

to the conclusion that our knowledge is very small, and we know less about the neo-cerebellum than about the palæo-cerebellum.

G. W. T. H. FLEMING.

*Cerebellar Symptomatology Evaluation on the Basis of Intracerebellar and Extracerebellar Lesions.* (*Arch. of Neur. and Psychiat.*, January, 1928.) Keschner, M., and Grossman, M.

A comparison of the asynergic and other symptomatology of intra-cerebellar lesions with cerebello-pontine angle lesions, brain stem lesions and supra-tentorial lesions with cerebellar symptoms. The authors point out that their cases of supratentorial lesions with cerebellar symptoms all developed cerebellar symptoms first, contrary to the more or less accepted rule that these cerebellar signs and symptoms appear late in cases of supra-tentorial lesions.

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*A Contribution to the Studies of Cerebellar Lesions.* (*Riv. di Pat. Nerv. e Ment.*, July and August, 1926.) Buscaino, V. M.

Buscaino describes a case of right cerebellar cyst in a patient of 23, the diagnosis being confirmed by autopsy. The author emphasizes the following three symptoms:

1. Asymmetry in the position of the head, inclined towards the right with rotation of the face towards the left.
2. Asymmetry in position of the arms held above the head, palms forward, the right palm being rotated inwards (the sign of Janischewski).
3. Asymmetry in the position of the arms held horizontally in front, the right hand being at a lower level than the left.

This is the third case with the sign of Janischewski confirmed at autopsy.

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*Medullary and Pontine Syndromes.* (*Journ. of Nerv. and Ment. Dis.*, October, 1927.) Gerber, R. A.

After briefly reviewing the anatomy of the pons and medulla, the author gives examples of the syndromes of Tapia, of Horner, of Avellis, of the nucleus ambiguus, pyramid and spinal fillet, of the vestibular nucleus, of abducent alternate hemiplegia, of hemiplegia alternans hypoglossi et facialis, etc. He then discusses the pathology of these various syndromes, and stresses their value as indications of the functions of the pons and medulla.

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*The Oculo-Auricular Associated Movement.* (*Arch. of Neur. and Psychiat.*, January, 1928.) Brickner, R. M.

In 1908 Wilson observed that when the eyes are deviated extremely to one side or the other there is a slow contraction of the musculus transversus auris. Brickner found this movement in 85% of white people. It is dependent on the integrity of the facial nerve, so that it is of possible clinical use when there is some doubt as to whether the facial nerve is affected or not. It is