2 uptake in the order caudate nucleus >cortex>hypothalamus. The relation to each other of the O_2 uptake of these three regions was altered by pentobarbital when plotted against time.
J. D. TAYLOR (Chem. Abstr.).

Amino-acid Mixtures and Mental Function. Rauch, Franz, and Schwobel, Georg (Univ., Hamburg-Eppendorf, Ger.). [*Klin. Wochenschr.*, **27**, 30–1 (1949).]

The influence of an amino-acid mixture (containing no glutamic acid) on mental function is identical to that of glutamic acid.
W. T. SMITH, jun. (Chem. Abstr.).

Action of the Antithiamine Factor of Bracken Fern on Peripheral Nerves. Konecci, E. B., and Muralt, A. v. (Univ. Bern, Switz.). [*Helv. Physiol. Pharmacol. Acta*, **7**, C44–5 (1949) (*in German*).]

An extract of *Pteris aquilina* was made with frog Ringer solution. One c.c. (= 0·25 gm. dry fern) was injected into the dorsal lymph sac of the frog. After 4 hours the excitation threshold of the peripheral nerves was 5–10 mv. higher than

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in controls, and after 30 hours, 10–25 mv. higher. After 3 days the frogs died. Isolated frog peripheral nerve bundles treated with the diluted extract soon lost all ability to respond to stimuli. Addition of thiamine to the extract inactivates the active principle, and such a mixture has no effect on nerve activity.

L. E. GILSON (Chem. Abstr.).

Physiology of Electric Convulsions. Ammon, Robert, and Ohm, Gerd. [*Klin. Wochenschr.*, **27**, 138–40 (1949).]

In a Warburg apparatus the cholinesterase of serum of patients treated with electric shock shows no cleavage differences. Apparently acetylcholine has nothing to do with electric shock. Since the K content of serum is unchanged (within the experimental error) in cases of electric shock, there must occur no change in the acetylcholine content of the blood. W. T. SMITH, jun. (Chem. Abstr.).

Motor, Respiratory, Cardiovascular and Blood-sugar Changes during Electric Shock. Piette, Yves (*Lab. Hydrol. et biol. exptl. Ostende, Belg.*). [*Ann. soc. roy, sci. med. et nat. Bruxelles*, **3**, 5–71 (1950).]

d-Tubocurarine-HCl (I), RP 3697 (II), phenobarbital (III) and pentobarbital-Na (IV) completely inhibited the convulsions which otherwise resulted when 60–80 v. was applied for 0·1–0·2 sec. to electrodes between the eyes and ears of rabbits. Myanesin (V) raised the convulsive threshold, and diphenylhydantoin (VI) suppressed the tonic (early) phase of the convulsions. In the rabbit the convulsions were accompanied by apnea, which was suppressed by (III) and (VI). In the rabbit bilateral adrenalectomy suppressed the brief hypotensive phase which ordinarily followed electric shock, and reduced the amplitude and duration of the prolonged hypertensive reaction which normally followed the hypotension. (I), (II) and (V) did not suppress the hypertensive phase in the rabbit, but (I) and (II) sharply diminished or abolished the hypotensive stage. (III) and (IV) suppressed and (VI) strongly reduced the hypertensive phase. Atropine, adrenaline and morphine suppressed the hypotensive phase in the rabbit. Dihydroergotamine (VII) suppressed the hypertensive phase and replaced it with a marked hypotension and bradycardia. Acetylcholine did not suppress the hypertensive phase, but kept blood pressure during it below the initial level of arterial pressure. Chloralose did not affect the pressure variations following electric shock. Nicotinic acid, in doses sufficient to abolish the motor disturbances following shock, suppressed the hypertensive phase, which was replaced by hypertension. The pressure at the peripheral end of the common carotid artery of the rabbit, or the external carotid of the dog, showed a short slight rise immediately after shock, even in animals prepared with (III) or (VII). In man, electric shock was followed by hyperglycemia unless the subject was first given pentothal, in which case a slight hypoglycemia took its place. Reflex vasodilation due to shock-induced vasoconstriction of cerebral vessels is largely overridden by hypertension due to asphyxia and sympathetic activity. Use of curare alone during electric shock is not justified; the addition of pentothal is indispensable. Barbiturates alone can prevent traumatic complications and the hypertensive reaction of shock. In man, O given before and immediately after shock attenuates the hypertensive phase.

