

seizures of other than eclamptic character may occur, and during the puerperal period may be mistaken for true eclampsia. Epilepsy has, for example, often been confused with eclampsia. The attempt has been made to distinguish the psychoses occurring in connection with eclampsia from those related to epilepsy. A distinction should also be made between the delirium of alcoholism and that of eclampsia. Various forms of puerperal psychoses are to be distinguished by the absence of eclamptic symptoms.

XXVII. Paresis Diagnosis.—Markus believes that the surest diagnostic point in the diagnosis of paresis is the Wassermann reaction in the blood and spinal fluid. In by all means the majority of cases of paresis, these reactions are positive. Nonne maintains that they are positive in all cases. Markus believes that a small number do not show the reactions, and that in these cases a pathological investigation may alone determine the diagnosis. For scientific reasons the two series of investigations should be undertaken wherever possible definitely to determine the diagnosis. In the special cases cited where the pathological examination determined the diagnosis of paresis, the Wassermann reaction in blood and fluid was positive, whereas in those cases in which the histological examination pointed to other disease, the Wassermann reaction was negative.

XXVIII. Arteriosclerosis.—Löwy, on the basis of a study of the blood pressure in the temporal artery, has stated that its increase on bending the head forward may be regarded as a specific sign of cerebral arteriosclerosis. Bender investigated 40 cases, 15 with various psychoses, 25 with demonstrated arteriosclerosis, among which 9 came to autopsy. In only two of these cases was Löwy's phenomenon demonstrated. The others showed no change in blood pressure. It is the opinion of the writer that the positive cases were not due to arteriosclerosis, but to certain psychic complications, and that the phenomenon might with equal frequency occur in purely functional disorders.

XXIX. Parturition Psychoses.—Kirchberg points to the infrequency of transitory mental disturbances during and immediately after childbirth. A case is reported in which an excited mental state, with disorientation and hallucinations, occurred shortly before the birth and continued for some time afterward, the whole abnormal state lasting about an hour. A number of other cases are reported from the literature.

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MISCELLANY

CEREBELLAR TUMORS. T. H. Weisenburg and Philip Work. (Journal A. M. A., October 16, 1915.)

The authors discuss the symptomatology and diagnosis of tumors of the posterior cranial fossa. They remark that the knowledge of cerebellar symptoms and localization has not progressed so far as the cerebral, and in few cases in the literature has an accurate localization of the lesions in connection with the local symptoms been attempted. They believe the chief function of the cerebellum is to synergize all movements of the body. The asynergy can be detected in any part or parts, and they emphasize that to make an accurate diagnosis of a cerebellar lesion it is necessary to take into account all other symptoms with those of the cerebellar. They have often made a diagnosis of a labyrinthine lesion, only to find the cerebellum involved and vice versa. It has not been infrequent to diagnose lesions of the cerebellum when only the superior cerebellar peduncle has been secondarily involved. In accordance with their views of cerebellar function, lesions of the cerebellum itself cause more strictly limited symptoms than those invading the peduncles. Most tumors of the cerebellum are gliomatous and of slow growth. Most of them tend to invade the middle rather than the outer part of the cerebellum, and the vermis is almost always involved. It is in this

that they believe are centered the synergic movements of the upper trunk or shoulder girdle, and in the lower vermis the movements of the lower trunk or the pelvic girdle. In the former the feet are not held widely apart when walking or standing, and there is no wobbling of the pelvis. The chief difficulty is that in attempting to stand or walk, the trunk leans or falls forward, backward, or to one side much more so than in the pelvic girdle cases in which there is a more irregular gait, while the body is held more erectly. When the vermis is implicated, the staggering is mainly forward or backward and when a lateral lobe is involved the sway of the body is to the side of the lesion. When the lateral lobes alone are implicated, the asynergic movements are present only on the side of the lesion in the upper limb if the lesion is in the superior lobe, and in the lower limb if in the lower one. The authors place the synergic center for eye movements in the extreme upper portion of the superior vermis, and in chronic lesions confined to the cerebellum involuntary nystagmus may occur. If the nystagmus is developed by voluntary movement the lesion is probably extracerebellar. In these cases direct stimulation of the vestibular tract showed a source of such nystagmus. The presence of cranial nerve symptoms indicate this lesion is extracerebellar. Dizziness with disturbance of hearing is not a cerebellar symptom. Involvement of the motor fibers means pressure on the motor apparatus and not a trouble confined to the cerebellum. As a rule, it indicates a pontile lesion or one in the angle pressing on the pons. Our knowledge is not definite as to the functions of the fibers in the cerebellar peduncles. It is supposed that the inferior and middle peduncles transmit impulses to the cerebellum, and the superior peduncle transmits impulses from this organ. It is probable, the authors hold, that all the peduncles transmit impulses in both directions, and the special functions of the different peduncles are mainly theoretical as yet. From our present knowledge, all we can say is that lesions strictly confined to any of the peduncles cause asynergic symptoms in all parts of the body. The special symptoms of tumors of the different peduncles are given. Such growths are mostly invading ones, apparently. In lesions of the middle cerebellar peduncle the associated phenomena consist of the fifth or sixth nerve symptom on the side of the lesion with sensory and motor phenomena on the opposite side. They have never seen a tumor limited to the inferior peduncle, though they have seen extensions of growth into one or both. In such growth the associated phenomena, if the lesion extends into the medulla, should be implication of the vestibular tract and of the ninth, tenth and twelfth cranial nerves. Lesions of the cerebello-pontile angle are not usually hard to diagnose. Cases have been seen, however, when after such diagnosis it was found that the angle had been invaded secondarily by tumors growing from the cerebellum and more rarely from the pons. The differential diagnosis is important here from a surgical point of view, as such tumors offer little hope for surgical removal. In the usual tumor growing from the cerebello-pontile angle the cerebellar symptoms are not very marked, and the asynergy will be limited to the arm and leg on the side of the growth, unless the tumor is very large. If there is, in addition to the cranial nerve symptoms, cerebellar asynergy in the trunk and limbs, it is probable that the tumor grows either from the cerebellum or from the pons, and this point is important to be noted in the differential diagnosis.