

colloid degeneration, the author states that it would seem in the light of our present knowledge that the so-called colloid bodies may result from traumatism or from an inflammatory condition. It appears that the origin of these bodies is from the myelin of the medullated nerve-fibres, and rarely, from fragmentation of the axis cylinder. The condition of colloid degeneration seems to belong to another subject: here the various vessels are chiefly implicated, sometimes to the extent of ensheathing them.

He then records the case of a coloured patient, æt. 32, the subject of dementia parietica, who died nine months after his admission and twenty hours after having received repeated and severe blows on the head. At the necropsy, made a few hours after death, the usual gross appearances of chronic meningo-encephalitis were found. The brain was placed in formalin and later passed through alcohol. On microscopic examination colloid bodies were observed in great profusion in many parts of the brain, and were found as far down as the pons. They were not detected in the cerebellum and medulla, nor in the half-inch of cord available for examination. They were most abundant in the optic chiasm; the left eye had been dislocated, an occurrence which must have caused considerable traction upon the optic chiasm, and in a brain which had for many months been subject to a chronic meningo-encephalitis, the author thinks that it is not at all improbable that the myelin sheaths were ruptured with extrusion of particles of myelin. The diameters of the bodies for the most part fell within the range of 15μ to 25μ . When viewed through a Nicol prism they showed no polarisation. The reaction with osmic acid was uncertain, and no direct connection between the particles and the nerve-fibres could at any time be traced; they did not stain with iodine, nor were they affected by sulphuric acid; a pinkish hue was obtained with hæmatoxylin. The most intense staining quality was exhibited when toluidin blue or thionin was used. The former gave a deep purple colour, while the latter imparted a distinct amethyst tinge to this substance. After a few days the colour began to fade, and by the end of three weeks it had entirely disappeared from the bodies.

The author thinks that these bodies might have medico-legal value if found after death in cases suspected of cerebral traumatism.

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5. Treatment of Insanity.

The Processes of Recovery in Schizophrenics (Dementia Præcox)
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In mental disorders the personality is invaded, either suddenly or gradually, by complexes or concealed wishes, which acquire the same character of reality as the outside world. The individual may be completely or partially absorbed by such complexes. In the former case he appears completely confused and quite out of touch with

reality; in the latter his behaviour is contradictory and perverse. The recovery of the patient is shown objectively by his behaviour in so far as it conforms to the facts of external reality. In most cases it is impossible to understand the process by which the normal personality again gains the control of his unreal complexes, but in more favourable cases some insight into the process may be obtained.

In some cases the patients are able to *correct* their delusional ideas by various means. Thus in one case recovery dated from the moment a patient, who suffered from visual and aural hallucinations in respect to certain relatives, noticed that her real relations came through the door and the subjective images of them appeared suddenly. In other cases explanatory conversations on the part of the physician appear to correct the delusions, but, as the author remarks, in these cases the recovery probably largely depends on unknown inner processes which prepare the ground for successful therapeutic results. Another patient explained his recovery from conversation with a paranoiac, the falsity of whose hallucinations he was able to discover. Recoveries of this kind usually only occur in intelligent patients.

Another interesting mechanism is that in which the patient fulfils his complex by symbolising it. The morbid contents of the psychosis is some wish which cannot be fulfilled in a real sense, but the patient succeeds in doing so by giving a symbolic interpretation in the sense of wish-fulfilment, to some real experience. Thus the writer has noted recovery in three cases after the extraction of teeth, the symbolic significance of which is well known in the dreams of normal women. Under this category come cases in which there is a more or less successful attempt at conversion of a delusion into bodily symptoms. Several cases are noted in which patients who, in the remissions of mental symptoms, habitually complained of various bodily ailments which had no apparent somatic basis. Possibly also the well-known amelioration of mental symptoms during bodily illness come under this category.

Recovery at times occurs after the patient has passed through a series of imaginary experiences which bring the complex to a natural conclusion. On emerging from their confusional state the present external experience of the patients often conflicts with the period of their experience at the onset of the psychosis; they are thus in the position of those people in legends who were enchanted and woke up at the termination of a prolonged sleep. In one case the author noted upon the recovery of a lady, æt. 35, a curious childish behaviour due to the fact that the completion of her wish-complex had brought her back twenty years. A similar state of affairs is that in which the patients on waking out of their confusion find themselves in an asylum. They often explain this away by calling it a hotel and the like, or else regard it as a general hospital for bodily diseases.

Other cases occur in which some real experience leads to the occurrence of a strong *affect* with beneficial result. Complexes are no doubt suppressed again in this way by employment and the arousing of external interests.

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