male, suffering from a medullo-blastoma in the right cerebellar hemisphere. Here the mental state was one of extreme drowsiness, so that the question of encephalitis was raised. The cerebellar signs were definite, however, and a ventriculogram cleared up the diagnosis. The author then proceeds to discuss the reason for the occurrence of mental symptoms in subtentorial tumours, and considers a rapid rise of intracranial pressure or secondary vascular changes, such as œdema, may be the explanation. He stresses the importance of careful history-taking and appreciation of the sequence of symptoms, tests of vestibular function and ventriculography in the differential diagnoses of these cases.

J. L. FAULL.

Contribution to the Study of Neurinomata: with Particular Regard to Their Association with Acromegaly and Their Malignancy [Contributo allo studio dei neurinomi con particolare reguardo all 'associazione con acromegalia ed alla loro trasformazione maligna]. (*Riv. di Pat. Nerv. e Ment., vol. xxxix, p.* 521, *May–June*, 1932.) *Fittipaldi, C.*

The author reviews the literature and then describes two cases of his own, one of which corresponded to the classical picture described by Verocay; the other was accompanied by acromegaly and was malignant clinically and histologically. The acromegaly was due to the presence of a blastoma round the hypophysis of the same type as the neurinoma in the right arm.

G. W. T. H. FLEMING.

Malignant Tumours of the Hypophysis Invading the Diencephalon. (*Journ. of Nerv. and Ment. Dis., vol. lxxvii, p.* 561, *June*, 1933.) *Fink, E. B.*

The author reports four cases of malignant tumours of the hypophysis. In each case there was invasion of the third ventricle. He would divide these tumours into adeno-carcinomata, composed of epithelial elements of the anterior lobe, and cranio-pharyngeal epitheliomata, composed of embryonal elements derived from Rathke's pouch. The latter type is the more common, and probably all solid tumours of this type are potentially malignant because of their tendency to invade the diencephalon.

Clinical criteria, by which malignancy may be diagnosed, are early and rapidly progressing damage to vision, together with evidence of involvement of the diencephalon. Signs of increased intracranial pressure are late in appearing.

G. W. T. H. FLEMING.

Tuberose Sclerosis with Cirrhosis of the Liver [Sclerosi tuberosa cerebro-spinale con cirrosi epatica]. (*Riv. Sper. di Freniat., vol. lvi, p.* 699, *Dec.*, 1932.) *Tedeschi, C.*

The writer describes a case of tuberose sclerosis in a child of six, in which there was also atrophy of the thymus, of the thyroid and of the suprarenal medulla, together with cirrhosis of the liver. He was able to exclude the usual causes of hepatic cirrhosis, and thinks that the condition is probably allied to Wilson's disease and the pseudo-sclerosis of Westphal. G. W. T. H. FLEMING.

Modern Conception of Convulsive States [Concezione moderna della stato convulsivo]. (*Riv. di Pat. Nerv. e Ment., vol. xl, p.* 362, *Sept.–Oct.*, 1932.) *Osnato, M.*

The writer points out that many factors are involved; one of these factors is some unknown substance which makes the brain-tissue irritable. Injury at birth or shortly after, and infections in childhood, may establish epileptogenous areas. The convulsive seizure is brought about by alteration of the permeability of the cerebral blood-vessels.

If the initial factor is not an infectious or traumatic one, then metabolic disturbances, amongst which is an excessive production of lactic acid, may give

rise to convulsions. It seems necessary to assume the existence of some convulsing substance, which the writer thinks may be of the nature of a polypeptide or other product from the path of protein metabolism, with a chemical structure resembling absinthe. This gives rise to a temporary occlusion of the blood-vessels. The repetition of this vascular spasm gives rise to the cellular changes described by Spielmeyer. Increased intracranial pressure, emotional or asphyxial states as far as they act mechanically or biochemically on the permeability of the blood-vessels or act indirectly through influencing the autonomic nervous system are important, but by themselves are insufficient to produce convulsions. The intervention of a convulsive agent is absolutely essential, but the nature of this agent is yet to be determined. G. W. T. H. FLEMING.

Epileptic Fits in Relation to Cosmic and Geophysical Phenomena [*Le Crisi epilettiche in rapporto ai fenomeni naturali cosmici e geofisici*]. (*Arch. gen. di Neur. psichiat. e psicoan., vol. xiii, p.* 21, *April*, 1932.) *Fresa, A.*

The author puts forward the theory that the moon has a definite effect on the motor attacks, and that the sun has an effect on the equivalents.

G. W. T. H. FLEMING.

Neurofibromatosis or Primary Recklinghausen's Disease [*Neurofibromatose ou primeira molestia de Recklinghausen*]. (*Ann. Paulista de Med. e Cirug., vol. xxv, p.* 501, *June*, 1933.) *Ribeiro, E. B.*

As we have two distinct morbid entities, each of which is named " Recklinghausen's disease ", it is proposed to apply the term " primary Recklinghausen's disease " to the neurofibromatosis studied by that author in 1882, and the term " secondary Recklinghausen's disease " to that which was identified in 1891, and which is already known under the names of " osteitis fibrocystica ", " osteitis fibrosa ", " juvenile osteodystrophy " and other titles. Great attention should be paid to the presence of anæsthesia, total or partial, at the level of the tumours. The histological studies of Takino explain this anæsthesia, and make clear the pathogenesis of the lesions; and these studies, consequently, deserve wider publicity. We should connect the symptoms or lesions of primary Recklinghausen's disease with symmetrical multiple lipomatosis.

M. HAMBLIN SMITH.

Apraxia [*Sur l'apraxie pure constructive*]. (*L'Encéph., vol. xxviii, p.* 413, *June*, 1933.) *L'Hermitte, J., and Trelles, J. O.*

In the introduction previous workers are quoted, and the confusion between the different types of apraxia is discussed. The part played by space-perception in apraxia is fully discussed. It is suggested that in some cases apraxia was due to interruption of the connection between certain space conceptions and the appropriate movements; cases are quoted in support of this. Poppelreuter is quoted as stating that the condition is one of disharmony between visual and psychomotor activity. The authors suggest that the important feature in the syndrome with which they deal is the disturbance of the self-representation of the patient's own body. This is the " Körperschema " of Schilder, and some space is given to the discussion of this, the theory being that all space-perceptive mechanisms depend on the integrity of the " Körperschema " for their functioning. This is linked up with the autotopagnosia of Pick, and it is said that an " asomatognosia " is the actual basis of the agnostic features which are present in the constructive apraxia. Schilder says " apraxia may be due to failure of transfer of space conception to manual movement " (an interesting contribution to the question of " meaning ").

The site of the lesion is then discussed; narrowly localizing theories are deprecated. At the same time attention is drawn to the parietal region and especially