

sensibility and micturition is natural; the pupils are unaffected. [The patellar tendon reflex where mentioned was abolished.]

The author thinks that the primary lesion is to be found in the medulla, possibly also in the cerebellum. If the spinal cord be implicated (as it certainly was in Friedreich's cases), the posterior columns are not the only, nor even the principal seat of the disease.

Case with Tumours in the Fourth Ventricle, unaccompanied by special Nervous Symptoms. BY H. D. SCHMIDT, M.D. (*Journal of Nervous and Mental Disease*, July 1882.)—The patient, a negro, ætat. 30, who had had secondary syphilis, died of acute pneumonia and pericarditis, without exhibiting any symptoms of intra-cranial tumour.

Post-mortem, there were found :

(1) A lobulated tumour measuring 25 mm. \times 13 \times 10, attached by a ribbon-like pedicle to the posterior surface of the right restiform body, pressed upon from above by the right tonsil of the cerebellum, and filling up a considerable portion of the fourth ventricle

(2) A smaller, measuring 8 mm. \times 3, situated similarly on the left restiform body, but without a pedicle.

The tumours were very vascular; their microscopic structure was that of gliomata.

The medulla was tough, like india-rubber, but its minute structure was natural.

The author remarks on the symmetry of the tumours, and on the absence of symptoms, though he raises the question whether the pneumonia may not have had something to do with pressure on the pneumogastric nucleus.

Two Cases of Diphtheritic Spinal Ataxia. BY DRS. JULIUS RUDISCH AND GEORGE W. JACOBY. (*Archives of Medicine*, December 1882.)—Two cases are given from the author's own observation illustrating a form of diphtheritic paralysis resembling locomotor ataxy.

CASE 1.—Male, ætat. 20. Mild attack of diphtheria; two weeks afterwards, transient paralysis of soft palate; next, weakness of legs, then of hands. In lower limbs, there was some anæsthesia of the soles, ataxic gait, unsteadiness on closing eyes. In upper limbs, retardation of sensation, want of precision in fine movements. Patellar tendon reflex absent. Electro-contractility of