sisted chiefly in destruction of ganglion cells and infiltration of leucocytes around the vessels, and in groups throughout the grey matter: in fact, there was red softening. Moreover, there was distinct though early sclerosis of the antero-lateral columns, more on one side than the other. There seemed no reason to doubt that many of the changes were contemporaneous, and the important point to note is, that the area of PRIMARY disease extended far beyond the anterior cornua, although there, no doubt, the disease was at its maximum.

(2) In Dr. Taylor's case, twenty months had elapsed after the onset of the paralysis. There was extreme diminution in *all* the measurements of one side of the cord—the diminution being most marked in the anterior horn, where there was almost complete absence of the large motor cells.

In the other half of the cord there were some changes in the central and outer parts of the anterior cornu.

The French interpretation of the conditions found would doubtless have been that the changes, other than those in the anterior horn, were slow, progressive, secondary by horizontal extension from it. But in the light of Dr. Turner's case, it seems fair to ask whether they might not have been the results of an intense acute lesion affecting *primarily* the portions of the cord which were found altered?

In Dr. Humphrey's case, the child died twenty-five months after the period when the paralysis came on.

The changes found were limited to one anterior horn, and consisted almost entirely in disappearance of groups of the large motor cells.

Here it is reasonable to suppose the original lesion was less in extent and intensity. The absence of disease beyond the anterior horn would, at all events, show that there is not *necessarily* horizontal secondary extension, and would be compatible with the view that, if in any given case such extensive disease is found, it may well have been the vestige of the original lesion.

THOMAS BARLOW.

Heredity in Epilepsy.—In the *Archives of Medicine* (vol. i. No. 2; New York: April 1879) Dr. Langdon Carter Gray reports the case of an American lady, aged 40 and married, who was subject to epilepsy, and who transmitted this malady to all her children, nine in number. When twelve years old, she began to have paroxysms in which faces of demons were seen at the right side of

the right eye, causing a great feeling of terror; and up till her twenty-third year she continued to have seizures of this kind, about three times a week. Then epileptic fits of an ordinary character set in, and increased in frequency until they occurred twice or thrice weekly. Since she reached her thirty-fifth year she has had fits only at her menstrual periods. She has borne nine children, four girls and five boys, all of whom have died in convulsions. The effect of the maternal disease upon the children has become more marked as time has gone on. The first three children lived longer (one reaching the age of thirteen months), and had less violent and frequent convulsions. The next four died soon after birth, and had convulsions continuously; the last two lived only for a few hours after delivery, dying in coma.

J. CRICHTON-BROWNE.

On the Influence of Brain Work on the Development of the Cranium and the Brain. (*Gaz. des Hôpitaux*, March 13, p. 243.)—MM. Lacassagne and Cliquet have examined, by the aid of the *Conformateur*, the heads of 190 Doctors of Medicine, 133 rudimentarily educated, 90 illiterate and 91 prisoner soldiers, with the following results:—

Diameters.	Doctors.	Soldiers.		
		Educated.	Uneducated.	Prisoners.
Longitudinal . . .	85·29	81·97	79·13	81·10
Frontal	48·91	43·65	42·35	41·12
Parietal	52·58	49·66	50·27	49·90

There is thus a considerable difference in favour of the doctors, and this is especially marked in the frontal measurements. Moreover, the two sides of the head are not symmetrical—in the educated the frontal region is more developed to the left; in the uneducated the occipital region is more developed to the right. The head is larger (more developed), in the case of the educated than in those of inactive intelligence. Among the educated the frontal region is more developed in proportion than the occipital—and, if the difference is greater in the occipital, it is very trifling; while among the illiterate it is considerable.

On the Habitual Tendency of Individuals to Direct Themselves to the Right or Left. (*Ibid.* March 18, p. 253.)—