

sensory centres and those in which the spread was discontinuous, but in one of several specific orders.

Secondly, he concludes that the attacks are essentially the result of the irritation of a functional group of centres.

Thirdly, he advances the hypothesis that paræsthesias of temperature are produced by irritation of that part of the parietal lobe comprised by the central convolutions, and the supra-marginal, angular and superior parietal, and that changes in sensibility to electrical stimulation are produced by irritation of almost any part of the cerebral cortex.

R. S. GIBSON.

Cerebral Tumours without Choked Disc [Tumeurs cérébrales sans papille de stase]. (Fourn. de Neur. et Psychiat., December, 1927.)
Martin, Paul, and van Bogaert, L.

The authors emphasize the importance of choked disc in the diagnosis of cerebral tumour, but point out that this symptom is indicative of a stage when intra-cranial pressure is much increased and operative interference is liable to be too late. They, therefore, insist upon the importance of due attention to other signs and symptoms.

To an extract of statistics on the subject they add eight cases of their own of cerebral tumour where there was no choked disc. These cases comprise tumours in different areas of the brain, and of varying periods of growth, and were all confirmed *post-mortem*.

The authors conclude that diagnosis in the absence of choked disc is frequently justifiable, and that its absence should not be regarded as an argument for delay. They consider the state of the central artery of the retina a valuable guide as to the degree of intra-cranial hypertension.

R. S. GIBSON.

Malignant Tumours at the Base of the Skull of Naso-Pharyngeal Origin [Tumeurs malignes de la base du crâne d'origine naso-pharyngienne]. (Fourn. de Neur. et Psychiat., July, 1927.)
Coppez, H., and Martin, Paul.

The authors consider tumours of this type more frequent than statistics show, and analyse briefly those which are on record. The most frequent symptoms calling attention to the disease seem to have been pain over the distribution of the trigeminal nerve, and paralysis of the sixth nerve. It is a remarkable fact that paralysis of the seventh nerve has not been recorded. Sarcomas and epitheliomas are almost equal in number in the published cases.

Two cases under the authors' own care are described in great detail. The symptoms in these cases included trigeminal disturbances, ophthalmoplegia externa, ptosis, auditory disturbances and paralysis of the recurrent laryngeal nerve.

An accurate diagnosis is only possible by the co-operation of the neurologist and the rhinologist.

R. S. GIBSON.