

tion for 700 patients, 320 males and 380 females—all chronic cases. The new part of the asylum consists of six buildings, two larger ones for 100 patients each, and four smaller ones accommodating 40 patients in each.

The total accommodation in Denmark is now about 4,200 beds, almost the total number of insane according to the census of 1901.

FRANCE.

By Dr. RENÉ SEMELAIGNE.

Dr. Regis, of Bordeaux, recently published a third edition of his *Précis de Psychiatrie*, which, revised, corrected and augmented, is quite a new work.

After an historical sketch, the first part is devoted to general pathology. The author studies predisposing causes, general or individual; occasional causes, psychical, physiological, and pathologic; and he successively reviews evolution, duration, terminations, complications, and prognosis. Before undertaking a full description of every variety of psychopathics, he makes a study of the morbid elements of which they are constituted and divides such elements in two categories: (1) elements contributing to form the *psychopathies maladies* or psychoses, which are functional; (2) elements contributing to form the *psychopathies infirmités*. In the first class are psychical and somatic disorders. The psychical are disorders of ideation, perception, affectivity, consciousness, and personality-activity. (A) Disorders of ideation include: (1) delirious ideas and delusions, acute or chronic, absurd or possible, coherent or incoherent, generalised and diffuse or circumscribed and systematised; (2) affections of memory and attention. (B) Disorders of perception include every kind of hallucination and illusion. (C) Amongst the disorders of affectivity are morbid emotionalism, anxiety, and obsessions. There are three groups: (1) disorders of general activity, such as excitement, depression, etc.; (2) disorders of language, either spoken or written; (3) disorders of action, such as impulsiveness. The somatic disorders concern: (1) the functions of the nervous system; (2) sleep; (3) the organic functions. The disorders of the nervous system affect: (1) sensibility (external sensibility, either general or especial, and internal or organic sensibility); (2) motivity; (3) trophic and vaso-motor functions.

The *psychopathies infirmités*, or psychical infirmities, include all defects of organisation or stigmata of degeneracy, either physical or psychical.

The second part is devoted to special pathology. Psychoses are generalised or essential. Generalised psychoses are mania, melancholia, lypemania, *folie à double forme*, mental confusion. Essential psychoses or systematised insanities include insanity of persecution, ambitious insanity, religious insanity, erotic insanity, etc. Psychical infirmities show two varieties: (1) psychical infirmities of evolution or degeneracy which arrest and impair the body in its organisation and its develop-

ment; (2) psychical infirmities of involution, which disintegrate and debilitate the body subsequently to its development. Psychical infirmities of evolution or degeneracy might be subdivided into: (1) discordancy, including instability, originality, eccentricity; (2) degeneracy, including mere degeneracy and degeneracy with psychoses or psychoses of the degenerate; (3) monstrosities, including imbecility and idiocy. Psychical infirmities of involution, or *déchéances*, constitute primary dementia, either simple or with a psychosis.

Mania might be subdivided into acute, chronic and cyclical. Acute mania has two varieties—genuine acute mania and subacute mania or maniacal excitement. Genuine acute mania is a psychosis characterised by a severe and extravagant psychical excitement, with an adequate reaction of general activity and of all the organical functions. Subacute mania or maniacal excitement exhibits a variety of degrees, from a mere superactivity of mind to the extravagant excitement of acute mania. There is usually present a morbid heredity. Chronic mania, seldom primary, is usually secondary to acute mania, being one of its terminations. Sometimes chronic mania is simple, sometimes with secondary systematised delusions. Cyclical mania offers two varieties: (1) remittent mania, an uninterrupted insanity with exacerbations; (2) intermittent mania, an insanity which is alternately succeeded by a normal state. Heredity or degeneracy is usually present.

Melancholia or lypemania likewise presents three varieties—acute, chronic, and cyclical. Acute melancholia might be divided into (1) genuine acute melancholia with delusions, an anxious and a stuporose form; (2) subacute melancholia, or melancholic depression, or melancholia with consciousness. Genuine acute melancholia is a generalised psychosis characterised by a painful psychical concentration, with an adequate reaction of general activity and of all the organic functions. Melancholia with consciousness is more frequent among women, and is often hereditary. Chronic melancholia is either simple or united to secondary systematised delusions, such as delusions of negation. Cyclical melancholia is either remittent or intermittent. The intermittent form presents two varieties: (1) genuine or periodical intermittent melancholia, with sudden onsets; (2) remittent melancholia which only appears two or three times in a life. The mania-melancholia, or *folie à double forme*, is a generalised insanity characterised by a regular succession of melancholico-maniacal attacks—*i. e.*, attacks constituted by a melancholic period followed by a maniacal one, or *vice versa*. *Folie à double forme* is either circular or intermittent.

