

usually attributed to that period. There were flushings, neuralgias, hysterical attacks, a rapid pulse and loss of weight. Nine months after the apoplectic attack there was marked tremulousness, flushed face and an injected eye. Her speech was thick. She perspired profusely, was markedly emotional, and her pulse was from 100 to 120. She could not endure any pressure about the neck. Both eyes were prominent, and the thyroid gland was enlarged. Tincture of belladonna, *mii*, t. i. d., was prescribed, as the writer decided that it was a case of exophthalmic goiter. At the end of two weeks the sense of oppression around the neck had disappeared, the thyroid could hardly be felt, all the nervous symptoms were diminished, or absent, and the eyes were no longer prominent.

The thyroid is congested during menstruation, coition, pregnancy and accouchement. It is not known definitely whether its secretion is also increased, as it is with the congestion in exophthalmic goiter. It would appear from the above case, the writer thinks, that the menopause caused the congestion of the gland; that the secretion of the gland was increased; and that the active principle of the secretion caused an auto-intoxication, as in exophthalmic goiter. The symptoms of the menopause are very similar to the secondary symptoms of thyroidal intoxication. A number of other symptoms presented by the patient are also attributed to the intoxication caused by the excess of thyreoglobulin in the circulation.

BONAR.

ZWEI FÄLLE VON KLEINHIRNTUMOREN (Two Cases of Cerebellar Tumor). Schede (Deutsche med. Wochenschrift, No. 30, 1900).

Schede reports two cases of cerebellar tumor in which operation for the removal of the tumor was performed. In neither case could the location of the growth be positively determined from the symptoms. Each patient fell toward the left side, and this was regarded as indicative of a right-sided growth, but the sign was unreliable, as in each case the tumor was on the left side. In only one case could the tumor be removed, and improvement in this case was marked. The other patient died.

SPILLER.

ZUR DYSARTHRISSCHEN FORM DER MOTORISCHEN APHASIE, BEZW. ZUR SUBCORTICALEN, MOTORISCHEN APHASIE. (Dysarthric Form of Motor Aphasia, especially Subcortical Motor Aphasia. W. Koenig. (Monatsschrift für Psychiatrie und Neurologie, Vol. 7, No. 3, p. 179).

Koenig reports a clinical case, with the symptoms of transcortical, cortical and subcortical motor aphasia; and also a case of subcortical motor aphasia, with necropsy, in which the diagnosis of brain tumor was made. Dysarthria suggested a bulbar lesion, but paraphasia seemed to indicate that the lesion was cerebral. A tumor of the size of a small apple was found in the lower half of the central gyri and lower part of the parietal lobe, presumably of the left side. The importance in these cases is in the conclusions drawn from them, viz.: Dysarthria, not differing from that known as bulbar dysarthria, may be a symptom of aphasia, and may be associated with stammering. It may be the remains of a previous motor or total aphasia, or the indication of a slight disturbance of function of the motor speech center.

SPILLER.