MARSHALL E. DEUTSCH (Chem. Abstr.).

Brain Lesions in the Rat Produced by Large Doses of Desoxycorticosterone Acetate. Faribault, Claude, and Haour, Pierre (*Univ. Montreal, Can.*). [*Rev. can. biol.*, **9**, 99, (1950).]

Prolonged treatment of the rat with desoxycorticosterone acetate would seem to produce selective vascular lesions in the encephalon, accompanied by higher permeability of these vessels and an increase in the formation of cerebrospinal fluid. A. PAPINEAU-COUTURE (Chem. Abstr.).

Parabiotic Nature of Central Nerve Control and the Teachings of I. P. Pavlov. Magnitskii, A. N. [*Uspekhi Sovremennoĭ Biol.*, **26**, 875–92 (1948).]

A review with emphasis on optimum and pessimum effects in the relations between glycogen and lactic acid in muscles, in the range between narcosis and the pain threshold. JULIAN F. SMITH (Chem. Abstr.).

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Sphingomyelin and the Ether-insoluble Glycerophosphatide of the Brain. Rennkamp, Friedrich (Univ., Cologne, Ger.). [*Z. physiol. Chem.*, **284**, 215–28 (1949).]

Pure glycerol-free sphingomyelin with the correct P:N ratio from brain was hydrolyzed with alc.-HCl. Among the hydrolytic products, fatty acids occurred in the theoretical amount. About 70 per cent of the free sphingosine was found. Free H_3PO_4 and free choline were not found. The principal fatty acids were stearic acid (46 per cent.) and nervonic and lignoceric acids (34 per cent together). Other acids found were : Palmitic 2 per cent., arachidic 2 per cent., behenic 6 per cent., a hexacosenic 10 per cent. The palmitic acid cannot be an essential component of the brain sphingomyelin. In the glycerophosphatide it accounted for 81 per cent. of the entire fatty acids. Among the partial hydrolysis products sphingosine-phosphoric acid-choline ester was found in small amounts and apparently impure. The monoethylsphingosine chloride was identical with a preparation obtained from cerebroside. The combination of the phosphoric acid must, in both the sphingomyelin and cerebroside, take place through the same OH group of the sphingosine. The investigation confirms the structural formula for sphingomyelin proposed by Levene (*C. A.*, **10**, 1844). FELIX SAUNDERS (Chem. Abstr.).

The Effect of Glycerophosphocholine on the Action of Cholinesterase. Stern, P., and Režek, A. (Univ. Zagreb.). [*Arhiv. Kem.*, **20**, 97–100 (1948) in German.]

Glycerophosphocholine (I) is one of the ingredients of choline reserve, hence contains a quaternary N atom and thus biologically belongs to the same series with choline and aneurine, while pharmacologically it is an inhibitor of the eserine type. Its inhibiting effect on cholinesterase of the serum is evident only when present there in large concentrations, as is also true of choline and aneurine (*cf.* Krvavic, *Veterinar. Arhiv* (*Zagreb*), **18**, 261 (1948) ; Sullmann, *C. A.*, **40**, 5079[4]). Stern and Režek studied the effect of (I) on cholinesterase of the serum in comparison with the acetylcholine (II) action on the same enzyme. In parallel experiments the physiological properties of the two bases were compared. In accordance with Arnold (*C. A.*, **34**, 2789[4]), (I) is analogous to (II) and acts as a direct choline donor. The depression of the amplitude of toad heart-muscle contractions by (I) was somewhat less pronounced than by (II). The mode of action of (I) was spontaneous, suggesting hydrolysis of the choline group, as is the case with (II). (I) is a vagus stimulant of the same order of potency as the base (II). The above experiments were repeated using 2 mgm. of (I) in the perfusion fluid, and defibrinated blood instead of serum. The action of (I) was compared with that of trichloroacetic acid (III). The cholinesterase of defibrinated blood was found unaffected by the low concentrations of (I) after 5 second interaction (the hydrolysis of (I) present in concentration of 10^{-4} proceeded unhampered). The enzyme was almost completely inhibited by (III). Comparison of (I) and (II) in their action against eserine salicylate (IV) was carried out with the muscle of a leech according to Minz (*C. A.*, **27**, 776). As in the case of heart muscle, (I) used alone was ineffective in concentrations of 10^{-6} up to 10^{-5}, but inhibitive in concentration of 10^{-5}. Its potency at this concentration was equivalent to that of (II) at concentration of 10^{-7}, which was also acting on the leech muscle. This parallelism of inhibition was evident throughout the duration of the experiment, except for the prelethal stage. At that stage the difference between (I) and (II) was demonstrated with regard to leech muscle sensitization. This was done by addition of (IV) to the perfusion fluid in a concentration of 10^{-5}. The sensitization produced by (IV) could not be inverted by addition of (I) in concentration of $<10^{-4}$ even after 15 minutes' interaction. Increasing the amount to 2 mgm. of (I) still did not produce the inversion effect after an interval of 15 minutes, while (II) at a concentration of 10^{-7} gave the inversion after the same time interval. When present in higher concentrations (2 mgm.) (II) as well as (I) no longer sensitizes the muscle (no amplitude rise after 15 minutes). Hence this difference smooths out for larger concentrations of (I) and (II). From its behaviour at lower concentrations (10^{-5}–10^{-4}), especially with regard to effect against eserine, it was concluded that under conditions of *in vitro* experiments the action of (I) is independent of that of cholinesterase, and that (IV) does not participate in the mechanism of degradation of (I). This leads to the hypothesis that (I) must be a direct choline donor. The mechanism of choline cleavage from the molecule of (I) could not be ascertained. The facts that (I) is stable in aqueous solution and that the above cleavage proceeds slowly, when the serum medium is

