of our body; the vestibular organ is but a part of it. And the various parts of this equilibrium-sense can compensate one another reciprocally. [Leontard J. Kidd, London, England.]

Griffith, J. P. C. ACUTE CEREBROCEREBELLAR ATAXIA. [Am. Jl. Dis. of Children, August, 1920. J. A. M. A.]

Four cases are reported by Griffith to emphasize that there is a condition not common, but still certainly more frequent than ordinarily supposed, in which an acute hemorrhagic encephalitis involves the cerebellum, and which could be designated "acute cerebellar encephalitis." With this are always combined symptoms indicating an involvement of the large brain as well, and the title "cerebrocerebellar encephalitis," or "cerebrocerebello-bulbar encephalitis," is consequently to be preferred. The degree to which the process involves one or another part of the brain varies with the case; in some instances the cerebellar lesions predominating, in others the cerebral; but in all in the category of cerebellar encephalitis there is, as stated, a combination of the symptoms affecting both regions. In very many more instances the cerebellum escapes entirely, so far as symptoms indicate; but to these no reference is made here. The cause of this cerebrocerebellar encephalitis varies decidedly. In the majority of the cases previously reported in medical literature, some infectious disease had preceded the attack. This was true of two of Griffith's cases, but no such connection could be discovered in the other two. Unconsciousness, ataxia, affection of speech, disturbance of mentality, nystagmus, "loss of power," and active tendon reflexes are the symptoms seen most often. Vertigo is conspicuous by its absence. The prognosis, as far as life is concerned, is good. Of the seventeen cases collected from medical literature in an earlier report, complete recovery is known to have taken place in a considerable number, and it is probable that this was true of a number more. So far as statistics go, it appears that the disease leaves no traces in the majority of instances.

Pol, D. J. Hulshoff. NECK-EQUILIBRIUM. [Psychiatrische en Neurologische Bladen, 1918 (3 figs.). (Feestbundel Winkler).]

Pol here shows that in vestibular diseases, when the vestibular proprioceptive impulses for equilibration are lost, the neck-equilibrium paths can to a greater or less extent compensate for this junction, so that they then effect a double function, viz., they subserve the equilibrium of the neck itself, and in addition that of the head. A patient was admitted, after apparent recovery from cerebrospinal meningitis, complaining of difficulty in walking, especially in the dark, headache, vertigo, and poor hearing. Both labyrinths were almost entirely inexcitable, the right being somewhat the more affected; no other signs. The patient toed the line very well except that the three first steps deviated to the right; when he was blindfolded (after having previously well fixed the

line visually) he became very ataxic. When his neck was enveloped in a firm bandage so that his neck movements were greatly limited, he showed a very ataxic gait, even with his eyes open; in a normal man such a bandage does not impede the gait. These gait tests show that the sensory neck equilibrium paths have largely taken over the function of the sensory vestibular equilibrium paths. [Leonard J. Kidd, London, England.]

Pol, D. J. Hulshoff. CEREBELLAR ATAXIA AS DISTURBANCE OF THE EQUILIBRIUM-SENSATION. [Proc. Koninkl. Akad. v. Wetenschappen te Amsterdam, 1919, XXI, 636 (4 figs.).]

A sufferer from a vestibular affection walks by means of his eyes, the equilibrium-sensation of his trunk and legs, and the remnant of the equilibrium impulses obtained through his vestibular apparatus. When he has contact of his hands with those of two persons walking by his sides he is able to walk normally, or almost normally, just as an ataxic tabetic does when the tabes does not affect the arms. There should be no fundamental difference between the afferent proprioceptive stimuli which are conducted from the cerebellar tracts of the lateral column and those from the vestibular apparatus to the cerebellum; all these stimuli are related to the equilibrium-sensation and therefore regulate our gait. These different afferent tracts thus form a whole and they are to be considered as a subdivision of the same equilibrium system. In a case of left sided tumor, cerebelli pressing on cerebellum and left nervus octavus—confirmed at operation and necropsy—the patient's ataxic gait became worse on shutting her eyes; when she walked with eyes open and with contact-sensation of her hands, then, although also the neck-equilibrium impulses were shut out by means of a bandage, her ataxia disappeared; the same thing happened when her eyes were shut. Pol concludes that ataxia appears when the vestibulo-cerebellar and the spino-cerebellar tracts are interrupted in the cerebellum; the type of the resulting cerebellar ataxy will vary according as these tracts suffer more or less, whether alone or together. [Leonard J. Kidd, London, England.]