

that without warning you may come upon quotations from five languages in one page—quotations that render no advantage whatever by their presence.

We do not intend to give the plot, but we may say that the superintendent of the asylum—a private asylum, by the way—Dr. Renfrewshire, is a man of the most astonishing capacity for general and special work, and also has a great power for social enjoyment as well. He is foolish enough, however, to fall in love with and marry one of his patients, who for a time was suffering either from partial dementia or melancholy with stupor. Some of the descriptions of asylum life are extremely good, and one can only understand the truthfulness of the description on the ground that the authoress must have some intimate knowledge of the inside of an asylum. One other point of interest in the novel is the terrible picture that is drawn of one of the characters who had become for a time habituated to narcotics, and if this novel has the effect of frightening any of the many ladies of fashion who are in the habit of getting rest by means of chloral or morphia, it will have done good. In leaving it, we would say that if any one has patience to get through the book it may form a rather amusing distraction for a day.

Clinical Lectures on Diseases of the Nervous System. By THOMAS BUZZARD, M.D., Lond. London: J. and A. Churchill, 1882.

We welcome these lectures as the outcome of Dr. Buzzard's long and conscientious study of the diseases of the nervous system. They form a very valuable contribution to the scientific understanding of these affections, one which combines the practical and the theoretic in the way which is most valuable and useful to the practitioner. To all who desire to be in possession of recent knowledge bearing on the diagnosis of diseases of the spinal cord, &c., illustrated by cases, Dr. Buzzard's work will be of essential service. The signification of symptoms is either satisfactorily explained, or the difficulties are stated, and the most probable solution is suggested without being dogmatically asserted. We shall not attempt an analysis of this book, but as an illustration of its practical character, shall take one symptom, the absence of the patellar tendon-reflex.

Dr. Buzzard warns the reader against supposing that this is confined to cases of tabes, and lays down the condition on which it rests, namely, any destructive lesion of the cord at

the part from which the nerve supply of the quadriceps extensor is derived, or of the anterior or posterior roots of the lumbar plexus. This may happen not in locomotor ataxy only, but in acute myelitis, infantile paralysis, polio-myelitis, spinal meningitis, perineuritis, diphtheritic paralysis. It may also arise from degeneration of the muscle of itself, as in pseudo-hypertrophic muscular paralysis. The quadriceps femoris must be in a healthy condition itself to make the absence of patellar tendon-reflex characteristic of locomotor ataxy.

The following passages are fair illustrations of the qualities of Dr. Buzzard's style of lecturing, and contain facts worthy of record in this Journal, for it is hardly necessary to observe that tabetic symptoms are in close relation to general paralysis of the insane:—

The symptom (absence of patellar reflex) is of such comparatively recent observation that I do not feel able to say from my own experience whether it is ordinarily to be met with so early as this (six months after the first symptoms of tabes), but Erb, who began to investigate the matter before I did, has been led to consider it as one of the earliest symptoms. It is certainly one of the most constant. Erb has lately shown that the symptom was found by him in 48 out of 49 cases of tabes dorsalis in which he sought for it. Out of 30 cases of tabes in my own practice in which I applied the test I found the tendon-reflex absent in 28. The two patients in whom it was still retained (for one of whom I am indebted to my colleague, Dr. Jackson) presented no ataxy of gait, but I have no doubt that they were cases of tabes. They both suffered from atrophy of the optic nerves and characteristic lightning pains. One had some tottering on closing the eye, some bladder and sexual weakness, with anæsthesia of the extremities. The other had some symptoms resembling the *crises gastriques* of Charcot. I do not include here other cases than those which have occurred in my own practice, but it is within my knowledge that the kind of frequency described is met with by others. Now, if we add together Erb's cases and my own, we find the absence of patella tendon-reflex noted in 76 out of 79 cases of tabes dorsalis, *i.e.*, in about 96 per cent. In two out of the three exceptions there was no ataxy.* There can be little doubt, I think, that this symptom holds the same rank as an *objective* sign of tabes as is occupied by the characteristic pains amongst the *subjective* symptoms of the disease (p. 138).

Dr. Buzzard mentions a case in point, in which absence of the reflex was the first symptom which suggested that it was one of tabes. Pains to which the patient had been subject, and which he had mistaken for rheumatism or neuralgia, turned out to be tabetic.

* Subsequent experience of numerous cases confirms this observation.

