attack of hemiplegia preceded by chills and fever; when examined by the author more than six weeks later, the hemiplegia had partly recovered, but both arms were tremulous.

In all three cases the father of the patient was intemperate and the mother delicate. The spleen was not enlarged. On one occasion desquamation of the skin was observed.

As causes of the paralysis, the author thinks that he can exclude—lead, from the distribution of the paralysis—hysteria, from the fact that the electrical reactions were abnormal—infantile paralysis, from the complete recovery made from most of the attacks.

Assuming malaria to be the cause, he suggests that the pathology of the disease may consist in a congestion and cedema of the cord, analogous to that of the spleen.

Case of Destructive Lesion of the Cuneus, accompanied by Colour-blindness. BY N. E. BRILL. (*American Journal of Neurology and Psychiatry*, August 1882.)—A man, ætat. 63, had a sudden attack of coma, lasting two days, followed by incomplete right hemiplegia and right hemianæsthesia. In a few weeks there appeared hyperæsthesia of the right thigh, tremor of the paralysed side, tinnitus, diplopia, and notably colour-blindness. He appears to have been unable to recognise blue or green. There was no limitation of the visual field. No ophthalmoscopic examination was made. There was a certain amount of aphasia, most marked with respect to the names of colours.

Rigidity with tremor set in on the right side, also some tremor of the left thumb. Patient sank in a few weeks more.

Post-mortem.—The large arteries at the base of the brain were found to be atheromatous. There was a well-defined patch of softening on the left side, involving the cortex of the left occipital lobe where it borders on the calcarine fissure, the upper edge of the ingual gyrus, and the lower half of the cuneus. The white substance was involved to a depth varying from $3\frac{1}{2}$ to 1 centimetre.

Case of three Tumours of the Encephalon. BY W. R. BIRDSALL, M.D. (*Journal of Nervous and Mental Disease*, April 1882.)—Female, ætat. 20. Headache, followed by a chill and fever, six months before admission. Headache mostly occipital ever since. Paralytic symptoms of two months' duration, with the exception of atrophy of left half of tongue, which was said to have always existed. Vision blurred from childhood. Diplopia, and tinnitus (left ear) for three weeks.

On examination, complete facial paralysis, right side; paresis of right sixth nerve. In left hand some athetosis, but not much loss of power: in left leg, considerable loss of power, with increase of tendon-reflex. Double optic neuritis.

Later on, rapid failure of vision, vomiting, dysphagia, increased difficulty of articulation: convulsion of left arm just before death.

Post-mortem.—Tumours were found in the following situations:

(1) In the right hemisphere, encapsuled in the pia-mater overlying the upper half of the ascending frontal convolution, the upper two-thirds of the ascending parietal, the whole superior parietal lobule and part of the inferior. These parts formed a sort of cavity in which the tumour lay: they were thinned by pressure, but not destroyed.

(2) At the junction of the pons with the medulla, upon the lower surface of the cerebellum, and attached to the seventh nerves of the left side. These nerves ran over its lower surface, the facial was not involved, the auditory was attached to it, part of that nerve running through, part being spread over the tumour.

(3) In the medulla oblongata, reaching from the level of the lower third of the fourth ventricle to below the calamus scriptorius, situated nearly in the centre of the medulla, but involving the left side more than the right. The cells of the left hypoglossal nucleus were shrunken and diminished in number. Otherwise the nerve-tissue was for the most part normal, being pushed aside rather than destroyed.

The character of the tumours was that of fibro-sarcoma.

The author remarks that the left hemiparesis can be accounted for by the tumour of the right hemisphere; the tinnitus by the tumour of the left auditory nerve, the atrophy of the left half of the tongue, with the dysphagia and difficulty of articulation by the lesion of the medulla; but for the paralysis in the district of the right facial and right sixth nerves he can assign no cause.

The Paths of the Vasomotor, Sudorific, and Sensory Nerves in the Spinal Cord. BY ISAAC OTT, M.D. (*Journal of Nervous and Mental Disease*, July 1882.)—These experiments have reference to the nerves of the cat's hind-limbs, and were made on the plan of previous experiments (on the rabbit) by Ludwig and Nicolaides.

If a hemisection of the cord be made in the dorsal region, the feet become vascular: if now the cord be stimulated in the cervical