

concludes that this phenomenon cannot be considered as invariably due to syphilitic infection.

W. D. CHAMBERS.

*The Argyll-Robertson Sign, Its Pathogeny and Symptomatology [Le Signe d'Argyll-Robertson: Pathogénie et Sémiologie]. (Gaz. des Hôp., July 24, 1926.)* Nayrac, P., and Breton, A.

The first part of this paper consists of a concise review of the cerebral connections of the visual apparatus. In the second part the four definite theories as to the pathogeny of the Argyll-Robertson phenomenon are considered, and the medullary, the retino-quadrigeminal and the peduncular theories are described and dismissed. The authors argue that it is beyond doubt that the sign is due to disease of the ciliary ganglion. As regards its symptomatology they conclude that in the vast majority of cases it indicates cerebral syphilis, epidemic encephalitis in a few, and rarely any other disease.

W. D. CHAMBERS.

*Glioma in the Fourth Ventricle, with Involvement of the Triangular Vestibular Nucleus. (Fourn. of Neur. and Psycho-path., February, 1926.)* Schaller, W. F.

A detailed case-history, with *post-mortem* findings, of a patient who suffered from a cerebellar tumour filling the fourth ventricle. The most prominent symptoms were inco-ordination, the patient reeling to the right and throwing the right foot to the right, vomiting, with no relationship to food, "spasms," described as stiffening, failure of vision and occipital headaches. There is a full discussion of the case in its various aspects.

WM. McWILLIAM.

*Spontaneous Subarachnoid Hæmorrhage with Recovery. (Fourn. of Neur. and Psycho-path., July, 1926.)* Weber, F. P., and Bode, O.

In this article the authors describe the case of a woman, æt. 54, who was admitted to hospital in a deeply somnolent condition, as a probable case of encephalitis lethargica. The neurological signs were largely negative, but lumbar puncture proved the case to be one of subarachnoid hæmorrhage as it yielded cerebro-spinal fluid uniformly mixed with blood. The history and course of the condition are fully described and its ætiology discussed. Among conditions of diagnostic importance reviewed are congenital aneurysms, rupture of a defective artery, and functional vasomotor disturbance analogous to migraine.

WM. McWILLIAM.

*The Lævulose Tolerance Test in Paralysis Agitans. (Fourn. of Neur. and Psycho-path., February, 1926.)* Hurst, E. W.

The research was in relation to the pathological changes in the liver arising in the course of progressive lenticular degeneration and in encephalitis lethargica. The patient to be investigated was starved for a period of five hours, and after the percentage of sugar in the blood had been determined, was given 30 grm. of lævulose by