class for twenty-five ex-service men, who make furniture. Many patients, men and women, have garden plots, and prizes are given. The department undertakes the amusements, games and entertainments, and there is an orchestra directed by and composed of patients. Classes are taken for walks and for nature-study expeditions, and the point of view of a re-educational school kept in mind as far as possible.

The results of seven years' experience are encouraging. In curable cases recovery is hastened, while institutional life becomes more tolerable and less wasteful for those who must remain. Expense is saved by utilizing waste material for handicrafts.

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5. Pathology.

Acidophile Degeneration in Dementia Præcox. (*Amer. Journ. of Psychiat., April*, 1924.) *Kelly, O. F.*

The condition discussed in this paper was described by Dr. Adeline Gourd in 1920, and was observed in dementia præcox cases in sections of the cortex stained by the Alzheimer-Mann methylene blue and yellow eosin method. The nucleus in acidophile degeneration has an affinity for eosin, loses its definite outline and nucleolus, and becomes a homogeneous mass of reddish instead of blue colour. Frequently the affected cells must be carefully searched for. Among ten cases at Danvers State Hospital diagnosed as dementia præcox the author found the change in seven, and in these seven the diagnosis had been agreed. The remaining three were of doubtful diagnosis, and one of them was found *post-mortem* to have gross organic cerebral disease. Of thirty-two cases with diagnosis other than dementia præcox only two showed acidophile degeneration, and of these one—diagnosed as "imbecile"—appeared by the case-sheets to be probably dementia præcox. This was the only case with acidophile changes in the cerebellum. The other was admitted with advanced neuro-syphilis, and no concurrent disorder was considered. Pulmonary tuberculosis occurred in members of each group. Divers methods of fixation were used, without materially affecting the result. The author found acidophile degeneration in the frontal, precentral, post-central and temporal areas, and in one case in the Purkinjë cells, but has not found it elsewhere. In general this distribution corresponds to that of the lesions described by others. It is limited (except for the case mentioned, where it was, however, chiefly frontal and parietal) to the layers of small and medium pyramidal cells. The distribution is discussed in relation to theories of functional localization. The changes were most intense in a woman who died during acute catatonia from broncho-pneumonia and meningitis.

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