

into two, each part inheriting perfectly the characters of its parent. With regard to multicellular organisms, during the process of evolution there has occurred a division of the cell into germ cell and somatic cell. The former cannot be influenced by the changes in the latter, which are due to decay or hyper-development, because the ovaries are so thoroughly isolated during both embryonic and mature life. If influenced at all, the effect must be very slight. In other words, the production of apparent acquired characters cannot, or only in a slight degree, be transmitted to a future generation. Dr. Stearns makes a grave assault on this doctrine; he points out the undoubted influence of heredity in the production of insanity. He claims that the ovaries depend absolutely upon their connection with the brain in discharging their function.

Many arguments are forthcoming; and from many considerations, anatomical and otherwise, it would appear that the germ plasm, containing elements which constitute the representatives of future organisms, must be influenced by the continuous stream of nerve stimuli radiating from the brain, and thereby by the characters of the latter.

J. R. LORD.

Relations between Neuralgia and Transitory Psychoses. (*Alien. and Neurol.*, July, 1899.) V. Kraft-Ebbing.

Professor v. Kraft-Ebbing observes that neuralgia may simply co-exist with mental disturbance, or it may be related to it ætiologically. Pain as a cause may act psychically, producing a state of acute excitement or delirium; or it may act organically, *i. e.* by strong centripetal stimulation of the cortex, which results in a state of morbid excitability characterised by hallucinations, incoherence, and amnesia. Illustrative cases are given.

W. F. PENFOLD.

5. Clinical Neurology and Psychiatry.

The Clinical Position of Melancholia [*Die klinische Stellung der Melancholie*]. (*Monats. f. Psych. u. Neur.*, November, 1899.) Kraepelin.

Professor Kraepelin first points out how the term melancholia has become narrowed in its use by the exclusion of certain forms of depression. He believes ordinary melancholia is distinguishable from the depression of cyclical insanity. In his opinion, if a melancholia show great intellectual and volitional circumscription and no great affective disturbance, and occur before the thirtieth year, it is probably a cyclical melancholia. He believes that melancholia which is going to end in dementia præcox is more or less characteristic. Professor Kraepelin closes his paper lamenting the imperfect methods of psychical research at our disposal.

W. F. PENFOLD.

Recurrent Insanity: an Analysis of Relapsed Cases. (*Glas. Med. Journ.*, December, 1899.) Kerr, H.

A medical, psychological, and statistical inquiry into the causes, nature, symptoms, and results of "recurrent cases" of insanity.