

11. The pointing errors of Bárány are of great value in the diagnosis of cerebellar diseases, but their use needs caution.

12. In the disturbances of gait in cerebellar affections there is no definite rule as to the direction in which the patient falls.

13. In cerebellar lesions involving the middle peduncle the patient mostly falls to the side of the lesion.

14. Cerebellar speech disturbances can occur in cases of unilateral cerebellar hemisphere of the side on which the arm is mostly used, *e.g.*, lesion of right cerebellar hemisphere in right-handed persons and vice versa. (This subject has been greatly neglected by most writers.)

15. The pointing test of Bárány depends on a reflex mechanism which is brought about by both cerebrum and cerebellum.

16. The pointing errors produced by Stenvers' prism tests are analogous to Bárány's vestibular stimulation methods. (Illustrative cases are here detailed. This method needs, however, a degree of visual acuteness which is often absent in cases of pontile angle tumors.)

17. The gait disturbances described by Bruns in some cases of frontal lobe lesions are not truly comparable to those of cerebellar affections. (Stenvers describes a personal case.)

18. The cerebellum is not a coordination center, but is to be regarded as a reflex organ that unconsciously regulates and influences our voluntary movements that are coordinated elsewhere in the central nervous system. [Leonard J. Kidd, London, England.]

Atkinson, E. D., and Drought, C. W. TWO CASES OF EARLY PARALYSIS AGITANS. [Lancet, July 10, 1920.]

Without careful analysis these two cases are reported as of paralysis agitans, in soldiers, both under the age of 30 years. Whether due to midbrain hemorrhages from shock, epidemic encephalitis or syphilitic encephalitis of midbrain localization is not analyzed.

Porru, C. ARSENIC IN PARALYSIS AGITANS. [Policlinico, September 6, 1920.]

The old arsenical therapy of paralysis agitans has reappeared. Large doses of sodium cacodylate are being used. Slight if any benefit was the rule and it was transient in all but one case.

Schippers, J. C. TREMORS IN CHILDREN. [Nederland. Tijdschr. voor Geneeskunde, 1920, LXIV, September 11, 983.]

According to Peritz, tremors occur relatively seldom in children. Pelnar distinguishes tremor from athetotic and choreiform movements and defines it as consisting of small involuntary movements oscillating round a position of equilibrium; it is fairly regular, and is localized in a joint or a group of cooperating joints; it causes no fatigue and does not interfere with movements. As to its nature, he thinks that in the static innervation of skeletal muscles we have to do with an oscillating