The chapters on the physical and psychic characteristics of the criminal and on the illustrative crania and physiognomies of degenerates are worthy of attention. They are illustrated by no less than 177 figures, which are well executed.

The author's views on "the therapeutics of social disease" are based almost wholly upon physical considerations—what he calls "criminalogic materialism." He does not wish to dispense entirely with moral suasion, and regards the prison chaplain as an important official; "the less orthodox he is the better for his success in brain-building in criminals." Dr. Lydston would abolish the slums and provide baths and other conveniences for the poor; they should be forced to take gymnastic exercises, and proper books and periodicals should be given outright. Nobody should be allowed to marry without going through a medical examination, which would embrace the moral as well as the physical qualifications of the candidates. Street-walkers and others who might help men to evade these restrictions should be shut up. At the same time, he would see that no women should want the necessaries of life. If, after all this, there should be some who would not behave, sterilisation may be resorted to. The only source indicated for such reforms, which would entail some expense, is the taxation of the plutocracy. "There should be more legal assessments of the multi-millionaires—compulsory subscriptions, as it were—for the elevation of the under world."

Altogether the book is the product of an acute and vigorous thinker, whose earnestness and sympathy with the unfortunate we are compelled to respect even when we cannot agree with his views.

WILLIAM W. IRELAND.

Part III.—Epitome of Current Literature.

1. Neurology.

The Amyotrophic Form of Disseminated Sclerosis [*La Sclérose en Plaques a Forme Amyotrophique*]. (*Gaz. des Hôp., P., Oct.*, 1904.) *Lejonne, P.*

Under this title the author gives an account of the symptomatology and morbid anatomy found in certain cases of disseminated sclerosis. They were characterised clinically by two orders of phenomena: firstly, muscular atrophy; secondly, affections of the sphincters, trophic and mental disturbances.

The muscular atrophy generally began in the small muscles of the hand, thence extending to the forearm, arm, and legs; and neither in the character of the atrophy nor in its distribution was there any essential difference between this condition and certain forms of progressive muscular atrophy or amyotrophic lateral sclerosis. Contractures were a striking feature, but these affected other muscles than those

atrophied, and there did not appear to be any constant relationship between the degree of contracture and of atrophy.

The diagnosis is to be made from the existence of this atrophy with paresis and contractures accompanied by trophic, sphincter, and mental disturbances. There may also be present some or all of the classical symptoms of ordinary disseminated sclerosis, viz. intention tremors, nystagmus, transitory diplopia, vertigo, and scanning speech.

The author considers that the progress of this variety is more rapid than that of ordinary disseminated sclerosis, and consequently the prognosis is much more grave, less on account of the muscular atrophy than owing to the concomitant trophic and sphincter disturbances and the probable extension of the destructive process to the bulb.

The morbid anatomy consisted in pigmentation with atrophy of the cells of the anterior horns, diminution of their processes, and slow degeneration of the anterior roots. As a consequence many fascicles of the muscles had undergone progressive atrophy, but the disease was essentially a central one.

Assuming that Dr. Lejonne is correct in his conclusions that these cases are simply a variety of disseminated sclerosis, and not to be regarded as combinations of that disease with progressive muscular atrophy, his observations are of no little interest. It is to be observed, however, that most of the hitherto described varieties of disseminated sclerosis are due to a particular incidence of the islets in certain of the *white* columns, and recent research rather points to the view that the essential morbid change is a degeneration of the myelin substance. This being so, the extreme involvement of the grey matter in these cases is noteworthy. Atrophy of muscles has, of course, been observed previously in many cases, but not usually to the extent here described, and it has then been attributed to a myelinic degeneration of peripheral nerves identical with that taking place in the central nervous system.

A. F. TREDGOLD.

Disseminated Sclerosis. An Account of the Microscopical Examination of Three Cases, with some Observations on the Pathogenesis of the Disease. (*Rev. of Neurol. and Psychiat.*, *July*, 1904.) *Tredgold, A. F.*

The author is fortunate in that he had the opportunity of examining histologically three cases of vascular sclerosis of differing rapidity—a chronic case of the spastic paraplegia type of eight years', another of the myelitis type of three years', and a third of the cerebellar type of fourteen months' duration. After describing in the first section the clinical history and *post-mortem* appearances of the cases, the second section of the paper gives an account of the histology. Three types of islet are found: hard islets (forming the majority in the most chronic case), which consist mainly of sclerosis tissue with little vascularity; islets of softening, consisting of a loose reticulum containing semi-fluid material, and often surrounded by a zone of leucocytes; and, lastly, intermediate islets, which showed nerve-fibres in all stages of degeneration, little or no gliosis, and practically no vascular change. Most of the islets in Case 3 were of this character; they were numerous in Case 2, none in Case 1. All are stages in the same process, the islets