

Epileptiform Attacks, Mental Confusion and Signs of Focal Lesions Rapidly Cured by Mercurial Treatment [*Crises épileptiformes, obtusion intellectuelle et symptômes de lésion en foyer rapidement guéris par le traitement mercuriel*]. (*Bull. Soc. Clin. de Méd. Ment.*, December, 1922.) Vernet, P., and Merland, A.

The patient, a girl of syphilitic parentage, developed a complete right hemiplegia, motor aphasia, numerous epileptic seizures and a state of profound mental confusion. A diagnosis of a gumma in the vicinity of the left motor area was made. Mercurial treatment effected a rapid cure.
J. S. ANNANDALE.

Mental and Respiratory Disorders following Epidemic Encephalitis [*Troubles psychiques et respiratoires consécutifs à l'encéphalite épidémique*]. (*Bull. Soc. Clin. de Méd. Ment.*, November, 1922.) Roubenovitch, F., Barük and Bariety.

The patient, a child, after an attack of acute encephalitis lethargica, showed the usual alterations in character, and became mischievous, disobedient, querulous, restless and violent. The respiratory disorder was of the nature of paroxysmal polypnoea lasting for about two minutes at a time, and followed by a period of apnoea. The respiratory rhythm was deranged, expiration being longer than inspiration, and of a sighing character. The authors are unable to make any adequate suggestion as to the pathogenesis of the respiratory manifestations.
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A Case of Amaurotic Family Idiocy, Late Infantile Type (Bielschowsky), with Clinical Picture of Decerebrate Rigidity. (*Arch. of Neur. and Psychiat.*, December, 1926.) Hassin, G. B.

The author describes the case of a girl, æt. 7½, a Hungarian-American. In its late onset (at 3½), protracted course, presence of cerebellar atrophy and the absence of the racial element and macular changes, it resembled the type described as late infantile by Bielschowsky and as cerebellar by Jansky. The micro-chemical changes are given in great detail. Clinically the outstanding feature was decerebrate rigidity, which occurs more frequently in amaurotic family idiocy than in any other disease. The Magnus de Kleijn neck reflex which occurred in this case closely resembled that occurring in the tonic phase of an epileptic seizure.

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Somnolence: Its Occurrence and Significance in Cerebral Neoplasms. (*Arch. of Neur. and Psychiat.*, January, 1927.) McKendree, C. A., and Feinier, L.

Somnolence may occur in cerebral neoplasms apart from the anatomical region involved, and before any definite signs of increased intracranial pressure manifest themselves. It may occur without demonstrable gross changes in the ventricles or gross hyperplasia of the region involved and without ventricular distension.

Somnolence was most constantly found in cases exhibiting marked internal hydrocephalus. On the other hand, the degree