author regards as most important the general cerebral hypertension associated with small localized cerebral tumours.

W. D. CHAMBERS.

Hypertonic Oculomotor Crises of Encéphalitic Origin [*Crises Hypertoniques Oculogyres d'Origine Encéphalitique*]. (*L'Encéph., December*, 1926.) *Laignel-Lavastine.*

A case is recorded in which paroxysmal fixation of the eyes was the only physical symptom, the crisis being accompanied by intense anxiety and depression. It could be aborted by the administration of amyl nitrite. Reference is made to similar cases in which suicidal attempts were made, and the author suggests that the anxiety in such cases of encephalitis *fruste* may be due to involvement in the disease of mid-brain centres regulating affective tone.

W. D. CHAMBERS.

A Special Form of Encephalitis [*Sur une Forme Particulière d'Encéphalite*]. (*L'Encéph., December*, 1926.) *Draganesco, S., and Rays, L.*

This paper records a clinically obscure case in which the autopsy of the brain showed miliary hæmorrhages, leucocytic thrombi and a few scattered areas of softening without any morbid changes in the basal nuclei or locus niger, and with very little peri-vascular infiltration. Two excellent plates are included. The authors conclude that the case was atypical encephalitis lethargica in spite of the unusual *post-mortem* findings. W. D. CHAMBERS.

Three Cases of a Family Disorder resembling Wilson's Disease [*Sur Trois Cas d'une Affection Familiale Rappelant la Maladie de Wilson*]. (*L'Encéph., June*, 1926.) *Verger, H., and Aubertin.*

This paper describes the symptoms, etc., of a disorder occurring in a father and his two children, apparently arising from disease of the lenticular nuclei. The father's malady began in 1917, during his war service, and was at first diagnosed as Friedreich's ataxia. In the son it began with a febrile attack in 1916, æt. 15, and in the daughter's case insidiously in 1920, æt. 20. The symptoms in all cases consist mainly of spasmodic generalized contractures, following attempted movements, and of varied involuntary movements of an athetoid type. The possible origins of the disorder, and especially whether it is post-encephalitic, are discussed. W. D. CHAMBERS.

Intra-lobar Cerebral Sclerosis with Symmetrical Distribution. Its Relation to Diffuse Peri-axial Encephalitis [*La Sclerose Cérébrale Centro-lobaire, à Tendance Symétrique; ses Rapports avec l'Encéphalite Périaxiale Diffuse*]. (*L'Encéph., February*, 1927.) *Foix, C., and Marie, J.*

The disease lies between cerebral sclerosis and encephalitis, and is now described for the first time. The name of diffuse periaxial encephalitis was given by Schilder to what is apparently the subacute

form of this disease, which, as described, is a chronic form. There are three notable points of agreement between the two forms: (1) The wide area attacked, being the central white matter of the hemispheres and the white interior of the convolutions; (2) the complete integrity of the cortex and of a thin myelinated sub-cortical layer; (3) the symmetry of the diseased area.

After an exhaustive historical survey the authors describe in detail three cases which they have observed themselves, and refer to others in the literature. They consider intra-lobar cerebral sclerosis and diffuse periaxial encephalitis to be stages or aspects of the same disease. According to their experience the former consists of three phases: (1) Period of onset, characterized by abrupt motor disorders, paraplegia, convulsions, dysarthria, etc.; (2) period of repair, when the acute symptoms diminish; (3) period of sequelæ. The morbid anatomy, histo-pathology, differential diagnosis and ætiology are fully described and discussed, the paper being illustrated with 18 micro-photographs. The authors consider the disease to be toxic in origin, and recommend that it be kept in mind in dealing with obscure paralyses, particularly in children.

W. D. CHAMBERS.

Unilateral Inability to Symbolize, due to Specific Arteritis [*Asymbolie Unilatérale par Artérique Spécifique*]. (*L'Encéph., January*, 1927.) *Trabaud.*

The author describes a case of muscular atrophy affecting the left hand, associated with a peculiar sensory disturbance allied to ideomotor apraxia and sensory aphasia. The site of the lesion in the brain is discussed. W. D. CHAMBERS.

The Proprioceptive Sensory System and Ataxia [*Le Système de la Sensibilite Proprioceptive et l'Ataxie*]. (*L'Encéph., January*, 1927.) *Nicolesco, I., and Nicolesco, M.*

This clearly written paper concludes that disorders of co-ordination are intimately connected with the function of antagonistic muscular action, and are due to disease of the cell-groups constituting the proprioceptive sensory system. W. D. CHAMBERS.

Cyst of the Third Ventricle (*Kyste du III^e Ventricule*]. (*L'Encéph., January*, 1927.) *Frey, L.*

In the case described there was complete destruction of the infundibular region without any of the so-called hypophyseal signs.

W. D. CHAMBERS.

Two Cases of the Thalamo-Vegetative Syndrome [*Deux Observations de Syndrome Thalamo-Vegetatif*]. (*L'Encéph., September–October*, 1926.) *Davidencoff, S.*

Two cases of a typical thalamic syndrome association with vegetative symptoms, namely unilateral hyperidrosis and increased pilomotor excitability, are reported and described. The author is not convinced that the vegetative symptoms in such cases are constant enough to constitute a syndrome. W. D. CHAMBERS.