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used, as well as the fact that not all the steps of degradation, nor all the intermediate products formed, are known at present, all speak in favour of an enzyme catalysis. The fact that (I) when present in minimal quantity ($<10^{-5}$), does not inhibit cholinesterase, suggests that this enzyme is its activator, as it is in the case of (II). However, other catalysts may play a role alone or in conjunction with cholinesterase. *In vivo* experiments on blood pressure of rabbits under urethan showed that intravenous doses of 0·5 and 1 mgm. of (I) lowered the blood pressure considerably after an interval of 30 seconds. A larger dose gave non-linear increase in the effect. Normalization was rapid at both doses. With some animals return to normal was followed by a slight rise. Comparison with (II) showed that the effect was about equal in intensity at a dose of 0·5 mgm., but at the dose of 1 mgm. (I) is more potent than (II). Atropine sulfate (5 mgm.) with simultaneous exclusion of the parasympathetic innervation of the blood vessels showed that at a dose of 1 mgm. the blood pressure decrease caused by (I) is reversed to the same extent as in the case of (II). These experiments demonstrate the cholinergic effect of (I) and its much weaker potency (1/1000) than that of (II), which confirms the results of Arnold (*loc. cit.*). In experiments on blood sugar in rabbits, intravenous injection of (I) in doses of 2–3 mgm. produced a 10 per cent. increase. The effect was very brief (15 minutes), and was followed by a rapid return to normal.

C. S. SHAPIRO (Chem. Abstr.).

The True Cholinesterase Activity of the Brains of Physostigmine-poisoned Rats. Kalsbeek, F., and Cohen, J. A. (*Natl. Defense Research Council T.N.O., Leyden, Netherlands*). [*Biochim. et Biophys. Acta*, **4**, 559–65 (1950) (*in English*).]

Cholinesterase activities were determined on the brains of normal rats, physostigmine-poisoned rats during convulsions and attacks, and after clinical recovery. Essentially, activity after clinical recovery was significantly lower than normal, but also markedly higher than during the malady.

ERIC ELLENBOGEN (Chem. Abstr.).

Acetylcholine-like Action of a Product Formed by an Acetylating Enzyme System Derived from Brain. Middleton, S., and Middleton, H. H. [*Proc. Soc. Exptl. Biol. Med.*, **71**, 523–6 (1949).]

The pharmacological properties of an enzymically formed product described by Nachmansohn *et al.* (*C. A.*, **43**, 9092*e*) were studied. This product, obtained in the choline acetylating system of brain extract, is distinctly different from acetylcholine, but has an acetylcholine-like action on frog rectus abdominis muscle. It decreases the arterial blood pressure of cats and the amplitude of the beat of the isolated frog heart in the same way as acetylcholine, and these two actions are suppressed by atropine.

