as a unit in physiology and pathology. A good statement of the case is made, that when the peripheral motor axons are destroyed, degeneration sets in upwards towards the cells in the cord, and that this degeneration may become complete, though not so rapid as that which takes a downward course. The remarkable influence of poisons, and consequently the toxines of diseases, are discussed. There is here a large field for future study; but enough has been done to show that certain neurons are injured by some agents which do not affect other neurons; as, for instance, the selective action of atropia, curare, strychnia and drugs; and syphilis and poliomyelitis among diseases.

The entire work is profoundly interesting reading. It is written in a clear and liquid style; and, while thoroughly scientific, is not dull nor heavy.

The paper, binding and type are excellent; and the many illustrations, plain and colored, are of the highest order of merit.

We congratulate Dr. Barker on the completion of this work; and would express the hope that it may find many readers, as we feel none will be disappointed. To read the work is a great pleasure. J. F.

Extra-Uterine Pregnancy. A clinical and operative study. By JOHN W. TAYLOR, F.R.C.S. (Eng.), Senior In-patient Surgeon to the Birmingham and Midland Hospital for Women, etc. London: H. K. Lewis. 1899.

A monograph from Mr. Taylor's pen on a subject so interesting and yet so imperfectly understood as extra-uterine pregnancy naturally excites much interest. In treating of the causation and pathological anatomy of the trouble, the author differs from the hitherto accepted theories, and, we think, gives good reasons for so doing. Desquamative salpingitis, which Lawson Tait considered the chief etiological factor, was not present in any of his series of forty-three cases. He considers mechanical difficulties in the passage of the oösperm down the tube to be of chief importance, and of these mentions specially an atrophic condition of the tube, due to hyper involution or congenital want of development, as bearing on the phenomenon of early rupture.

All cases are regarded as primarily tubal, and the classification adopted is: (1) Tubo-abdominal—abdomen secondarily invaded; (2) tubo-ligamentary—broad ligament secondarily invaded; (3) tubo uterine (interstitial)—uterus secondarily invaded. Mr. Lawson Tait and Mr. Bland Sutton have maintained that "in all tubal pregnancies which survive primary rupture and continue their development, the gestation sack is formed in part by