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had been no error in feeding. It remained a question whether the tightness of the double turn of the umbilical cord round the thorax could have influenced the production of a gastric ulcer.

SCHWAAB et LEBOURLIER, "Ulcère de l'estomac chez un nouveau-né, extrait par opération césarienne" (*Bull. de la soc. d'obstét. et de gynécol. de Paris*, 1928, xvii., 923). D. M. G.

ARTERIOSCLEROTIC PARKINSONISM.

Parkinsonism should be regarded as a syndrome which may occur under numerous pathological conditions. It is most frequently found as a late symptom of epidemic encephalitis. It is the site, however, rather than the nature of the disease, which produces the characteristic clinical picture. Attention is drawn here to a variety due to cerebral arteriosclerosis. Although cerebral vascular disease may give rise to the complete picture of Parkinson's disease, incomplete forms are commoner. All gradations occur, from the mildest degree of rigidity up to forms scarcely distinguishable from classical paralysis agitans. There are several clinical points of distinction between the arteriosclerotic varieties of Parkinsonism and cases of idiopathic paralysis agitans. Symptoms may commence suddenly in the arteriosclerotic cases, although an insidious onset is more usual. The progress is more rapid and may proceed by a series of abrupt exacerbations. Although the age of onset is approximately the same, an unusually early or a very late age for commencement of symptoms suggests a vascular basis. In the arteriosclerotic cases tremor is usually absent, the muscles feel firmer to the touch, and the rigidity is often characterised by a superadded tendency towards catatonia. The presence of other focal cerebral symptoms assists the recognition of the arteriosclerotic type, as well as evidence of disease of the cerebral or peripheral blood-vessels, and the blood pressure may be high. Lesions in the globus pallidus and to a less extent in the substantia nigra are found directly consequent on vascular disease, but many other factors contribute towards the rigidity including mental impairment, pyramidal disease, changes in the peripheral nerves and in the muscles tendons, joints, and blood-vessels of the extremities. Arteriosclerotic Parkinsonism has to be carefully distinguished from senile Parkinsonism. It is still in dispute how far senile changes in the nervous system are dependent on, or separate from, vascular disease. In other words, is the cerebrum the same age as its blood-vessels? All the evidence goes to suggest that the structural changes of old age are independent of arterial degeneration. Although frequently associated, the senile brain and the arteriosclerotic brain are independent entities. The ageing of the central nervous system is a process *sin generis* associated

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with, but not dependent upon, the old age changes in the vascular system. Idiopathic paralysis agitans is probably one of the neurological manifestations of senility, due to an abnormal localisation of the processes in the basal ganglia.

MACDONALD CRITCHLEY. (*Brain*, 1929, vol. lii., pp. 23-83.)

A. N. B.

ANKLE-CLONUS: THE DISTINCTION OF THE ORGANIC AND FUNCTIONAL VARIETIES.

Sustained ankle-clonus is usually considered to be an indication of a lesion involving the pyramidal tract, but although usually associated with such a lesion, it may occasionally have a physiological or "functional" ætiology. A simple and rapid test to distinguish "organic" from "functional" types of clonus consists of forcible plantar flexion of the homolateral hallux while ankle-clonus is being maintained. If the clonus is then checked, an organic lesion in the central nervous system is postulated. If it persists in spite of toe-flexion, it is probably "functional" in origin. The mechanism of cessation of ankle-clonus by flexion of the great toe in organic disease depends on an antagonism of reflexes. Clonus requires increased tone of the extensor muscles of the foot. Forceful plantar flexion of the hallux gives rise to the withdrawal or flexion reflex in which there is strong tonic contraction of the dorsiflexors of the foot. That flexor contraction causes reciprocal relaxation of the opposing extensor muscles with consequent disappearance of the clonus.

The importance of the test consists in its capacity to differentiate between "hysterical" and true organic clonus from definite pyramidal lesions, but it has to be remembered that true foot clonus may occur in certain conditions where no anatomical destruction of the pyramidal tract is present, as, *e.g.*, anæsthesia, uræmia, and various infectious and toxic states.

R. S. LYMAN (*Brain*, 1928, li., pp. 168-183).

A. N. B.

THE TREATMENT OF ASTHMA WITH EPHEDRINE.

The use of ephedrine against the paroxysms of asthma appears to have received general approval. Its action is less rapid than that of adrenalin, but more persistent, and unpleasant effects are rather less frequent. Patients who object to adrenalin because of its side actions can often take ephedrine without trouble. Gay and Herman report the results obtained with ephedrine sulphate in a hundred asthmatic patients. Only eight cases failed to get relief, while seventy-one benefited immediately, the remainder being moderately improved by the drug. They found that the most striking results were obtained