L. E. GILSON (Chem. Abstr.).

Changes of Acid-base and Electrolytic Equilibria in Human Cerebrospinal Fluid during Spinal Anaesthesia. Forni, Paolo (*Univ. Pavia, Italy*). [*Med. sper.*, **18**, 75–88 (1947).]

Ten cases of anesthesia with 150 mgm. procaine were investigated. In 5 cases of anesthesia the pH and the alkali reserve decreased with electrolytic displacement towards the acid side along with an increase of Mg ions. In 5 cases of anesthesia after the Daniel test only the alkali reserve decreased, while Ca ions increased in place of Mg.

C. SCANDURA (Chem. Abstr.).

A Direct Detection of Protective Proteinases in the Cerebrospinal Fluid. Abderhalden, Rudolf, and Elsaesser, Karl Heinz (*Univ. Halle, Ger.*). [*Fermentforsch.*, **17**, 178–83 (1943); *cf. C. A.*, **42**, 3447*b*.]

Instead of dry preparation, 2·5 or 3·0 ml. of the original cerebrospinal fluid (I) was used. After addition of the proper tissue substrates it was incubated for 6 hours, then filtered and the filtrate was tested for ninhydrin reaction. Comparison of the clinical results obtained with (I) and with urine preparation indicated that the former was diagnostically more reliable.

L. W. (Chem. Abstr.).

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The Influence of Calcium, Potassium and Magnesium Ions in Cerebrospinal Fluid on Vasomotor System. Leusen, I. (Univ. Ghent, Belg.). [*J. Physiol. (London)*, **110**, 319–29 (1950).]

Perfusion of cerebral ventricles of bilaterally vagotomized dogs (with isolated carotid sinuses) resulted in depression of blood pressure (I) and vasomotor reflexes (II) with an excess of $CaCl_2$ in the perfusate, and rise in arterial (I) and enhanced (II) with a lowered $CaCl_2$. Excess of K in perfusate raised (I) and enhanced (II); K-free perfusate had no effect on either (I) or (II). Excess Mg depressed (I) and (II); Mg-free solution had little effect. Increased vasomotor tone in peripheral vessels and in splanchnic areas and increased adrenaline secretion accompanied rise in (I) with excess K and decreased Mg.

MORRIS ROCKSTEIN (Chem. Abstr.).

Preparation of Crystalline Protective Proteinases from the Cerebrospinal Fluid. Abderhalden, Rudolf, and Elsaesser, Karl H. (Univ., Halle, Ger.). [*Fermentforsch.*, **17**, 213–16 (1943); *cf C. A.*, **42**, 3447*b*.]

Cerebrospinal fluid obtained from paralytic patients and patients with Huntington's chorea was dialyzed at room temperature for 48 hours against tap-water. After centrifugation the supernatant was concentrated in vacuum to 0·1 of the original volume. Upon cooling overnight monoclinic crystals were formed, which possessed a specific action only on cerebrum, ganglion-base and the mid-brain.

L. WEIL (Chem. Abstr.).

Gonadotropin in Spinal Fluid in a Case of Twin Pregnancy. Criticism of Spinal Fluid Test for Diagnosis of Hydatidiform Mole. Brody, Henry, and Horowitz, Edward A. (Beth Israel Hosp., New York, N.Y.). [*Am. J. Obstet. Gynecol.*, **59**, 685–8 (1950).]

A case of twin pregnancy is presented in which the spinal fluid contained gonadotropic hormone. No basis is found for the contention that the demonstration of gonadotropic hormone in the spinal fluid is diagnostic of hydatid mole or chorionepithelioma.

RUTH BERGGREN (Chem. Abstr.).

2. Pharmacology and Treatment.

Medical Therapy of Epilepsy. Carter, Sidney, and Merritt, H. Houston (Columbia Univ.). [*J. Lancet*, **70**, 103–6 (1950).]

The compounds 5-methyl-5-phenylhydantoin (I), 5,5-diphenylenehydantoin, 5-thienyl-5-phenylhydantoin, and phenylacetylurea had anticonvulsant activity. 5-Isopropoxymethyl-5-phenylhydantoin and ethyl phenyl sulfone were not effective. Only (I) was more effective than 5,5-diphenylhydantoin or phenobarbital, being effective in 73 per cent. of the cases. A high percentage of allergic skin reactions occurred after the use of (I).

