

symptoms—nystagmus, asynergia, ataxia, positive Romberg sign, tinnitus, deafness, suboccipital tenderness and occipital headache—may all be present in a cerebral lesion. Masked by these symptoms there are always cerebral symptoms. To localize the tumour in these cases it is essential to perform bilateral puncture of the posterior horns of the ventricles. If there is still doubt, a ventriculogram must be made.

G. W. T. H. FLEMING.

Tumours of the Nervus Acusticus. Signs of Involvement of the Fifth Cranial Nerve. (*Arch. of Neur. and Psychiat.*, August, 1928.)
Parker, H. L.

In 52 out of 53 cases of proved tumours of the eighth nerve there were some signs of involvement of the fifth nerve, second in importance to those of eighth nerve lesion. Paræsthesia was common, and in 5 cases antedated the symptoms of involvement of the eighth nerve. Disturbance of the corneal reflex was present in 51 cases. Objective signs, such as anæsthesia and weakness of the muscles of mastication, were less marked. Pain occurred in only 4 cases.

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Acute Toxic Encephalitis in Children. (*Arch. of Neur. and Psychiat.*, August, 1928.) Grinker, R. R., and Stone, T. T.

The authors describe cases in children, in which an acute toxic encephalitis was revealed on histological examination. There was no evidence of actual microbic invasion of the brain. The stress of the toxic agent was directed against the ganglion-cells and the vascular system. The toxin is believed to act *viâ* the blood-stream. The proliferation of the glia-cells in these cases of endogenous toxæmias was mostly of the cytoplasmic and oligodendroglial type and represented the fixed type of Abbau. The clinical course was: rapidly developing symptoms of diffuse cerebral involvement, often associated with meningeal symptoms, early stupor, hyperpyrexia, and death in from 3-4 days. The spinal fluid was usually normal. Two cases recovered. The encephalitis followed acute infections of the upper respiratory tract, acute otitis media, acute mastoiditis, pneumonia, scarlet fever and septicæmia.

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Circumscribed Suppurative (Non-Tuberculous) Peripachymeningitis. (*Arch. of Neur. and Psychiat.*, July, 1928.) Hassin, G. B.

The author describes a case of epidural abscesses and peripachymeningitis secondary to an extensive furunculosis of old-standing due to *Staphylococcus aureus* and with the clinical picture of a transverse myelitis. There was scattered degeneration of the white columns of the cord confined to the lower thoracic region. The changes were similar to those found in so-called pressure myelitis produced experimentally. The author thinks that if recognized early the condition is suitable for surgical treatment.

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