Three spinal punctures were made, following each of which the patient's condition was temporarily improved.

Siemerling, E. EPIDEMIC OF ENCEPHALITIS. [Berl. klin. Woch., June 2, 1919.]

In a short and direct article Siemerling describes the symptoms observed in a small group of patients admitted at the Kiel clinic. There were nine men and six women. The outstanding features of the epidemic was the preponderance of mental symptoms in the early stages. This led at first to the diagnosis of a severe neurosis or psychosis; and it was not till the appearance of somatic neurological lesions that this impression was revised and encephalitis was diagnosed. A conspicuous feature was bilateral ptosis, with nystagmus and slow reaction of the pupils. Delirium, as well as drowsiness lasting several days, was a common feature. In one patient a condition suggestive of severe chorea was observed. Several of the patients had recently suffered from influenza, but the symptoms he thought were not characteristic of the sequels of influenza. He also excluded syphilis, as Wassermann's reaction was invariably negative. Lumbar puncture, showed increased pressure (140-200) only in three of his cases. The examination of the fluid showed moderate lymphocytosis. Four of the patients died. In one of these cases the autopsy showed disseminated meningo-encephalitis. The author concludes that the disease was acute primary hemorrhagic encephalitis, and that it may belong to the type associated by v. Economo with a diplo-streptococcus. Lumbar puncture did not prove very effective in relieving the symptoms, and the most beneficial remedies were rest in bed, ice-bags, sudorific treatment, aspirin, and digalen.

Muskens, L. J. J. RESEARCH REGARDING THE PHYSIOLOGY OF THE FORCED MOVEMENTS OF EYES, HEAD AND TRUNK AND THEIR ANATOMICAL SUBSTRATA. [Brain, 1914, pp. 352-427.]

Although it has been clearly demonstrated (*e. g.*, Journal of Physiology, 1904, p. 204), that in these movements only the direction of the locomotion is changed, yet regularly theories are submitted holding that hypotony or paresis of one half of the body may lie at the bottom of these phenomena. For all bilateral symmetrical animals three forms of forced movements must be considered, being performed in three planes, all perpendicular to each other. The most common forms are rolling movement (being a locomotion in a plane, perpendicular to the long axis of any such animal), and circus movement (being a locomotion in the horizontal plane). A research was carried on in cats, aiming at the physiological analysis of the ascending secondary nerve-tracts from the vestibular nuclei, running up in the area of the posterior longitudinal Fascicles and its lateral wings (Fasc. Deiters Ascendens). A lesion of the innermost bundles results in forced movements in the horizontal plane, with conjugated deviation in the same direction as the circus

movements. Severance of the outermost bundles resulted in rolling movements (compare the arrangement anatomically and physiologically in figure (Fig. 14 in Brain, 1914, p. 404, and p. 54 of the abstract)). So an ascending degeneration of the right vestibulo-mesencephalic bundle is accompanied by circus movement to the left; this same circus movement is also brought about by a lesion of the region of the posterior commissure, causing descending degeneration of the left commissuro-medullary bundle. The study of the lesion on the oral side of the posterior commissure (connecting the supranuclear vestibulatory centers with the corpus striatum) throws light on the forced movements and positions that are seen in cases of apoplexy (conjugate deviation of head and eyes), and the peculiar vestibulatory disturbances that accompany tumors of the frontal parts of the proven cephalon. [Author's abstract.]

Frets, G. P. ANATOMICAL FINDINGS IN THREE CASES OF CHRONIC CHOREA AND ONE CASE OF PARALYSIS AGITANS. [Psychiatrische u. Neurologische Bladen, 1918 (Feestbundel Winkler), 19 p.]

There is a progressive atrophy of the weight of the brain (Table I). Table II contains the measurements of the corpus striatum in ten cases of different diseases on frontal coupes. Table III gives the measurements of the frontal coupe through Monro's foramen in seventy cases of different diseases (men and women) and in the four cases of chronic chorea and paralysis agitans. It appears that the three cases of chronic chorea differ very little from each other. The nuclei caudati (1.1—0.9 cm. $\times$ 0.3—0.4 cm.) are much smaller than the normal n. caudatus, smaller than the n. caudatus from all the cases of Table III (dem. senilis, dem. paralytica, dem. præcox). Putamen and globus pallidus are also smaller.

From the case of paralysis agitans the globus pallidus alone is smaller.

Microscopically no hemorrhages were found in the three cases of chronic chorea. In the case of paralysis agitans many hemorrhages were found; f. i., a large old focus in the caput n. caudati.

The histopathological method of investigation (Nissl, Bielschowsky, Cajal, Weigert-Pal, Van Gieson) did not show findings for one region only. There are pathological findings in the cortex and also in the basal ganglia. There are found many corpora amylacea and chorea-corpora in the neighborhood of the vessels of the basal ganglia.

In a fourth case of chronic chorea the measurable atrophy of the corpus striatum is also found. In a second case of paralysis agitans no atrophy was found. Both cases of paralysis agitans showed arteriosclerosis. Probably both these cases are a symptomatic form (arteriosclerosis, hemorrhages) of paralysis agitans, whereas the four cases of chronic chorea are the essential form of this disease. [Author's abstract.]