Dr. Buzzard proceeds :—

It is of much importance to remember that the two symptoms—on the subjective side pains of the character described, and on the objective side the absence of patellar tendon-reflex (with a fairly normal condition of the quadriceps extensor muscle)—are the most constant, as they are probably the earliest of all. My belief is that if we meet with a patient who exhibits them both, we do not need the presence of any in order to form a diagnosis of *tabes dorsalis* (p. 139).

In reply to the questions, What is the cause of the knee phenomenon? and Why is it absent in *tabes*? Dr. Buzzard writes :—

I do not think we are as yet in a position to give a positive answer to either, and the subject is still under investigation. The first idea is that the contraction of the muscle must be brought about by a reflex from the skin or the part which is struck. But Westphal has practically disposed of this explanation. He pinched and pricked and irritated the integument in various ways without effect, even submitting a fold of the skin, lifted away from the tendon, to smart blows with a hammer. On the other hand, when the skin lying over the *ligamentum patellæ* was frozen by Richardson's process, the effect of blows upon this spot in determining the contraction was in no way lessened. So also in cases (not being examples of locomotor ataxy) where there was complete cutaneous anæsthesia the phenomenon has been found present. The influence of the skin must therefore be excluded. Erb has suggested that the blow upon the patella tendon by suddenly stretching it, irritates some nervous fibres belonging to the tendon, the impression thus produced being conveyed to the cord and there exciting the motor nerves to the muscles. On the other hand, the experiments of Tschirjew, of St. Petersburg, seem to show that the reflex is to be ascribed to irritation of sensory nerves distributed to the aponeurosis of muscle. He found that section of the cord in guinea-pigs above the place of entrance of the sixth lumbar nerve-roots caused the phenomenon to disappear. In addition to this, when the posterior root of one of the sixth lumbar nerves was divided, the phenomenon failed on the corresponding side. If these experiments were free from fallacy, their reflex character would seem to be placed beyond doubt. Degeneration of the cord at the point where the nerves enter, may easily be supposed to be capable of interfering with the orderly reflex which thus occurs in health, and in this way the effect of posterior spinal sclerosis in preventing the exhibition of patellar tendon-reflex may possibly be explained. The very rare circumstance of the lumbar portion of the cord escaping the degenerative changes in *tabes dorsalis* would thus sufficiently account for the certainty with which, apparently, the diagnostic sign may be looked for (p. 9).

In reference to the occasional occurrence of this important symptom in health, Dr. Buzzard observes :—“ Westphal says

he has seen no instance of this. I certainly failed to produce the reflex not long since in a member of our profession, whose health happily leaves nothing to be desired. The experiment was, however, inconclusive, as the skin was not bared" (p. 9).

Before another edition is published—and we confidently look to the demand for another edition of these excellent clinical lectures—it is to be hoped that the said member of our profession will also "leave nothing to be desired" in the matter of baring his leg for a few minutes while our author applies the inexorable hammer which we have so often seen him effectively employ. A photograph ought to be taken of the operation, and substituted for the illustration at p. 2, in which we fail to recognise the likeness of the author.

Study of Spinoza. By J. MARTINEAU, LL.D., D.D. Macmillan and Co., 1882.

Spinoza, His Life and Philosophy. By FREDERICK POLLOCK, C. Kegan Paul and Co., 1882.

It seems strange that in so intensely practical an age as ours we should find ourselves zealously building monuments to the most speculative of modern thinkers. What has the "god-intoxicated man" in common with Huxley or Mill or Herbert Spencer? It can hardly be the pseudo-mathematical garb of his reasoning that has attracted men to the greatest of the Pantheists in this pan-materialist generation. Perhaps it is a recoil.

The meeting points of separate currents of historic thought are always noteworthy. Yet hardly any perhaps can be more interesting than that at which Baruch Spinoza stood. His writings disclose but little familiarity with any lines of thought but two, and these at first seem hopelessly apart. From his youth apparently he knew the Hebrew Scriptures, and the Talmudic lore. The prince of modern Hebrew thinkers, Moses Maimonides, was familiar to him as a schoolboy. Led by the speculations of Spanish Jews, he was prepared to study the new ideas of a rationalizing Frenchman. To the system by which Descartes had set agoing the movement of a purely western philosophy, Spinoza, on leaving school, seems to have bent his whole mind. Out of the meeting of these two currents, undisturbed by much after guidance, for he himself tells us he knew little Greek, he built up a new system too mystic to be truly Cartesian and yet too logical to be really Judaic. This unique doctrine, with its merciless insistence on the nothing-