

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 riguardo 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.

*Tuberosc 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 tuberosc 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