

attack of hemiplegia preceded by chills and fever; when examined by the author more than six weeks later, the hemiplegia had partly recovered, but both arms were tremulous.

In all three cases the father of the patient was intemperate and the mother delicate. The spleen was not enlarged. On one occasion desquamation of the skin was observed.

As causes of the paralysis, the author thinks that he can exclude—lead, from the distribution of the paralysis—hysteria, from the fact that the electrical reactions were abnormal—infantile paralysis, from the complete recovery made from most of the attacks.

Assuming malaria to be the cause, he suggests that the pathology of the disease may consist in a congestion and cedema of the cord, analogous to that of the spleen.

Case of Destructive Lesion of the Cuneus, accompanied by Colour-blindness. BY N. E. BRILL. (*American Journal of Neurology and Psychiatry*, August 1882.)—A man, *stat.* 63, had a sudden attack of coma, lasting two days, followed by incomplete right hemiplegia and right hemianæsthesia. In a few weeks there appeared hyperæsthesia of the right thigh, tremor of the paralysed side, tinnitus, diplopia, and notably colour-blindness. He appears to have been unable to recognise blue or green. There was no limitation of the visual field. No ophthalmoscopic examination was made. There was a certain amount of aphasia, most marked with respect to the names of colours.

Rigidity with tremor set in on the right side, also some tremor of the left thumb. Patient sank in a few weeks more.

Post-mortem.—The large arteries at the base of the brain were found to be atheromatous. There was a well-defined patch of softening on the left side, involving the cortex of the left occipital lobe where it borders on the calcarine fissure, the upper edge of the ingual gyrus, and the lower half of the cuneus. The white substance was involved to a depth varying from $3\frac{1}{2}$ to 1 centimetre.

Case of three Tumours of the Encephalon. BY W. R. BIRDSALL, M.D. (*Journal of Nervous and Mental Disease*, April 1882.)—Female, *stat.* 20. Headache, followed by a chill and fever, six months before admission. Headache mostly occipital ever since. Paralytic symptoms of two months' duration, with the exception of atrophy of left half of tongue, which was said to have always existed. Vision blurred from childhood. Diplopia, and tinnitus (left ear) for three weeks.