

ing: A man twenty-six years of age, an innkeeper, of good family history and having previously presented no nervous symptoms, on awaking one morning was found to be deaf and dumb. He could neither hear nor speak, but could converse by writing, and no anesthesia, paralysis or other symptom of hysteria could be discovered. The condition had persisted nine weeks when he came under the care of the author. A cure was promptly effected by conveying in writing to the patient the suggestion that he would soon hear again, bringing forward with considerable parade the instruments for Eustachian catheterization, and inflating through the catheter first one and then the other ear. As the right ear was inflated the patient sprang up and said in a whisper that he could hear in that ear, and as the same procedure was applied to the left, he shouted that he could hear everything, and no more treatment was necessary. In speaking of the differential diagnosis, the author calls attention to the fact that in hysterical deafmutism writing, as a rule, is not interfered with, while in speech disturbances, due to focal lesions, *agraphia* to a greater or less degree is apt to be present. ALLEN.

165. EIN BEMERKENSWERTHER FALL VON SOGENANNTER GALOPIRENDER PARALYSE (A Noteworthy Case of Galloping Paralysis). Brassert (*Allgem. Zeitschrift f. Psychiatrie*, 55, 1899, 5).

This case occurred in a man of forty years of age. He had always been a healthy man. He was taken ill, and in a few weeks developed a typical case of general paresis, with well marked expansive ideas and delusions of grandeur and of power. He was removed to the asylum, and died there after ten days from a series of convulsive seizures, which numbered 99 in twenty-four hours.

The autopsy showed a marked hyperemia of the meninges, atrophy and soggy edema of the left hemisphere, and throughout the brain marked degenerative lesions indicative of grave chronic alcoholic intoxication. JELLIFFE.

166. ZUR GENAUEREN LOCALISATION DER KLEINHIRNTUMOREN UND IHRER DIFFERENTIALDIAGNOSE GEGENÜBER ACQUIRIRTEM CHRONISCHEM HYDROCEPHALUS INTERNUS (Contribution to More Exact Localization of Cerebellar Tumors and their Differential Diagnosis from Acquired Chronic Internal Hydrocephalus). Rudolf Schmidt (*Wiener klin. Wochenschrift*, No. 51, 1898, p. 1170).

Schmidt reports two cases of cerebellar tumor. One patient had nausea and vomiting when she laid upon her right side. An angiosarcoma was found in the left cerebellar lobe. The other patient had vomiting, vertigo and ringing in the ears when lying on the left side. A glioma of the right cerebellar lobe was found. The tumors in these cases were believed to have compressed the vena magna Galeni or the aqueduct of Sylvius, and to have caused increased intracranial pressure. It is probable that vomiting, vertigo, etc., depending on a lateral position of the body, are symptoms of large tumors near the median line. These symptoms point to disease of the posterior cerebellar fossa. They indicate asymmetry of the intracranial process, and, therefore, are against the diagnosis of idiopathic hydrocephalus (*meningitis serosa chronica*), or of cysticercus situated medially in the aqueduct or fourth ventricle, or of hysteria. They are especially valuable in connection with other symptoms of cerebellar growth. Lost knee-jerks speak more for tumor than for idiopathic hydrocephalus. SPILLER.

167. MYSTICISME ET FOLIE (Mysticism and Insanity). A. Marie (*Archives de Neurologie*, 8, 1899, p. 33).

The author gives a historical introduction showing how, in the eighteenth century, epidemics of religious delirium replaced those of