the patient in a period of excitement, but while under care the irritability and opposition, and the call for stimulants were so much in evidence that self-disparagement, hopelessness and other symptoms of the psychosis were crowded into the background. After he went away from under care, Dr. Burr received a letter from him which indicated that he was undergoing a period of excitement and since coming to this meeting, he had heard he committed suicide.

THE PSYCHOSIS OF ADOLESCENCE

By J. Montgomery Mosher, M.D.

The mental characteristics of adolescence; relations of the mental and motor mechanism of the brain to thought and action; type of abnormal action due to cerebral exhaustion; illustrative cases; prognosis; prophylaxis; results; conclusions.

Dr. Diller recalled a patient who had been under his observation many years ago, before dementia præcox had been invented, which was in many ways similar to that related by Dr. Mosher. This patient was an adolescent youth who lay in a catatonic state for a period of 18 months during which time he was entirely mute. His arms and legs placed in any position remained so indefinitely and he was apparently oblivious to his surroundings. A fly on his conjunctiva failed to produce the ordinary reflex movement. For months he was fed with a nasal tube. One morning he talked and began to move about a little. By the end of the week he was apparently entirely well. He recalled many incidents which had occurred during his illness; happily for his caretakers, he had no adverse criticisms to make of the physicians and nurses. For three or four years following his recovery Dr. Diller occasionally met this man on the street going about his business like any one else and had a little chat with him.

Dr. Mosher's discussion of the psychology of such a case is interesting and it may be adequate; but as hindsight is better than our foresight, Dr. Diller doubted very much whether armed with such knowledge we could with any degree of certainty predict recovery of similar cases. However, since his experience in this case he had never been willing to give up hope utterly for catatonic patients.

ORGANIZATION OF NEUROPATHIC AND PSYCHOPATHIC HOSPITALS WITH REFERENCE TO MEDICAL TEACHING

By Richard Dewey, M.D.

I. It is recognized that schools of medicine should give the student-body instruction in Psychoneuroses and in Psychotherapeutics.

II. Clinical instruction requires hospitals with wards similar to "Pavilion F," at Albany, or separate institutions. A rough classification will show the immense range of cases belonging to the Psychopathic Hospital: First, the psychoses in all their infinite variety. Second, the neurasthenic and hysterical. Third, the additions to drugs and alcohol. Fourth, the organic brain lesions, paralytic, paretic, arterio-sclerotic; those psychoses resulting from cardiac and renal diseases. Two great subdivisions would be the surgical and the syphilitic groups (many patients