posterior end of the third ventricle and aqueduct of Sylvius (hypersomnia), (3) the thalamic syndrome (central pain, hyperæsthesia), (4) the extra-pyramidal syndrome (bradykinesia, rigidity), (5) the decerebrate syndrome (hypertonicity, Magnus-de-Kleijn reflexes), (6) the syndrome of Parinaud (paralysis of conjugate vertical movements of the eyeballs), (7) the syndrome of the body of Luys (hemichorea), (8) the hypopituitary syndrome (infantilism, hypotrichosis, lowered metabolism), (9) the uncinate syndrome (olfactory and gustatory symptoms), etc.

These syndromes are of localizing value more particularly when they occur prior to the onset of pressure symptoms.

G. W. T. H. FLEMING.

Dangers of Diagnostic Lumbar Puncture in Increased Intracranial Pressure due to Tumour of the Brain. (*Arch. of Neur. and Psychiat., May,* 1929.) *Masson, C. B.*

In 94 cases of verified intracranial tumours, in all of which well-marked signs of increased intracranial pressure were noted, and in 62 of which the growths were supratentorial, the removal of a small amount of fluid by lumbar puncture did not give rise to any serious symptoms. Of the patients who had verified or suspected infratentorial new growths, and in whom lumbar puncture was performed before the diagnosis of expanding disease in the posterior cranial fossa had been made or suspected, not one developed any untoward symptoms after the puncture. The author concludes that in cases of increased intracranial pressure there is no danger from diagnostic lumbar puncture if it is carried out with the patient in a horizontal position and with a needle of small calibre, and if no more than 5 c.c. of fluid is removed.

G. W. T. H. FLEMING.

Disorders of Sensation produced by Cortical Lesions. (*Brain, October,* 1927.) *Holmes, G.*

The author records the results of his examination of sensation in large numbers of men with gunshot wounds of the head both during and after the war and in other instances. The qualities of cortical sensation are: (1) The appreciation of relationships in space, (2) the faculty of reacting appropriately to tactile stimuli of different intensity, and (3) the recognition of similarity and difference of test objects of various weights and sizes. Pain and thermal sensibility and the vibration sense are not affected by disease of the cortex. The distribution of cortical sensory disturbance is always limited to the opposite side of the body. It is, as a rule, more pronounced in the distal than in the proximal parts of the limbs. The disturbance of sensation is often apparently confined to or at least more pronounced on one side of a limb. Numerous observations indicate a topographical representation of the fingers in the sensory cortex, similar to the motor representation in the precentral gyrus. The sensory sphere of the cerebral cortex,