

form of this disease, which, as described, is a chronic form. There are three notable points of agreement between the two forms: (1) The wide area attacked, being the central white matter of the hemispheres and the white interior of the convolutions; (2) the complete integrity of the cortex and of a thin myelinated sub-cortical layer; (3) the symmetry of the diseased area.

After an exhaustive historical survey the authors describe in detail three cases which they have observed themselves, and refer to others in the literature. They consider intra-lobar cerebral sclerosis and diffuse periaxial encephalitis to be stages or aspects of the same disease. According to their experience the former consists of three phases: (1) Period of onset, characterized by abrupt motor disorders, paraplegia, convulsions, dysarthria, etc.; (2) period of repair, when the acute symptoms diminish; (3) period of sequelæ. The morbid anatomy, histo-pathology, differential diagnosis and ætiology are fully described and discussed, the paper being illustrated with 18 micro-photographs. The authors consider the disease to be toxic in origin, and recommend that it be kept in mind in dealing with obscure paralyses, particularly in children.

W. D. CHAMBERS.

*Unilateral Inability to Symbolize, due to Specific Arteritis [Asymétrie Unilatérale par Artérielle Spécifique]. (L'Encéph., January, 1927.) Trabaud.*

The author describes a case of muscular atrophy affecting the left hand, associated with a peculiar sensory disturbance allied to ideomotor apraxia and sensory aphasia. The site of the lesion in the brain is discussed.

W. D. CHAMBERS.

*The Proprioceptive Sensory System and Ataxia [Le Système de la Sensibilité Proprioceptive et l'Ataxie]. (L'Encéph., January, 1927.) Nicolesco, I., and Nicolesco, M.*

This clearly written paper concludes that disorders of co-ordination are intimately connected with the function of antagonistic muscular action, and are due to disease of the cell-groups constituting the proprioceptive sensory system.

W. D. CHAMBERS.

*Cyst of the Third Ventricle (Kyste du III<sup>e</sup> Ventricule). (L'Encéph., January, 1927.) Frey, L.*

In the case described there was complete destruction of the infundibular region without any of the so-called hypophyseal signs.

W. D. CHAMBERS.

*Two Cases of the Thalamo-Vegetative Syndrome [Deux Observations de Syndrome Thalamo-Vegetatif]. (L'Encéph., September-October, 1926.) Davidencoff, S.*

Two cases of a typical thalamic syndrome association with vegetative symptoms, namely unilateral hyperidrosis and increased pilomotor excitability, are reported and described. The author is not convinced that the vegetative symptoms in such cases are constant enough to constitute a syndrome.

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