The lesion of the cell body is only to be regarded as grave when the varicose state involves a large number of the dendrons, and approaches closely to the cell body itself.

The paper is well written, and there are four and a half pages of bibliography. W. H. B. STODDART.

Are all Nerve-cells in Direct Connection with Blood-Vessels? [*Stehen alle Ganglienzellen mit den Blutgefässen in directer Verbindung?*] (*Neur. Cbl., January*, 1900). *Adamkiewicz.*

From theoretical considerations, the author of this paper came to the conclusion that such important structures as nerve-cells must be incapable of obtaining sufficient nutriment in the same simple way as other tissues, and that there must be a more intimate relationship with the blood-vessels in the case of nerve-cells than in other tissues.

He then describes what he claims to be the fine anatomy of the blood-vessels of the large intervertebral ganglia of the brachial plexus. The ordinary arterial capillaries give off finer capillaries—vasa serosa,—which are so fine as to transmit only the fluid constituents of the blood and none of the corpuscules. Each of these vessels makes its way to a nerve-cell, spreads out and envelops the cell like a glove, then narrows down to its original size again, and finally opens into another arterial capillary. Whatever may have been the method by which these structures have been demonstrated in the intervertebral ganglia, it appears to have been inadequate to demonstrate them in the central nervous system.

In support of the view that the nerve-cells in the cortex cerebri are similarly situated with regard to the blood-stream, Adamkiewicz adduces two observations, one physiological and one anatomical. He points out that the exposed cortex is perfectly tolerant of a forcible stream of distilled water flowing over it for hours, while two or three centimetres of distilled water injected into the carotid will immediately produce nystagmus, extensor spasm all over the body, and disturbance of the pulse and respiration. His anatomical argument is that the vascular network in the cortex, as demonstrated by injection of carmine gelatine, is much closer in those parts of the cortex which are rich in ganglia than elsewhere.

The author concludes as follows:—All arteries which enter the brain and spinal cord of man and of animals, at least of the higher animals, end on the further side of the capillaries in very fine plasma vessels, which contain ganglion cells in diverticular expansions.

W. H. B. STODDART.

Autopsy of a Case of Acromegaly complicated with (?) Exophthalmic Goitre and Jacksonian Epilepsy [*Autopsie d'un cas d'acromégalie compliqué de goitre exophtalmique fruste et d'épilepsie Jacksonienne*]. (*Journ. de Méd. de Bord., Oct.* 22, 1899.) *Andérodias.*

This case was one presenting all the signs of acromegaly—hypertrophy of the nose and lower jaw, thick prominent lips, enlarged tongue, spade-like hands, enlarged feet, etc. She also had a goitre, supposed

during life to be exophthalmic. For the last year of her life, she had suffered from convulsions of the face and neck on the right side. She came under observation for, and died of heart disease (mitral incompetence).

The case was radiographed, and it was demonstrated that the enlargement of the hands and feet was due to changes in the soft tissues, while the enlargement of the jaw was due to hypertrophy of bone.

Post mortem the pituitary body was found enlarged to the size of a chestnut and displaced to the left side, so as to block the left cavernous sinus. The bony roof of the orbit was thinned to transparency.

The goitre was cystic, and no trace of the thymus was found.

W. H. B. STODDART.

Histological Examination of a Spinal Cord affected by Syringomyelia and Multiple Heterotopia [*Ricerca istologica d' un midollo spinalo affecto da siringomielia ed eterotopie multiple*]. (*Ann. di Nervol., fasc. i, ii*, 1899.) *Lombardi, G.*

The patient, aged sixty, was admitted to the asylum on February 4th, 1896, suffering from general paralysis. There were fibrillary tremors of the tongue and face muscles, and oscillatory movements of the fingers. The pupils were myotic, unequal, and fixed. The plantar and patellar reflexes were normal, the cremasteric and abdominal increased. The sensory phenomena could not be tested owing to the mental condition. The hands and feet showed trophic changes. The nails were atrophied; the skin greyish white; the phalanges were wasted. There was retroflexion of the distal phalanges and flexion of the second upon the first. The patient died on February 11th. The post-mortem examination showed hypostatic pneumonia and heart failure. There was hyperostosis of the cranial bones; atrophy of the brain and increase of the subarachnoid and intra-ventricular fluid. The spinal cord showed marked thickening of the pia mater throughout its whole length and thickening of the vessels from arterio-sclerosis. There was occlusion of the central canal and diffuse sclerosis of the posterior columns. In both cervical and lumbar regions there were syringomyelitic cavities of new formation. These contained vessels with markedly dilated perivascular spaces, and also an amorphous substance which was to a certain extent disintegrated nervous matter. These were situated in the grey matter surrounding the central canal, and projected, especially forward and to the right.

There was also, in this case, displacement of the posterior cornua and of the anterior commissure, and asymmetry of the anterior columns. These anomalies of conformation support the embryonic origin of the syringomyelia.

J. R. GILMOUR.

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2. Physiological Psychology.

The Psychology of Alcohol (*Amer. Journ. Psych., vol. xi, No. 3, April*, 1900.) *Partridge, G. E.*

This is a study not merely of the effects of alcohol, whether as manifested in inebriety or when taken for experimental purposes, but of the