most all cells of those ganglia, even in normal conditions, are in a process of regeneration. It is also inconceivable that regenerative processes should be most intense in such diseases as tabes and general paralysis. The same formation can also be found in individuals not afflicted with these diseases. Nageotte's conception should be considered only as a hypothesis having many weak sides and not in accord with many familiar facts. The author illustrates his points with many pretty drawings.

A. A. BRILL (New York).

SENSORY DISSOCIATION AS A SYMPTOM. H. Mettler (Journal A. M. A., February 8).

Using as a text a case of syringomyelia which is quite fully reported, the author discusses the subject of sensory dissociation, pointing out that the so-called syringomyelic syndrome, loss of pain and temperature sense with preservation of the tactile sense, is no longer to be considered pathognomonic. It is to-day an established fact that syringomyelia can exist without the dissociation syndrome and that the latter can occur without the former. The lack of stability and uniformity of the syndrome in syringomyelia and the occasional involvement also of the tactile sense in this disease also affect its value as a distinctive sign. It is not only variable and unstable in syringomyelia itself, but as a syndrome, it is not infrequently observed in many other forms of disease. Mettler goes on to show that all sensations are only elaborations of the primary phenomenon of protoplasmic contact, that the distinction of the originally recognized five senses is itself really a form of sensory dissociation. The effects of drugs, of hypnotism and the recorded cases of dissociation of special senses in normal individuals are also mentioned. There are to-day, Mettler says, three hypotheses or general conceptions of the origin, nature and course of sensation. The first, and perhaps the most popular, rests on the old notion of the "specificity of nerve function"—that for every special form of sensory manifestation there is a special nervous element, either in the peripheral nerves, the peripheral end organs or the central ganglia or brain centers. The second is an almost purely psychologic one, making sensation a pure content of mind, strictly a psychosis. The third conception strives to harmonize the above somewhat opposing views. "It teaches that by means of intercalated neurones, ganglia and relay stations of gray matter an impulse that starts from the periphery as a mere chemical or molecular disturbance is so added to, modified and elaborated in its progress upward toward the center of consciousness in the brain that by the time it has arrived at these centers, and not before, it has become all that we mean by the specific term. Sensation is thus a direct product of histophysiologic activity, but it is a physiologic elaboration or summation. It does not exist at the periphery; it is only complete at the center." The author's view is that dissociation phenomena should not be looked for in mere coarse anatomic differentiation. Sensation, with all differentiations, dissociations, etc., is, in its ultimate analysis, a psychophysiologic phenomenon. "Its interpretation, therefore, involves, essentially and integrally, the interpretation and explanation of mind." Clinical dissociations are not matters of mere anatomic structure, but of disturbed functional activity. They are not very valuable symptoms *per se*, because, in the first place they are common both in normal and abnormal conditions, and in the second place they are not dependent on direct, observable, histopathologic changes, but on indirect, all but unknown and unexplainable differentiations in the extra-neural stimuli and in the processes underlying pure psychoses.