Periscope

the fact that Lapointe found that only three cases out of thirty-seven had been recognised previous to operation.

Acute torsion simulates traumatic orchitis or strangulated hernia, the subacute simulates tuberculosis, tumour, or hæmatocele, and the recurrent form simulates testicular neuralgia, varicocele, or the spread of pain from renal affections.

PÉRARD et ARVISET, "A propos d'une observation de torsion du testicule" (*Journ. d'urolog.*, Paris, 1928, xxv., 22.)

D. M. G.

SUBCORTICAL EPILEPSY.

Recent investigations indicate that the immediate cause, although not necessarily the predisposing cause, of the epileptic convulsion, is angiospasm of the brain. Foerster even says he has seen angiospasm of the exposed brain on the operating table immediately precede the convulsion more than a hundred times.

Epilepsy is usually characterised by attacks of unconsciousness plus a convulsion, but brief epileptic motor attacks are also known where both these elements are absent, and which consist entirely or chiefly of tonic spasms. These seizures have been termed "spastic epilepsy," "extrapyramidal epilepsy," and "striate epilepsy," but the author considers such terms unsatisfactory and inaccurate, and suggests instead "subcortical epilepsy." He describes two cases at length which showed brief tonic spasms of both hands and one lower limb in the one case, and of one upper and one lower limb on the same side in the other. These tonic spasms, without any clonic element, were brought on by voluntary movement of the affected limbs in both cases, but in one case could be produced by passive movement. In both cases the tonic spasms were associated with paræsthesia predominantly of a hot or burning character in the lower limb unaffected by the spasm, developing simultaneously and disappearing simultaneously with the tonic spasms of the other lower limb. This paræsthesia may have been bilateral but was masked in the tonic limbs by the intensity of the pain produced by the contractions.

According to Foerster, every part of the central nervous system, cortex, subcortical centres, and spinal cord can be the starting point for epileptic attacks. Absinthe and strychnine may both cause tonic-clonic spasms in animals of spinal origin. Irritation of the pons and medulla oblongata may cause epileptic spasms. When the cerebral cortex is removed, fits may be obtained through the subcortical centres. Decerebrate animals possessing only pons, medulla oblongata, and spinal cord may develop tonic-clonic spasms. Tumours or hæmorrhage into the pons or cerebral peduncles may cause epileptic attacks. Irritation of the corpus striatum may cause tremor and intense tonic

Periscope

spasms, seldom unilateral. Tonic spasm of a limb lasting as long as three weeks may occur in epidemic encephalitis, and is usually accompanied by considerable pain. Such tonic syndromes are believed to be extrapyramidal in origin, and to be associated with corpus striatum lesions, or at least with a lesion in the subthalamie or striate regions.

WM. G. SPILLER (*Brain*, 1927, l., 171-187).

CLINICAL CONTRIBUTION TO DRUG ADDICTION: THE STRUGGLE FOR CURE AND THE CONSCIOUS REASONS FOR RELAPSE.

Relapse in drug addicts is more common to-day than formerly. This is due to the fact that recent legislation is much more effective in preventing the addiction of stable normal persons than of unstable psychopathic persons, and has tended to force the cure of the more hopeful of the curable cases. It is now chiefly those who are most predisposed to relapse who become addicted, the more curable cases having been cured. The relapse is mainly due to the same cause that is responsible for their original addiction, namely a pathological nervous constitution with its inferiorities, pathological strivings, etc., from which narcotics give an unusual sense of relief and ease. The idea that opiates bring about a state of moral perversity that renders addicts indifferent to cure and therefore liable to relapse, or that these drugs produce some physical change that makes their continued use necessary, and the impulse to return to them irresistible, is erroneous and is unimportant as a cause for relapse, certainly during the first two or three years of addiction. In some very nervous persons of many years' addiction, withdrawal of the drug may produce hysterical symptoms or hypomania lasting several months. Nearly all addicts make sincere efforts to be cured during the early period of their addiction. Many of the cures taken later are mere matters of expediency and are insincere. The hope for cure wanes as time passes, and the force of habit, numerous impelling memory associations, and increasing physical dependence on opiates is added to the original nervous pathology. The pleasure derived from opium varies from a slight feeling of calm in persons who are normal to feelings sometimes approaching ecstasy in the extremely psychopathic. Hence the greater susceptibility to addiction of the psychopath. Such persons have in their normal state unusual impulses and disturbing mental conflicts. They feel inadequate or inferior, and their usual restlessness and anti-social conduct are expressions of compensatory strivings against this. Narcotics produce a feeling of calm and peace to which they are not accustomed, and which from its contrast is interpreted as pleasure. Inferiority is replaced by confidence, restless-