

the whole subject, of which it may be remarked that with one exception the writers are all London specialists or practitioners.

In concluding this brief and imperfect review of the last volume of Dr. Clifford Allbutt's "System," the reviewer cannot rest satisfied without a word or two regarding the great and distinguished merits of the whole work, and the debt the profession owes primarily to the editor as well as to his numerous collaborateurs. It would have been difficult to find, within the limits of the British medical profession, any man more peculiarly fitted to initiate and direct a work of this kind than Dr. Clifford Allbutt.

Medicine changes rapidly, and yearly becomes more profound in its thoroughness and scientific character, and wider in its area. More and more difficult does it become to comprise all its essentials in any one treatise which shall be at once full, adequate, and yet moderate in bulk, while at the same time so arranged that the practitioner who wants help and light on any point can quickly and readily find it. In general it may be remarked that the editor has been wise and fortunate in his choice of writers. To escape all criticism in this respect is of course impossible. The general result unquestionably is that we have in this "System" a landmark in English medical literature well representative of the best work of the closing years of the nineteenth century.

RICHARD CATON.

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*Beiträge zur Pathologie und Pathologischen Anatomie des Centralnervensystems.* Von Dr. ARNOLD PICK. With 205 Illustrations. Berlin: S. Karger.

THIS work is very appropriately dedicated to his friend Otto Kahler. The names of Kahler and Pick are well known to all neurologists, for by their combined efforts many important facts have been determined, which have advanced our knowledge of the structures and functions of the human nervous system. Published as a Festschrift in the five hundred and fiftieth year of the University of Prague, this collection of unique cases so admirably recorded by the distinguished Professor is worthy of the occasion, and should be read by all neurologists; for in it they will find a store of material for reflection.

The first 168 pages deal especially with various forms of cortical speech affection. Each of the thirteen chapters in this portion of the book deals with some special rare condition, illustrated by cases which have come under the care of Professor Pick. Admirable clinical notes, with post-mortems and microscopical observations, are given, the cases are illustrated by photographs and figures, and a complete record is thus furnished of a number of rare and interesting affections of great importance to our knowledge of human cerebral localisation. A review of cases recorded by other observers is given, and a short philosophical discussion of the subject is included.

It may be noted that a case of word-blindness in a left-handed person is recorded; at the autopsy was revealed softening of the right angular gyrus. This is of special importance, inasmuch as the two previous recorded cases were not convincing proof that the visual word centre

of a left-handed person is in the right hemisphere; for Redlich's case was not in a left-handed person, and Bernheim's was supported clinically but not by autopsy. In fact, Brissaud states, "*Traité de médecine*," 1894, tome vi. p. 110: "If there is left hemiplegia at the same time as word blindness, it indicates bilateral lesion; for lesion of the left hemisphere is alone capable of producing word blindness." There is also a case of bilateral temporal lesion with subcortical sensory aphasia. A chapter on the relation of word blindness to agraphia is of interest; also another on partial disturbances of the auditory word centre and their relation to transcortical sensory aphasia, with illustrative cases. Conductive aphasia (Wernicke's *Leitungs Aphasie*) is illustrated by a case which supports the Breslau Professor's views. The patient suffered during life with paraphasia for spontaneous speech and an analogous condition for reading and writing; at the autopsy a lesion was found involving the posterior part of the left island of Reil, extending down to the claustrum and affecting the adjacent portion of the temporal lobe, thus severing the direct pathway between the auditory and motor speech centres. Some interesting cases of marked weakness of memory due to multiple brain lesions of vascular origin are given (probably syphilitic in nature). Two cases of tumour of the corpus callosum are recorded. Professor Pick agrees with the late Dr. Bristowe, that extensive tumours may occur without any definite cerebral phenomena beyond that of probable intracranial tumour. One of his cases had *early* choked disc; and post-mortem, marked distension of the lateral and third ventricles was found. The author points out that this does not support Bristowe's contention that optic neuritis was either late or did not occur. Passing to other parts of the nervous system, we find an interesting case of partial destruction of the interolivary layer in a tabetic general paralytic, with degeneration of internal arcuate fibres and fillet which was traced by Marchi method. Unfortunately no observations are made where these degenerated fillet fibres terminate. It would have been interesting to have seen whether any of these fibres entered the posterior part of the internal capsule to form the cortical fillet; as experiments made upon monkeys do not support this view, but show that the fillet terminates in the optic thalamus.

