

*On Some Exceptional Forms of Oculogyric Crises [Sur des Modalités exceptionnelles des crises oculogyres]. (Fourn. Neur. et Psychiat., June, 1928.) Van Bogaert, L.*

The author first describes crises of convergent strabismus with diplopia in a boy of 11, who had recurrent attacks in which he complained of great tiredness and finally was unable to make spontaneous movements. There was no tremor and the symptoms passed off in about ten days. The writer considers this to be a case of the myasthenic form of encephalitis which has been described in the adult.

The second case was that of a man who, after vomiting, pain and tenderness, followed by somnolence, showed ocular crises, the eyes being fixed in a forward stare, but without exophthalmos. The Parkinsonian syndrome with tremor and a series of sexual obsessions marked this case.

The third case was a girl of 22, who had three or four attacks daily, lasting about ten minutes, in which the eyes were fixed downwards. Violent headache and vomiting frequently accompanied the attacks. Ten years after the first attack she showed the hemiplegic form of encephalitis.

In all three cases the Wassermann reaction was negative in the blood and cerebro-spinal fluid.

L. M. D. MILL.

*On a Case of Suprasellar Tumour with Cerebellar Symptoms. The Diagnostic Interest of Ventriculography [Sur un cas de tumeur suprasellaire à symptomatologie cérébelleuse. Intérêt diagnostique de la ventriculographie]. (Fourn. de Neur. et Psychiat., June, 1928.) Van Bogaert, L., and Martin, P.*

The writers describe the case of a boy of 17, who for some months showed symptoms of cerebellar tumour. At operation 40 c.c. of cerebro-spinal fluid were withdrawn from the ventricle and replaced by an equal quantity of air. Radiograms showed the left ventricle to be greatly distended, and small calcareous deposits were seen above the sella turcica. A suprasellar tumour was diagnosed. Later, after an extensive decompression operation, the cerebellar symptoms disappeared, but the patient took on the characteristic appearance of the adiposo-genitalis syndrome. In taking this as a final diagnostic sign the writers remark on the difficulty of differentiating between a suprasellar and a cerebellar tumour, and think that ventriculography in well-selected cases is a help to the neurologist.

L. M. D. MILL.

*The Symptomatology of Tumours of the Frontal Lobe. (Arch. of Neur. and Psychiat., September, 1928.) Kubitschek, P. E.*

The first symptoms, according to Kubitschek, are headache, vomiting and failing vision. Psychic disturbances and unilateral failure of vision seem most suggestive of frontal lobe involvement. In many cases, both gliomata and endotheliomata, the onset was abrupt and the progression rapid. Disturbance of smell, impairment of vision, unilateral exophthalmos and central type of motor