affected, longer and more profoundly, in repair and reaction than the motor cells. (8) The number of cells is practically the same in the normal and abnormal plexiform ganglion both of the cat and dog 118, 122, and 147 days after resection of the pneumogastric. (9) In the dog at the 122d day and in the cat at the 147th day after the resection of the vagus the dorsal nucleus of the tenth nerve presented no diminution in the number of its elements, although it was otherwise pathologically affected. (10) Dogs at the 22d and the 122d days presented chromatolysis in the ganglion the nerve of which had not been destroyed, as well as in the nucleus of the resected nerve. (11) The dorsal nucleus and the plexiform ganglion of the vagus nerve in the rabbit at the 195th day after the resection showed a definite reduction of nervous elements, half of which had disappeared. (12) The chromatin substance plays an accessory rôle in the normal function of nervous elements. (13) The union of two ends of the resected nerve is in no sense indispensible for the replacing of the reserve chromatin of the nerve cells. (14) The vacuolization is a form of degenerative cell process. (15) In the cat at the 147th day the plexiform ganglion, the nerve of which had been forcibly compressed between the blades of a forceps, presented no evidence of chromatolysis.

**PSYCHIATRY.**

**Observations on the Condition of the Blood in the Insane based on One Hundred Examinations.** By F. Percival Mackie (The Journal of Mental Science, Vol. 47, 1901, p. 34).

In this series the author has tried to take into account the various modifications that change the composition of the blood and has examined 100 patients, as follows, general paresis 16, epilepsy 40, melancholia 20, mania 13, miscellany 14. The author concludes that in looking through the grand averages one cannot help noting the very slight departure from normal which exists in the blood of insane patients. Although in some cases slight changes are noted with some degree of constancy, yet they are so insignificant that they do not appear to throw any light on the pathology, or give any indication of treatment in any class of case. When they do occur, there is good reason to suppose that the alteration in the blood state is quite secondary to the mental change; and further, the examination of the blood in the present state of our knowledge is not even an aid to prognosis or to diagnosis.

**Spät Genesung bei Geisteskrankheiten (Late Recoveries in Insanity).** Kreuser (Allg. Zeitschrift für Psychiatrie, 1900, Bd. lvii, Hft. 6, S. 771).

Alluding to the fact that the division of mental disease into acute and chronic forms is to a considerable extent relative and arbitrary, the author proceeds to discuss the question of duration of different forms of insanity, and the criteria of recovery. The matter seems to resolve itself more into a question of diagnosis and prognosis than into one of treatment for it is pretty clearly shown that certain forms of mental disease have a much greater tendency to end in dementia than others, which may last for a greater or less number of years without proceeding to this end. In a general way recoveries after the persistence of the mental disturbance for three years, are to be
called late recoveries. These belong to the exceptions, a statistical inquiry on 7698 cases in 3 institutions, giving the percentage to total admissions as about 1 per cent. to total recoveries at less than 5 per cent. As influences favoring late recovery, are absence of hereditary predisposition, age (occurrence of the climacteric), and occasionally acute intercurrent disease or injury. In conclusion the author tabulates 22 cases from various sources, and gives condensed histories of twelve cases occurring in his own institution. He has included no cases which have not remained well at least a year after their discharge.


E. N., basketmaker, aged 23 years; father of a very irascible temper, who died by suicide; a brother had sick headaches. Patient developed slowly and had convulsions up to the age of five years. These ceased as his school life began. He was very backward in school. He was troubled by palpitation, dyspnea, etc. After leaving school, he was able to support himself by his trade as basketmaker. Not long before he came under treatment he was accused of numerous attempts at arson. It appeared that he drank to some extent and was very susceptible to the influence of alcoholics; would be made irresponsible while to all outward appearances he remained sober. On these occasions he had set fire to property. He claimed to have had an irresistible desire to see a conflagration, but when asked to explain why he set fire to houses which he knew were occupied by people, he stated that the possibility of destroying life had never occurred to him. In the fires which he had set he helped to extinguish the flames because he belonged to the volunteer fire brigade, and would have been fined had he not been present. Numerous other acts are related showing disturbances of consciousness without total loss of memory. Patient exhibited some stigmata of degeneration. It was evident that these peculiar impulses to crime belonged to epilepsy. During these periods the patient did not think and act like a normal man, nor even like himself. His desires and judgment were changed for the time. Nevertheless, he remembered all he did and why he did it, although his then state of mind appeared to his normal consciousness as foolish and his acts as unnecessary. On these occasions he had generally drunk something but not enough to intoxicate a normal individual. His retention of memory would show that these acts were not examples of pathological drunkenness. Indeed, the patient’s recollection on these occasions was unusually acute. Even if the alcohol played a part in the causation of these seizures, which it undoubtedly did, the fact remains that the predisposition was already present, and furnished by neurophathic inheritance and makeup.

Seizures of this sort from any source, are seldom enough associated with keen remembrance. The difference in character shown by the patient when in the midst of these attacks, is another point of interest, as under ordinary circumstances there would be some analogy between the state of mind during the seizures and the habitual state. The patient was a natural hypochondriac and appeared to have a constant sense of dread and foreboding. This state was in no wise augmented during his seizures. The patient in fact appeared