

mentary capacity was rightly decided, in the case of "*Dew v. Clarke*," adjudicated by Sir John Nicholl. The testator, a surgeon in London, practised successfully in London, and was not regarded as more than eccentric. He died, leaving his property to his nephews, with the exception of a small life interest to his daughter, an only child, whom he had treated with extraordinary cruelty without any cause. The will was set aside by Nicholl, "with a sagacity," as Ray observes, "never before witnessed in a Court of Law, reaching to the conclusion that the mental disorder was fatal to the validity of the will. Against the doctrine then announced, novel and unprecedented as it was, no voice of dissent has ever been raised." The testator's insanity was sufficient, it must be observed, to vitiate not any will, but the will in question. It would not have been set aside if he had left his property to his daughter. His insanity did not alone upset the will, and had he been perfectly sane, it would not have been set aside. But an unjust will like this can be annulled if the testator is proved insane. This is not one of those cases in which the intrinsic absurdity of the will would by itself suffice to prove, or help to prove the insanity of the testator, and thereby set it aside. It differs from cases to which we have referred in connection with Dr. Parsons' paper, in which this might fairly be the mode of regarding the subject.

On Mind.—Dr. Teed, in this paper, goes carefully through the correlations of mind and brain, but it is not one which admits of citation, and does not call for special remark.

4.—*French Retrospect.*

Further Contributions to the Study of Motor Localizations in the Cortex Cerebri. By CHARCOT and PITRES, in *Revue Mensuelle*. Nov., 1878, and Feb., 1879.

In an article of 50 pages the authors adduce 56 cases to confirm their former observations, and render their conclusion more precise. Many of these cases relate to patients in the Salpêtrière during the past year, and the rest are gathered from the literature of the same period.

The first 21 cases illustrate lesions occurring outside the motor zone, and causing no motor derangement. The deductions from them are—(1) "There exist in the cortex cerebri tracts which are independent of voluntary motion, and when lesions occur in these tracts there is no permanent affection of motor functions; and (2) these tracts comprise (a) the occipital; (b) sphenoidal; (c) the anterior part of the frontal; (d) the orbital; (e) the parietals (except perhaps their bases); (f) the quadrate; and (g) the cuneiform."

In the next section we have cases in which the lesion is seated

within the motor zone. These are divided into (1) total hemiplegia, where the muscles of one side of the body with the arm, leg, and inferior portion of the face on that side are paralysed; (2) associated monoplegia, where the arm and leg, or the arm and lower part of face alone are affected; and (3) pure monoplegia, affecting only the lower part of the face, or the arm, or the leg.

Thirteen cases are brought forward to illustrate destruction of the whole motor zone, the symptoms of which are permanent paralysis of the lower part of the face, the arm, and leg of one side; and if the patient lives, secondary contraction and descending degeneration of the spinal chord.

The succeeding 15 cases consist of lesions of part of the motor zone, causing associated monoplegia. Four of these are excluded as not containing sufficient detail (though all supporting the authors), and the remaining 11 are divided into six affecting the limbs, and five the arm and face together. The parts affected here were in the first group the paracentral (1), the superior extremity of the ascending convolutions (2), the centre of the ascending parietal (1), the fibres of the centrum ovale subjacent to ascending convolutions (2). In the second group we have one illustration of lesion in each of the following parts: inferior half of the ascending frontal, inferior half of the ascending parietal, the inferior two-thirds of the lips of the Rolando fissure, the middle of the ascending frontal, and the fibres of the centrum ovale subjacent to the inferior portion of the ascending frontal.

The article concludes with four cases of pure monoplegia. The conclusions drawn with regard to the motor zone are summed up as follows:—

(1) The centre for the movements of the tongue is situated in the base of the third frontal, and the contiguous portion of the ascending frontal.

(2) The centre for the inferior part of the face lies in the inferior extremity of the ascending convolutions.

(3) The centre for isolated movements of the arm is contained in the middle third of the ascending frontal.

(4) The paracentral, the upper third of the ascending frontal, and the upper two-thirds of the ascending parietal contain the centre for the joint movement of the two limbs.

EDWARD G. GEOGHEGAN.