attack of lethargic encephalitis, consisted of diplopia, weakness of accommodation, and persistent nystagmiform jerkings, frequently accompanied by other involuntary movements such as blinking.

Léri, A., and Gay, R. SPASTIC PARAPLEGIA AFTER EPIDEMIC ENCEPHALITIS. [Bull. de la Soc. Méd. des Hôp., June 18, 1920. J. A. M. A.]

The typical organic spastic paraplegia in this case could not be traced to traumatism, Pott's disease or syphilis. A history of an abortive epidemic encephalitis attack was observed.

McAlpine, D. MYOCLINIC SYNDROME IN ACUTE EPIDEMIC ENCEPHALITIS. [Lancet, August 14, 1920.]

The chief syndromy here described showed a beginning inequality of the pupils. There was added difficulty in urination, disturbance in speech, sweating, leukocytosis and trophic changes in the feet and hands.

Stroking the abdomen caused sudden shocklike contractions involving the lower segments, chiefly the left, causing the umbilicus to be pulled downward. A fine irregular tremor was present in both legs on voluntary movement and the tendon reflexes were slightly exaggerated. Similar shocklike contractions were present in certain muscle groups in the legs—especially in the peroneal group of the right leg and in the soleus, gastrocnemium of the left leg.

Bériel and Branche. LETHARGIC MENINGITIS, MENINGOENCEPHALITIS AND ENCEPHALITIS. [Lyon médical, March 25, 1920.]

The authors state that they have been struck by the occurrence, during the past year, of an unusual number of infectious states with special involvement of the nervous centers and presenting all intermediate types from radiculitis to radiculomyelitis, meningitis and meningoencephalitis. By their coincidental occurrence and curability these cases seemed to be allied. The most pronounced cases simulated tuberculous meningitis in their subacute course, cerebrospinal fluid reactions, temperature curve and admixture of meningeal and encephalic manifestations, but recovery took place. Lethargic encephalitis is but a single peculiar expression of an infection of the nervous centers that may appear in various localizations, though doubtless due to a single, as yet unknown, cause. One patient presented violent myoclonic seizures, and death took place in a continuous epileptoid paroxysm; the autopsy showed, histologically, a diffuse meningoencephalitis.

Muskens, L. TUMORS IN CEREBELLOPONTINE ANGLE. [Nederl. Tydschr. v. Geneesk., July 31, 1920. J. A. M. A.]

Muskens describes with illustrations a case in which a gliosarcoma as large as a goose egg in the cerebellopontile region was relieved by