

was expressed as to whether these buds were actually present in the living state, or were merely the outcome of histological technique.

It has not been shown that all dendrites possess the knob-like enlargements in question.

Much has been written upon the supposed "amœboidism" and "plasticity" of the nerve-cell; and the latter has been likened to an "octopus," capable of throwing out and of retracting its "tentacles." If authors with theories as to the physical basis of psychical activity and sleep have invented these conditions in support of their preconceived views, theirs is a method than which nothing is more reprehensible in science. Lugaro's views are, at any rate, based upon some experimental evidence. He expresses himself as entirely opposed to the theory of amœboid movement (in the strict sense) of nerve-cells.

Further observations upon this theory of make-and-break contact, with the terminal organs of the nerve-cells as the apparatus concerned, will be looked for with great interest, amongst others by workers in the pathology of mental disease. The theory, as will be seen, is entirely dependent upon the neuron doctrine. Whether this is a sure foundation upon which to build may be doubted, in connection with Apáthy's recent work, which was commented upon in the April number of the JOURNAL. Lugaro's suggestions also presuppose the predominance of the nerve-cell amongst the cortical elements; stimuli arrive by the various connections at the nerve-cell, and are elaborated in the latter. It is as well to remember, as Sir William Gowers has recently observed, that all we know for certain about the nerve-cell is that on it depends the vitality of the nerve-fibres. As to higher functions nothing is known.

Part II.—Reviews.

Proceedings of the American Medico-Psychological Association at the Fifty-third Annual Meeting, held in Baltimore, May 11th—14th, 1897 (published by the Association).

THIS bulky volume of some 380 pages contains the proceedings, papers, and discussions of our sister association in America at its fifty-

third annual meeting, held in May, 1897. The Medico-Psychological Association of this country can claim to be some three years older than the corresponding association in America. The latter was founded in 1844, and until 1892 was known as the Association of Medical Superintendents of American Institutions for the Insane. In 1891 its membership had increased to more than two hundred, and in 1892 the present constitution and bye-laws were adopted, and the name changed to the one it now bears. It has now reached a membership of some 328, of which fourteen are honorary, and appears to be in a flourishing condition, judging from the number of papers of interest read at its annual meeting, and by the fact that it has a balance in its favour of, roughly, \$465, the expenditure during the year 1896—7 being less than the income by some \$150.

The arrangement of the subject-matter in this volume is as follows:—The first part gives the officers for the years 1896—7—8, a list of members, the geographical distribution of members and institutes, and the constitution and bye-laws of the association. This is followed by a general report of the proceedings (including discussions) at the meeting. The rest of the volume comprises the papers and addresses mentioned in the proceedings.

The proceedings were opened by the State Governor, who cordially welcomed the members to Maryland, and were characterised throughout by an earnestness and enthusiasm truly American. The opening and concluding words of the State Governor's welcome are so typical of this spirit as to merit quotation:

"Marylanders are happy when welcoming strangers to their State, and entertaining them within the portals of their own homes. They are kind to profusion and spare no pains to please. It gives me pleasure to extend the right hand of fellowship to you, gentlemen, who are the managers and directors of those 'houses of grace,' which help to make life bearable to those suffering from the darkness of affliction.

"I again welcome you, gentlemen, to this State, and hope that your stay may be pleasant and agreeable. To you are entrusted the lives and happiness of many people.

"The sweetest blessings falling from above
Are human sympathy and human love.'

"One strengthens hope by stimulating cheer; the other softens sorrow with its tears, and together they form the golden rim that spans the borders of eternity."