Hughlings Jackson, in the *Brit. Med. Journ.*, London, 1891, recorded a case of tabes in which the knee-jerk returned after an apoplectic attack followed by hemiplegia. Professor Pick records a similar interesting case of tabes, ending in general paralysis, with autopsy and microscopical examination of the cord. The knee-jerk was for a time absent, but after a number of epileptiform seizures, it returned. Since epileptiform seizures in general paralysis mean, as a rule, destruction of the cortical motor efferent neurons, no doubt this accounted for the return of the knee-jerks. The reviewer has met with one such case. In the case recorded by Professor Pick there was very little atrophy of the fine plexus of fibres around the cells of Clark's column, and Westphal's root zone was not extensively affected.

Chapter xx. deals with the different forms of tabes in children, and the author gives a case of Friedreich's disease with imbecility, which he had published in the *Zeitschrift f. Heilkunde*, 1891. Several similar cases have since been published by other authors.



The last chapters contain a collection of extremely rare and interesting cases of arrest of development and malformations of the spinal cord, including cases of teratoma and myelocyst of the spinal canal and heterotopia. There is also a chapter of considerable interest upon the fasciculus intermedius of Löwenthal, with remarks upon the anterior marginal bundle. Some very interesting illustrative cases are given, *e.g.* hydrocephalus adnatusenormis, one day old, with non-myelination of Lissauer's tracts, Goll's columns, and an area ventral to the cerebellar tract. In a normal child at birth these would have been myelinated.

The book is clearly written, admirably illustrated throughout, and contains a wealth of valuable and original observation and information upon a number of most interesting and important neurological subjects.

F. W. MORR.

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*Annual Report of the Sanitary Commissioner with the Government of India for 1897.* Calcutta. 1899.

In comparing this report with those of the same series with which we were familiar some ten or fifteen years ago, we gladly recognise the improvements that have been introduced into them in recent years. We observe especially the attention which is now bestowed upon scientific work in its bearings upon the problems of disease in India. The volume before us, for example, gives excellent summaries of the more important bacteriological researches during the year 1897, in their relation to the etiology and prophylaxis of enteric fever and plague. Such a publication cannot be made light reading. It largely consists of densely marshalled masses of figures, exhibiting the sickness and mortality of the European and native troops, and of the prisoners, for the year 1897. The information it contains does not always lie on the surface, but has to be extracted from an analysis of the figures, and a patient comparison of tables and text. This is a labour for which few have time or patience. It may therefore be useful to notice, as briefly as possible, a few of the more interesting results gathered from a somewhat hurried examination of the volume. To begin with, we observe that the causation and prevention of enteric fever continues largely to absorb the attention of the Indian Sanitary Authorities. Nor need we wonder at the prominence given to this subject, for enteric fever is at the present day one of the most fatal diseases of the European soldier in India. The ratio of admissions in the European army of India for the year 1897 was 32·4, and the deaths 9·01 per 1000. Enteric fever accounted for no less than 39 per cent. of the deaths from all causes. When we remember that the death-rate of the troops at home from this disease does not, as a rule, exceed 0·20 per 1000, and that of the native army in India averages 0·12 per 1000, we realise that we have to face a problem deserving all the attention which can be bestowed upon it. The fact that the death-rate of the European is about seventy-five times higher than that of the native soldier, proves that it is not so much a question of the diffusion and intensity of the virus with which we have to deal, as of susceptibility. We may remark that the same difference in the susceptibility of the European, as compared with the native, is observed in Algeria,