

unknown. The names of Müller, Stilling, Gennaret, Baillarger, and later those of Krause, Cohnheim, Corti, and finally the modern workers, Weigert, Waldeyer, Exner, Tuzek, Apáthy, Cayal, Held, VanGehuchten, Golgi, Bielschowsky and Nissl, who has done much splendid work, both in neuro-histology and pathology, are all too well known to require more than passing mention.

Despite the fact that so many really great investigators have turned their attention to the work, and despite the fact that histologic studies of an extremely accurate and thorough character have been done, the sum total results obtained in the field of neuro-pathology and the correlation of the same with clinical observations has been extremely small. And it has been evident for some time that many of the psychoses, which could be recognized as distinct clinical types, showed no characteristic pathologic modification in the cortex cerebri after death. For this reason a large number of groups of cases have been designated "functional psychoses" in contradistinction of those in which it was possible to demonstrate a definite and constant pathologic alteration, after death. Of the clinical entities belonging to the latter class, paresis or dementia paralytica was the condition whose morbid anatomy and histology was earliest the subject of study and observation, and in 1822 Bayle described certain characteristic changes in the pia-arachnoid and certain other gross appearances, which he regarded as pathognomonic of the paretic. Cortex, Tuzek's work in 1884 on the disappearance of the tangential and supraradiary fibres in the brains of paretics, was another epoch-making observation in the same condition, and Alzheimer, Nissl and others have made important contributions to the literature of the same condition. Work has also been done in the senile psychoses and by Binswanger and Alzheimer in arterio-sclerotic conditions. It seems at the present time, however, that an exact pathologic basis in many of the mental diseases is not likely to be arrived at for some time to come.

Although the clinical method proper may be said to have originated with Bayle in 1822, it was not generally adopted, and for many years after this, all prominent authorities featured the symptomatic method, although the conception of Hecker is hebephrenia; Kahlbaum's, katonnia, and Fabret's folie circulaire, Meynert's amentia were all worked out along clinical lines, as were also two products which are distinctly Kraepelinian, namely, "dementia præcox" and the "maniaco-depressive psychosis." So that the clinical method, while not in the strict sense a modern development, still in its much wider application it is truly a method whose usefulness has been much more widely recognized in recent times to be of considerable value in aiding (or at least in being a step) in the progress that psychiatry is making.