E. K. WEISBURGER (Chem. Abstr.).

Action of d-Tubocurarine Chloride on the Central Nervous System of the Cat. Salama, S., and Wright, Samson (Middlesex Hosp. Med. School, London). [*Brit. J. Pharmacol.*, **5**, 49–61 (1950).]

The effect of d-tubocurarine (I) on the central nervous system was studied by intraventricular, intracisternal and intrathecal injections in cats under chloralose anesthesia, and in decerebrate preparations (I) applied directly to the central nervous system had an excitatory action. Small doses directly excited the vasomotor, respiratory, cardiac and other autonomic centers, especially those innervating the salivary glands and bronchi. They produced heightened reflex excitability of the spinal cord and later generalized convulsions, mainly as the result of stimulation of the cells of origin of the facilitatory pathways in the brain. Intracisternal or intraventricular injections produced complex changes in the eyes and muscles of the head owing to an action on centers in the midbrain and pons.

RICHARD F. RILEY (Chem. Abstr.).

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Comparison of the Effect of Ether and Curare on the Neuromuscular Transmission, Investigated by Means of Prostigmine. Naess, Knut (Univ., Oslo, Norway). [*Acta Physiol. Scand.*, **20**, 117–24 (1950).]

The effect of ether and curare in the motor endplate has been studied by means of prostigmine. Following injection of prostigmine the inhibition of neuromuscular transmission caused by ether and curare is affected differently, which leads to the conclusion that the inhibition exerted in the endplate must also be by essentially different mechanisms. The ether effect is explained partly by a decreased sensitivity of the muscle cells to acetylcholine. The inhibitory effect of ether and prostigmine is synergistic and rapidly disappears on termination of the anesthesia, while curare and prostigmine neutralize the inhibition produced by each substance separately. It is assumed that ether not only suppresses the acetylcholine sensitivity, but also reduces the production of acetylcholine in the endplate.

S. MORGULIS (Chem. Abstr.).

Effect of Tridione (3,3,5-trimethyl-2,4-oxazolidinedione) on the Oxygen Uptake of Mouse Brain. Taylor, J. D., Richards, R. K., Everett, G. M., and Bertcher, Elizabeth L. (Abbott Research Labs., North Chicago). [*J. Pharmacol. Exptl. Therap.*, **98**, No. 4, Pt. 1, 392–9 (1950).]

The effect of 0·035, 0·07 and 0·14 M tridione as an inhibitor of O uptake of mouse brain slices with glucose, lactate, pyruvate, succinate, glutamate, citrate and acetate was studied. At the lowest concentration inhibition occurred only with glucose. At the higher concentrations inhibition was present with all substrates; least with succinate. The inhibition with glucose substrate could be overcome by washing or by addition of p-phenylenediamine or methylene blue, but not by addition of ascorbic acid, glutathione, cysteine, adenosinetriphosphate, or cytochrome c. Brain slices from mice previously injected with large doses of tridione showed decreased O uptake in presence of glucose.

L. E. GILSON (Chem. Abstr.).

Effect of Convulsant and Anticonvulsant Agents on Activity of Oxalacetic and Pyruvic Carboxylases. Torda, Clara, and Wolff, Harold G. (Cornell Univ. Med. Coll., New York, N.Y.) [*J. Pharmacol. Exptl. Therap.*, **98**, No. 4, Pt. 1, 358–65 (1950); *cf. C. A.*, **43**, 5865*f*.]

The enzymes were prepared by known methods from musk melon pulp and seed and pigeon liver. Their activity was inhibited more or less by the convulsive agents, acetylcholine, caffeine, camphor, cocaine, dichlorodiphenyltrichloroethane, Me salicylate, metrazole, picrotoxin, scilliroside, and strychnine; unaffected by tridione and choline; and slightly increased by the anticonvulsive agents, phenobarbital, hydantoin, methylphenylethylhydantoin, and Na phenylhydantoinate.

L. E. GILSON (Chem. Abstr.).

Comparative Action of Eserine and Pilocarpine on the Cholinesterases of Serum and Brain. Vincent, D., and Lagreu, R. (Univ. Toulouse, France). [*Compt. rend. soc. biol.*, **143**, 1091–3 (1949).]

Eserine has a marked inhibiting action on the cholinesterases of diluted horse serum and diluted sheep brain (grey matter) homogenate. Pilocarpine has about 10^{-5} the inhibiting action of eserine. L. E. GILSON (Chem. Abstr.).

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