

an analogy between this process and the mechanism of reciprocal innervation in spinal reflexes. The relaxation of the antagonist muscles at the same time as the agonists are contracted is brought about by the interposition of an additional intercalary neuron in the reflex arc, through which a portion of the impulses to the antagonists are made to pass. The granule-cells of the cerebellum appear to play a similar part as intercalary neurons. Every impulse thus reaches the Purkinjé cells along two planes in space, and at two successive moments in time, and the result would appear to be a transformation of the irregular incoming impulses into an orderly pattern, correctly orientated in space and having a phasic rhythm in time. The author discusses possible mathematical formulæ for expressing this rhythmic activity, and also touches on the question of compensatory activity by the thalamus and cerebral cortex in cases of cerebellar agenesis.

A. WALK.

*Physiological Herniations of the Brain.* (*Arch. of Neur. and Psychiat.*, July, 1928.) Brockbank, T. W.

Physiological herniations are found in about 20% of *post-mortems*. According to the author they occur in about 38% of cases of brain-tumour. The size of the herniations varies from the microscopic up to (rarely) 1 cm. in diameter. They are of the colour and consistence of cortical tissue and consist of glial tissue with an occasional atypical nerve-cell, probably embryonic in nature, but possibly of degenerative origin as suggested by the presence of a mild satellitosis.

G. W. T. H. FLEMING.

*Macrocephalia Resp. Macromelia Paræsthetica.* (*Journ. of Nerv. and Ment. Dis.*, August, 1928.) Ratner, J.

The author describes in cases of hyperpituitarism a feeling that the head is growing until in some cases it appears to the patient to fill the room. In other cases the arms appear to grow in a few seconds until they appear to touch the opposite wall of the room. In some cases these symptoms were undoubtedly hypnagogic hallucinations. Ratner's symptom appears to resemble the *pseudomelia paræsthetica* of Bechterew. It may be observed in other endocrine-vegetative disturbances, and is apparently produced by irritation of the proprioceptive fibres that transmit the sense of position. Increase of intracranial pressure is one of the most important causes, whether due to increased secretion by the choroid plexus, to retention of water owing to diminution of salts of calcium in the brain, to meningitis serosa, to an angio-neurotic œdema of the brain, to "Reichardt's *Hirnschwellung*," or to other factors.

G. W. T. H. FLEMING.

*Cerebellar Symptoms Produced by Supratentorial Tumours.* (*Arch. of Neur. and Psychiat.*, August, 1928.) Grant, F. C.

In the presence of marked intracranial pressure clinical evidence commonly indicative of a cerebellar lesion may be present although the tumour lies elsewhere. Many well-recognized cerebellar