The Presidential Address was delivered by Dr. T. O. Powell, who sketched the progress of psychiatry in the Southern States. This theme was suggested by a committee of the association, and was very appropriate, seeing that the meeting at which it was delivered was held in the southern metropolis. The task before the speaker was to describe the rise and progress of a vast system of charities in the fifteen commonwealths of the south. In doing so he found a difficulty, within the narrow compass of an address, in doing justice to a subject at once so vast in extent, so fertile in material, and so full of tender memories of self-sacrificing men and women. After briefly indicating the sources of his information, he went on to describe the influence of Miss Dix, of whom America is justly proud; the records of whose achievements in the annals of charity find no parallel in the nineteenth

century save only John Howard. Since 1845, when she commenced her self-appointed mission, her influence has been felt in every Southern State. Upon finding, by her own laborious inquiries, that an asylum was needed in any community, she marshalled her facts so pathetically and forcibly that they appealed to the most indifferent. Though sometimes at first unsuccessful, she was indefatigable in fulfilling her holy mission, and in the end always won. To her personal influence was due the establishment or development of hospitals for the insane in ten Southern States. The results of such victories of peace would throughout all times be felt in the remotest hamlets. This latter-day saint lay buried in the beautiful cemetery at Mount Auburn, near Boston; but if we sought her monument, then must we visit the noble edifices for the insane in every State. Before entering upon the history of individual institutes Dr. Powell took a survey of the whole field. At the close of the last century there were but five public asylums in England, and one public and three corporate asylums in the United States, and it was well to remember that no community, American or foreign, could point with absolute pride to its history in the care of the insane. The proudest and wealthiest States have reason to bow with shame for the errors and failures of duty to the mentally afflicted. For convenience he divided the subject into periods.

First period.—In colonial days the methods were necessarily primitive. Ideas of demoniacal possession held sway. The insane were chained in strongly constructed houses. The prevailing conception was to protect the sane, and the insane were therefore neglected.

Second period.—About the time of the revolutionary war evidences of a better spirit appeared; the insane were placed in almshouses, and passed under the jurisdiction of the Commissioners of the Poor. Laymen had official charge of both paupers and insane. Sometimes the insane were assigned to wards and outhouses of general hospitals. The common designation of these receptacles was "madhouse," and their inmates were held in great contempt. Little was done in the way of medical treatment, and the patients were in charge of brutal keepers. In other cases they were boarded out in private families.

Third period.—In the third decade of the century asylums for the insane were founded. The usefulness of the asylum at Williamsburg, which was first to be established (1769), had long been demonstrated, and its fame had spread abroad. These institutions were built in large towns, and were massive structures. They admitted not only the insane, but idiots and epileptics. Only the most violent were committed, and the asylums were under the charge of lay superintendents. Physicians paid visits as the superintendents thought it necessary. The prevailing ideas were altogether custodial; restraint was common, and violent methods of repression were in vogue—shower-baths, tranquillising chairs, bleeding, vomiting, &c. The Legislature aimed at making the asylums self-supporting; they erected the buildings, but the County Commissioners of the Poor were expected to pay for the support of their paupers.

Fourth period.—About 1830, lay superintendents began to give place to "resident physicians" or "medical superintendents." Re-

straint was modified, and curative treatment began, although the custodial idea was not abandoned.

Fifth period.—The decade following 1850 was one of great activity. At the beginning of this period American asylums were said to lead the world. In 1860 the only Southern States not provided with asylums were Florida and Arkansas.

Dr. Powell went on from here to give the individual history of the various States and their institutions for the insane, the reading of which is not only interesting but instructive. Later he dealt with the coloured insane. Provision for this class had always been a separate and peculiar problem. Before the war there were comparatively few insane negroes. Since emancipation the number had increased, and was now alarmingly large and on the increase. The problem arose of how to provide for a class emerging from servitude, of different race, habits, instincts, and training. Prior to the civil war some asylums received the coloured insane, but the accommodation was not adequate, even considering their small number. On their emancipation they became subject to the same penalties that other races have paid for liberty, licence and intemperance. In 1850 the proportion of white insane to black was 5 to 1, in 1870 it was 3 to 1, in 1890 2 to 1. It was unanimously conceded that the separation of these two classes was to the advantage of both. Consequently in most southern asylums there were four departments. Virginia and South Carolina had entirely separate hospitals, and to the former belonged the credit of having established the first asylum for the poor coloured man. It was to be regretted that not only was insanity on the increase in this class of the population, but also tuberculosis, the latter especially in the female portion. In this country we have to be thankful that we have no racial question to complicate our lunacy problems.

