

*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 At operation 40 c.c. of cerebro-spinal fluid were withdrawn from the ventricle and replaced by an equal quantity of air.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

weakness are the most significant and constant symptoms. Disturbance of smell is usually bilateral. Ventriculography and ventricular estimation were of great value. The author considers that psychic disturbances depend more on the personality make-up of the patient and on impairment of the functional capacity of the brain as a whole than on the involvement of a given portion of the brain.

G. W. T. H. FLEMING.

*Glioma of the Medulla.* (*Journ. of Nerv. and Ment. Dis.*, January, 1929.) Perkins, O. C.

The author reports a glioma of the medulla with local symptoms only. These consisted of the syndrome of the circumferential and intermediate zones of the medulla oblongata, usually produced by a lesion of the posterior inferior cerebellar artery, with the addition of involvement of the hypoglossal nerve and the pyramid. The glioma stretched from the pyramidal decussation to the mid-olive region, and was classified as a medullo-blastoma.

G. W. T. H. FLEMING.

*Complete Removal of the Right Cerebral Hemisphere in Cases of Localized Cerebral Tumour with Hemiplegia. Unilateral Suprathalamic Decerebration* [*L'ablation complète de l'hémisphère droit dans les cas de tumeur cérébrale localisés compliqués d'hémiplégie. La décérébration suprathalamique unilatérale chez l'homme*]. (*L'Encéphale*, April, 1928.) Lhermite, J.

This article is largely a review of five cases of suprathalamic decerebration carried out by Walter Dandy, of Baltimore. All the cases survived long enough to prove that the operation was not necessarily fatal and to demonstrate several surprising results. In all cases it was the right hemisphere which was removed.

In the first place the intellectual functions seemed to be unimpaired. There was no paralysis of the bilaterally innervated muscles of expression and mastication. Epicritic sensation in the left side was lost, but protopathic sensation was retained. The hemiplegia on the left side was not absolutely complete, certain limited movements being retained.

The technique of the operation is described. R. S. GIBSON.

*Experimental Convulsions.* (*Arch. of Neur. and Psychiat.*, October, 1928.) Davis, L., and Pollock, L. J.

The authors discuss the possible "site" of origin of a convulsion and its relation to decerebrate rigidity. They produced a preparation in the cat by ligaturing the basilar artery and transfusing the area of brain supplied by the carotids with heparinized blood. By this means picrotoxin injected into the general circulation only acted on the lower part of the pons and medulla. By compressing the tubing supplying the blood to the carotids, a decerebrate preparation could be made. The usual myoclonic twitchings found with picrotoxin were absent in animals with an artificial cerebral circulation. The convulsions consisted of tonic spasms followed