

ferent notables comprising the medical staff to investigate diseased conditions of certain portions of the organism in preference to others. In deed, it appeared to us, that frequently the organ or organs which, at the time, engaged the attention of each, was or were made, in its or their derangements, to explain all anomalous symptoms occurring in various diseases coming beneath the notice of the observer. With one, these symptoms were to be attributed to derangements of the liver and others of the abdominal viscera; whilst with a second, the functional activity of the nervous system in some of its parts, was materially disordered. We must in justice state our belief, however, that for close investigation into cases of disease, unwearied perseverance in following them up, sound reasoning on the phenomena presented by them, accurate diagnosis and successful treatment, the staff of King's College Hospital is unsurpassed in the United Kingdom. Hobbies they undoubtedly have, but they do not allow their minds to be unduly influenced by them. There was not one we followed with more pleasure, or from whose remarks at the bedside we received more instruction, than the author of the lectures under review.

Dr. Todd enters very fully into the consideration of hemiplegia, or that paralytic condition in which there is loss of motion of one half of the body. There are six varieties of hemiplegia to be met with in practice. First,—*Cerebral hemiplegia*, which depends upon diseased brain, more particularly lesion of that portion known as the corpus striatum. Pressure exerted on this part by an apoplectic clot or tumor existing either in its own structure, in that of the thalamus opticus, or in the adjoining portions of the hemisphere; softening and rupture of its fibres, give rise to this, the most common form of hemiplegia. Secondly,—*Spinal hemiplegia*, a rare form "caused by a lesion of one half of the spinal cord, just below the decussation of the anterior pyramids." Thirdly,—*Epileptic hemiplegia*, a sequence of an attack of epilepsy. It is slight in nature and transient in existence, seldom remaining over a few hours after the attack. Fourthly,—*Choreic hemiplegia*, a form which rarely follows, and still more rarely precedes chorea. Fifthly,—*Hysterical hemiplegia*, a very intractable condition occurring in hysterical women. Sixthly,—*Peripheral hemiplegia*, or that form of palsy where the paralyzing lesion is situated primarily in the periphery. Cerebral hemiplegia may be arranged into three classes, distinguished by the condition of the muscular system, especially the muscles of the upper extremity. "The first class consists of those cases in which the muscles of the paralytic limbs are completely relaxed. The limbs are loose and flaccid, and if you flex the forearm upon the arm, or the leg upon the thigh, you find no resistance or opposition to that movement.