paralysis agitans, the tremor occurs when the patient is at rest; while, in the other, it takes place only on voluntary effort.

The occurrence of apoplectiform seizures in the course of the cerebral form of disseminated sclerosis is a notable feature in the disorder, and, according to the author, is met with in about a fifth of the cases.

The lectures on hysteria relate to hysterical ischuria, hysterical hemianæsthesia, ovarian hysteria, and hystero-epilepsy.

This portion of the work is particularly worthy of study when we consider the attention given by Prof. Charcot to this class of cases. It was he who first pointed out that, in cases of hysterical contracture of long standing, a sclerotic change may occur in the lateral columns of the spinal cord, which renders the prognosis hopeless as to return of power in the affected limbs. A case is related on page 295, in which a sclerous lesion was found occupying the lateral column throughout nearly the entire length of the cord.

Hystero-epilepsy, we are told, may be manifested in three varieties. First. Where epilepsy is the primary disease, and hysteria becomes grafted upon it. Secondly. Where epilepsy is superadded to hysteria. Thirdly. Where convulsive hysteria coexists with minor epilepsy, or where convulsive epilepsy occurs in conjunction with some of the phenomena of non-convulsive hysteria.

It is the second form which the author discusses, and his remarks go to show that it is distinct from true epilepsy.

What strikes us forcibly in reading these lectures is the absence of any consideration of the treatment of the diseases which are brought before us. In only two instances is the treatment alluded to; in connection with paralysis agitans, and in reference to compression of the ovary in hysterical convulsions. This method Charcot was led to adopt, because he had found that he could excite hysterical manifestations by ovarian pressure. One cannot but question, however, whether the same amount of pressure (that of the fist with all the strength of the operator is what is recommended by the author) would not cut short the paroxysm if applied in any region of the body.

The translation is well done by Dr. Seigerson; and his notes show how thoroughly acquainted with the subject he is.

The ten plates appended to the French edition have been omitted, but the woodcuts which illustrate the various forms of hysteria are well executed. W. S.

ART. XXXVI.—*An Atlas of Topographical Anatomy after Plane Sections of Frozen Bodies.* By WILHELM BRAUNE, Prof. Anat. Univ. Leipzig. Translated by EDWARD BELLAMY, F.R.C.S. With 31 plates and 46 woodcuts. 4to. pp. xii., 200. Philadelphia: Lindsay & Blakistoun, 1877.

THE more or less similar works of Pirogoff, Legendre, Volz, Rüdinger, etc., are somewhat rarely seen in this country, and are so useless to many for want of a translation, that we think Mr. Bellamy has done a real service to English-reading medical men by his translation of Braune's Anatomy. The original edition was of life-size and coloured, and though, on some accounts, more valuable, yet was too cumbersome and too costly for frequent or general use. Accordingly, the author issued in 1874 a smaller work, in which the plates were reproduced of half size, by means of photography, without colours. A few plates were omitted, and the text slightly altered. This is the edition which Mr. Bellamy has trans-

lated. The sections are sagittal (vertical antero-posteriorly), frontal (vertical from side to side), and transverse (horizontal). There are three sagittal sections of the entire body in the median line, one of a man and two of women (one in the second and one in the ninth month of pregnancy); all three of whom hanged themselves, and one similar section of the abdomen and pelvis of a woman who died from drink in uncompleted labour; one frontal section of the chest, and one of the abdomen and pelvis (pl. xviii., the table of contents calls this, erroneously, a "transverse" section); ten transverse sections of the trunk at different levels, and the remainder are various sections of the head, neck, and extremities. The wood-cuts are largely reproductions from Pirogoff and Legendre, but add greatly to the value and elucidation of the text. The greatest possible care seems to have been taken in preparing the sections. The vessels were filled, the eye carefully injected, the body frozen, the sections made by a fine saw, used as a "cross-cut saw" on marked lines, to get them, as nearly as might be, exactly symmetrical. They are extremely useful and instructive. The physician will learn much, especially in the anatomy of the thorax and abdomen, to guide him in diagnosis, and the surgeon in tracing the course of a ball or knife, or in any operation. The text is excellent, not so diffuse as to be wearisome with its details, yet not so meagre as to be useless from neglect of them. Moreover, the author has added to our knowledge by his investigation of collateral points—as, for example, by his experiments on the maximum capacity of the synovial capsule of the knee (pp. 153-4) and the shoulder (p. 177). We commend the book most heartily to the profession, and especially to those who, at a distance from the opportunities for refreshing their anatomical knowledge, are apt to grow "rusty." It may save them from many an unfortunate blunder.

The translator, also, has done his work excellently. It is no little praise to say that one is almost never reminded that he is reading a translation. This is in such refreshing contrast to some of our recent translations that it is all the more welcome. The author must be held responsible, we presume, for such a curious collocation as this on the first page: "A thin slice of the cerebellum was removed by means of a razor, and the entire course of the aquæductus Sylvii exposed down to the fourth ventricle, *with* the penile portion of the urethra and the anus where not opened in the middle line." And again in the text of pl. vi. he says the section has passed "through the acromio-clavicular articulation"—an obvious error in description, as (pl. xvii.) "*cap. femoris dextrum*" is in Latin, since he means the "head of the right femur," and not the "right head of the femur." We must, however, hold the translator responsible for such an awkward phrase as "a body affected with well-marked anomalies *in as regards* the position of the uterus" (p. 27); or "the optic nerve is .16 *nearer* the middle line *from* (than) the posterior pole of the axis of the globe" (p. 41). In so good a translation it can only be by inadvertence that we read of "*lying* the body on its back" (p. 37); "the *arrangement* of the muscles of the nape of the neck *were* very difficult of definition" (p. 49); and "the vocal *cords*, with the ventricle of Morgagni, *is* clearly shown" (p. 54). Plates vi. and viii. have been bound upside down (at least in our copy), producing a mechanical difficulty when we desire to compare them with pl. vii. and others, as we must mentally rotate the body half way round. We simply name these insignificant blemishes that they may be corrected in subsequent editions, which no doubt will be demanded.

W. W. K.