

*Lesions in the Lateral Horns of the Spinal Cord in Acrodynia, Pellagra and Pernicious Anæmia.* (Bull. Neur. Inst. N.Y., vol. i, p. 506, Nov., 1931.) Orton, S. T., and Bender, L.

A case of acrodynia, one of pellagra and five cases of pernicious anæmia are given in outline, with detailed description of the microscopical findings in the spinal cord.

Pathological findings by other authors in similar cases are described and discussed, and the close resemblance clinically between acrodynia and pellagra is noted.

In all the cases reported severe lesions were found in the lateral horns of the lumbar and thoracic levels of the cord and analogous areas of other levels. These lesions are all of a chronic type, characterized by loss of nerve-cells and nerve-fibres and by fibrous glial replacement. Since the lateral horn region contains the cell bodies of the effector neurons, which serve to connect the central nervous system with the peripheral sympathetic network, lesions in this area are held to be in relation to the disturbances of vasomotor and splanchnic control which are common to these three diseases.

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*The Frequency and Significance of Cerebellar Symptoms in Tumours of the Frontal Lobes.* (Bull. Neur. Inst. N.Y., vol. i, p. 532, Nov., 1931.) Hare, C. C.

The records of 50 patients with frontal lobe tumours verified by operation or autopsy were studied, and the significance of slight and of widespread disturbances of cerebellar function discussed. Forty-five patients had no cerebellar symptoms, and in only two of these were the lesions bilateral. Five patients had marked cerebellar disturbances, and all showed evidence of bilateral involvement of the cerebrum.

A review of the literature shows that there are two main theories to explain the occurrence of cerebellar symptoms in cases of frontal lobe tumours. One is that they are produced by distant pressure on the cerebellum, the other that they are due to involvement of the fronto-ponto-cerebellar pathways (Elsberg). The origin of each pathway is probably from cells in the frontal cortex, and the axons pass backwards fairly close to the mid-line to the pontine nuclei, from which secondary neurons pass to the opposite cerebellar hemisphere and some to the ipsilateral hemisphere. A consideration of all the factors involved leads the author to conclude that cerebellar symptoms in tumours of the frontal lobe are the result of involvement of both fronto-ponto-cerebellar pathways. The cerebellar disturbance may be bilateral, ipsilateral or contralateral to the tumour. The occurrence of these signs is of significance owing to their false localizing value.

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*Three Cases of Tumour in the Posterior Cranial Fossa with Mental Symptoms.* (Bull. Neur. Inst. N.Y., vol. ii, p. 104, March, 1932.) Southerland, R. W.

The author gives details of three cases of tumour occurring in the posterior cranial fossa, in which changes of character and psychotic manifestations were marked. One was a female suffering from perineural fibroblastoma of the acoustic nerve. This patient's first symptom occurred at night, when she awoke with a visual hallucination "like lightning". She showed signs suggestive of the lesion above mentioned, but the mental symptoms were very prominent. She was loquacious, facetious, and would dance round the ward weeping; memory was impaired and concentration poor. Ventriculography cleared up the diagnosis from that of a bilateral frontal lobe lesion involving the fronto-ponto-cerebellar tract. Another case was a male with a cystic glioma of the left cerebellar lobe. Here again, owing to the mixture of cerebellar signs with mental symptoms, such as extreme dullness and confusion, the diagnosis from a bilateral frontal lesion was difficult. This patient was operated on successfully, and later developed delusions and became hallucinated, with ultimate recovery. The third case was a