Part III.—Epitome of Current Literature.

1. Neurology.

Venous Angioma of the Cerebrum. (*Journ. of Neur. and Psycho-path., July*, 1927.) *Worster-Drought, C., and Carnegie Dickson, W. E.*

A clinical description and the record of the necropsy are given. Certain noteworthy features of the case are commented on, and coloured drawings of the outer aspect of the right hemisphere and of a vertical coronal section of the cerebrum illustrate the article.

WM. MCWILLIAM.

A Clinical Analysis of an Extra-pyramidal Syndrome; Paralysis Agitans and Post-encephalitic Parkinsonianism. (*Journ. of Neur. and Psycho-path., July*, 1927.) *Young, A. W.*

The author deals exhaustively with 50 cases of the extra-pyramidal syndrome, of which 39 were cases of the Parkinsonian syndrome of post-encephalitic origin, while 11 belonged to the idiopathic type of the disease.

There is a general survey of the cases, giving age at onset, symptoms at the time of the original illness, and symptoms in order of frequency. The author then surveys the ground from the clinical standpoint under the following headings:

General attitude; ocular condition; mouth and tongue; speech; associated movements; simple and combined movements; general motility; and tremor.

He then proceeds to a comparison of the idiopathic and post-encephalitic cases. Testing the synergic action of muscle groups in Parkinsonianism he failed to find any departure from normal. So far from associated movements being absent in the Parkinsonian state, the reverse is the case.

WM. MCWILLIAM.

Subcortical Epilepsy. (*Brain, June*, 1927.) *Spiller, W. G.*

The author describes two cases of brief epileptic motor attacks: in one there were tonic spasms of both hands and one lower limb, in the other case one upper and one lower limb on the same side. These tonic spasms were brought on by voluntary movement of the affected limbs in both cases. Both had a concomitant paræsthesia in the unaffected lower limb, and probably in the affected limb, but this was masked by the intensity of the painful contractions. The second case showed paresis of the right ocular sympathetic. Spiller considers that there is a subthalamic sympathetic centre, and that the oculo-sympathetic fibres do not decussate in the pons or below it in the medulla oblongata or cord.

G. W. T. H. FLEMING.

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