Many of the papers read at this meeting were of extreme interest, but space prevents anything more than mere mention. Dr. Clarke took up the question of Auto-infection, advocating it as a cause of certain forms of insanity. No doubt this is a wide field for research, especially in alternating and circular insanities, but care must be taken to distinguish the products of a faulty brain chemistry, and not to assume them to be the cause of the insanity. Dr. Hurd followed with a paper on the clinical aspects of the same subject. An important paper was that of Dr. Meyers, who showed the various types of changes in the giant-cells of the cortex. This is illustrated by coloured plates. The development of the higher brain centres was dealt with by Dr. Paton in a very original manner, and is a paper worthy of note. Dr. Richardson traced the genesis of a delusion which will always be a fascinating study to the alienist. Equally interesting was the paper of Dr. Worcester on the psychology of insane delusions. A paper of great merit was that of Drs. Peterson and Langdon on Katatonia. Not only did they report four cases of this undoubtedly rare disorder, but also gave a digest of practically all that has been written on the subject, together with a complete bibliography. They came to the conclusion that katatonia was not a distinct form of insanity, that it had no true cyclical character, that it was simply a form of melancholia with cataleptic symptoms, verbigerations, and

rhythmical movements. They condemned the name katatonia, and were of the opinion that "katatonic melancholia" was the term best applied to this symptom-complex.

This by no means exhausts the papers of interest, and in conclusion we must congratulate the Medico-Psychological Association on the success of its annual meeting, and recommend the perusal of this volume to our readers.

Psychologie de l'Instinct sexuel. Par le Dr. JOANNY ROUX. Paris: Baillière, 1899, pp. 96, price 1'50 fr.

This little volume, which appears in the useful series of *Actualités médicales*, and is written by an assistant medical officer in the Lyons Asylum, has an importance out of proportion to its size. It is not only a very condensed statement and thoughtful discussion of the main points in normal sexual psychology; its chief significance lies in the fact that here, for the first time in a series of general medical hand-books, it has been found possible and desirable to include a study of the sexual instinct. It can scarcely be said that Dr. Roux's scientific equipment, and knowledge of the now enormous literature of his subject, are adequate to the task he has undertaken. But at least he approaches the question in a thoroughly scientific manner, and his tone is excellent. When a French writer deals with sexual questions, even from the medical standpoint, there is a temptation to allow the *esprit gaulois* to intrude, and to produce a certain levity. Dr. Roux, with a few lapses, fairly succeeds in holding this Gallic tendency in check; and even if his little book were less well done than it is, he would thus have helped forward the study of the subject he deals with.

The first point discussed is the organic peripheral basis of the sexual instinct. After considering the normal phenomena of sexual development, and the results of castration in animals, men, and women, together with the influence of the menopause, the author decides that while the sensations arising from the genital organs are of the highest importance in the normal evolution of the sexual instinct, they are not indispensable for its appearances; that there is something else in the sexual need besides the cry of an organ to function, or the craving of seminal vesicles to be emptied. What is that something else? The root of the sexual impulses, the author answers, lies in the deepest parts of our organism; we love with our whole body; the source of sexual desire is to be found in the anatomical elements of the body, and sexual *hunger* is to be distinguished from sexual *appetite*, the latter alone being a definite and conscious impulse. The author does not accept the theory of Brown-Séquard, that internal secretions play a part in constituting the sexual impulse. In the same way he criticises and rejects the various attempts to localise a sexual centre in the brain. The phenomena of sexuality, he points out, are really cortical reflexes. We only have to ascertain at what point the centripetal part of the reflex enters the cortex, and at what point the