Mental confusion exhibits three varieties: (1) general mental confusion; (2) acute mental confusion; (3) chronic mental confusion, or *démence précoce*. Genuine mental confusion is a generalised psychosis characterised by a torpidity, a toxic numbness of psychic activity, sometimes going as far as its suspension, with or without a delirious oneiric automatism, and with an adequate reaction of general activity and of the various organic functions. The principal causes are intoxications and infections. The symptoms are psychical and somatic. There are essentially two psychical varieties—a simple or asthenic, and a delirious. In the simple or asthenic mental confusion might be observed, cerebral torpidity, obtuseness, disorientation, confusion of

mind, amnesia, and disorders of perception, affectivity, consciousness, personality, and of activity. Delirious mental confusion, or oneiric delirium, appears in the infectious or toxic diseases; it is as a delirium of morbid dreams, of somnambulism, and of *état second*. Patients affected with such deliria are active dreamers, and, like somnambulists, when they awake they may have either an imperfect recollection of the attack or none at all. Acute mental confusion has three varieties: (1) a form with stupor, or *stupidité*; (2) a variety with excitement, or acute hallucinatory confusion; (3) a meningitic confusion, or *délire aigu*. The acute mental confusion with stupor, or *stupidité*, is an asthenic mental confusion which has reached its height, and the patient presents an appearance of health. In the acute hallucinatory confusion, instead of prostration, there is more or less violent excitement; this form is essentially curable, notwithstanding it might be followed by another form of mental confusion or become chronic. The meningitic mental confusion, or *délire aigu*, has an infectious origin, and is generally fatal. Chronic mental confusion, or *démence précoce*, previously drawn attention to by Willis, described by Morel in his *Études cliniques*, was afterwards studied in Germany by Kraepelin, Kahlbaum, and Hecker. Dr. Regis does homage to the work of these distinguished German authors, but does not accept their description without reserve, observing that *démence précoce* is not essentially a disease of adolescence, and that it does not offer one peculiar symptom of its own; a katatonic state might be observed in various neuroses and psychoses, and further, that, as the disease does not always lead to dementia, recovery may occur. According to him, *démence précoce*, and especially its katatonic variety, is a psychosis of the higher psychical functions and of their organs, which, having a toxic or infectious origin, might, as all the toxic lesions of nervous cells, lead to repair as well as to partial or total disintegration. Thus could be explained the recoveries, remissions, and incurability.

The progressive systematised psychosis is a chronic form of insanity, essential, without any disorder of general activity and of the various organic functions, and characterised by an hallucinatory systematised delirium which shows a progressive evolution and ends in a transformation of the personality (delirium of persecution of Lasègue and Falret, chronic delirium of Magnan, chronic primary dementia of German authors). There are three periods: (1) a period of disquietude or subjective analysis (hypochondriacal insanity); (2) a period of delusional interpretation (delusions of persecution, religion, erotism, politics, jealousy, etc.); (3) a period of transformation of personality (ambitious delusions).

The degenerated might be divided into three varieties. (1) The unstable, or *dégénérés supérieurs*, who might be subdivided into discordants, originals, and eccentrics. Among such patients, the constitutional taint is indicated by some characteristic psychical signs, such as instability, excitability, obsessions, morbid impulses. (2) The genuine degenerate, or *dégénérés moyens*. Among them we find a mere degeneration (feeble mind, or mental debility) and a degeneration with psychosis, also called hereditary insanity, or insanity of the degenerate, or *folie morale*. They exhibit obsessions, morbid impulses, or complete

psychoses, such as delusions of self-accusation and persecution, and melancholic persecution, delirium of primary systematised auto-accusation and hypochondriacal systematised delusions, acute systematised delusions, systematised delusions of interpretation, "reasoning" delusions, or delusions of *persécutés-persécutés*. (3) The *dégénérés inférieurs*, such as imbeciles and idiots. Psychical infirmities of involution, or *déchéances*, are essentially characterised by a *dissolution* of the psychic being; there is not, as in degeneracy, a defect of organisation, but an acquired disorganisation of the mental faculties. The clinical forms are dementia, primary or secondary.

A large part of the work is devoted to a study of symptomatic or associated psychopathies of exo-intoxication, auto-intoxication, infectious and nervous diseases. Among psychopathies of intoxication from an external origin, alcoholism is the genuine type; also saturnism, morphinism, cocaine-poisoning, pellagra, *paludisme*, etc. Among the psychopathies of auto-intoxications there are (1) special auto-intoxications, such as gastric intestinal, hepatic, renal, cutaneous, genital, thyroid, etc.; (2) general auto-intoxications, such as diatheses, over-exertion, inanition, traumatism, surgical causes, insolation. Psychopathies of infections are either acute, such as in enteric fever, influenza, pneumonia, eruptive fevers, diphtheria, etc., or chronic, such as in syphilis, tuberculosis, cancer. Psychopathies of nervous diseases might be the outcome of abscess of brain, encephalic tumours, cerebral arteriosclerosis, apoplexies and softening of the brain, tabes, insular sclerosis, syringomyelia, Parkinson's disease. An important chapter is devoted to general paralysis. Psychopathies might also appear in neuroses such as epilepsy, hysteria, chorea.

The third part of the book deals especially with the practice of psychiatry—diagnosis, treatment, and care. In the last chapter, are successively studied legislation for the insane in France, public and private asylums, admission, management and discharge of lunatics, and various questions concerning medico-legal practice.

All those who take any interest in mental diseases must read the work of Dr. Regis; here they will find a complete account of the actual state of psychiatry.

GERMANY.

By Dr. JOH. BRESLER.

The annual meeting of German alienists at Dresden, April, 1905, discussed largely the question of the housing, care, and treatment of idiots and feeble-minded. It was regretted that the direction of many institutions for idiots and epileptics was still in the hands of clergymen and teachers. The members of the Association agreed to send a resolution to the Boards, wherein a protest was expressed against laymen having the direction of these institutions. A long report on the actual state of the question was given at the meeting by Professor Dr. Weygandt at Würzburg (*vide "Ueber Idiotie,"* Halle a S., 1906).