

recovery, and a case of epilepsy in which psychic disturbance frequently took the place of the ordinary seizure, are also dealt with *in extenso*. Another interesting case is that of a general paralytic, so diagnosed, but in whom all the symptoms disappeared with subsequent complete recovery. He was admitted on March 19th, 1888, and became convalescent in one month, while on June 18th, 1889, or after 15 months' residence, he was deemed sufficiently recovered to be discharged. Was this a case of true recovery, or was it one of those forms of general paralysis in which widely intermittent remissions occur? An anomalous type of the progress of a case of general paralysis forms the last clinical picture of this series.

Both reports can earnestly be recommended for perusal to such as take an interest in asylum management. One word more as to restraint, mention of which is made in both reports. An English writer, Sankey, says: "If the practice lingers in any establishment still, it is a proof, I consider, of incompetence. Non-restraint has gradually spread where the physicians are the most enlightened." When we accept this dictum of our British colleague, each one of us who has the pleasure of knowing Drs. Van Persyn and Moll must draw the deduction that no mechanical restraint is in vogue either at Meerenberg or Utrecht, and so we find it. At Utrecht Asylum only was the strait-jacket employed—once for a man for surgical reasons, and once for a female patient. I recall to mind a conversation I had with a restrainer as to non-restraint. When it was urged by me that non-restraint was certainly capable of being carried out, since at Meerenberg no need apparently existed for strait-jackets, he replied that it was very easy to say that, but it would perhaps be as well for me, by actual observation for a month or so, to convince myself that the assertion was strictly true. Arguments of so abject a nature it is naturally useless to combat. No cases of suicide happened either at Meerenberg or Utrecht during the year.

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### 3. *French Retrospect.*

By D. HACK TUKE, M.D.

#### *International Congress of Mental Science.*

We abridge from the "Annales Medico-Psychologiques" (Sept., 1889) M. Ritti's notice of the International Congress of Mental Science, which held its meetings at the College of France, Paris, from the 5th to the 10th of August, 1889.

It will occupy a very honourable place in the history of psychiatry during the latter part of this century. By the number of its adherents, French and foreign—in number more than one hundred and sixty—by the interest of its works, by the importance of the resolutions

which have been carried, this reunion, where the mental doctors walk hand-in-hand with magistrates and administrators, equals in importance those of the same kind which one has attended for the last five-and-twenty years.

MM. Calmeil, Delasiauve, and Baillarger, who were elected Honorary Presidents, were the last representatives of the generations which have preceded us, veterans of our special science, still full of life and scientific activity, and who have contributed so much during many long years to the progress of our specialty, and who still interest themselves so warmly in its new conquests and its continued progress.

The Congress of 1878, so remarkable in every respect, both for its organization and its results, has served as a model for that of 1889. There exists, however, a very marked difference between the two meetings. In 1878 questions of legislation and administration took precedence over scientific questions properly so called. During its eight sittings, four and a half were given up to the former and three and a half to the latter questions. In 1889 the proportion is more than reversed. During its nine sittings, seven have been completely taken up with communications of a scientific nature, and two only have been employed with the reading and discussion of papers relating to the legislation and public maintenance of the insane.

Mental maladies, from a clinical and therapeutic point of view, have taken precedence over other practical questions. Here, we believe, is the characteristic of the Congress of 1889. Is it necessary, then, to conclude that the new generation of mental physicians who have taken such an active part in our sittings, do not interest themselves with problems which are raised by the legislation and public maintenance of the insane? We do not think so. This new generation, smitten with the scientific side of psychiatry, believes—and with reason—that the solution of these problems will be rendered easier by a more profound knowledge of the pathology of insanity, by a greater precision in the diagnosis and prognosis of mental diseases, and, above all, by the therapeutics of these affections, both moral and physical. And, in fact, this is logical reasoning. Does not a new discovery, transforming the methods of treating lunacy, sensibly influence the actual methods of organization in our lunatic asylums?

Has not every important acquisition in the domain of pure science its counterpart sooner or later in that of practical science?

The Congress has passed several important resolutions; propositions have been adopted which cannot fail to bring about the most happy results from our special point of view. Thus, from the first, a vote was passed for "the foundation of good international statistics of mental diseases." The scheme presented by our learned Belgian colleague was accepted after a short discussion. This success was mainly due to our distinguished colleague, Dr. J. Morel (of Ghent), whose thoughtful report was well received. From the numerous

classifications which have been sent from all parts to the Belgian Society of Mental Diseases, M. Morel has been able to draw up a species of classification for statistics; he has set aside those points upon which opinion was divided, only retaining those upon which the majority was unanimous. The following grouping is the result of this delicate work :—

- 1st. Mania (comprising acute delirious mania).
- 2nd. Melancholia.
- 3rd. Periodical insanity (*folie à double forme*).
- 4th. Progressive, systematic insanity.
- 5th. Dementia.
- 6th. Organic and senile dementia.
- 7th. General paralysis.
- 8th. Insane neuroses (hysteria, epilepsy, hypochondriasis, etc.).
- 9th. Toxic insanity.
- 10th. Moral and impulsive insanity.
- 11th. Idiocy, etc.

This classification (although the word classification is too ambitious) attains, we believe, with the majority of our colleagues the end in view. The principal forms of madness are here represented, and if it is adopted by the "bureaux de statistique" of the different countries, if it is employed by all the mental physicians, the *collaborateurs* will possess in the course of some years a series of very useful documents which can be compared with one another, and which will allow them to arrive at more certain conclusions in their researches.

Another resolution not less important has been adopted. A very interesting discussion followed the reading of M. Christian's excellent paper on "Syphilis and General Paralysis," and on the learned memorandum by M. Mabile, on "Secondary Cephalic Meningitis in Cerebral Syphilis." Very marked differences of opinion were manifested on this delicate point of etiology. The partisans and adversaries of the relation of causality existing between syphilis and general paralysis were heard one after the other. M. Gilbert Ballet brilliantly resumed the debate, and finished his discourse by proposing an international inquiry, whose documents should be brought together and examined with care, and which would do more to determine the question than all the academic discussions. This proposition was adopted with acclamation by the members present; it was sent to the Medico-Psychological Society of Paris, which is charged to institute an inquiry, to put itself into communication with all the foreign Societies of mental science, and to bring the documents together.

The Medico-Psychological Society will have the honour of taking the lead in this very delicate task.

The resolutions taken by this Congress are six in number, all relative to the questions of legislation and administration. They are the following :—

- 1st. M. Semal, of Mons, in his remarkable paper, "Folies Peni-

tentiares," endeavoured to show that it is not the detention, cellular or otherwise, which ought to be considered the cause of the madness of the prisoners. It is in the moral personality of the delinquent, hereditary or acquired, that the cause of the madness should be sought for, the seclusion being only an occasional factor.

Our learned colleague has arrived at this conclusion after an inquiry which he has been able to make in the Belgian prisons. He asked that this inquiry should be followed up by every country, and he proposed to the Congress to have the kindness to pass the following resolution :—

The international Congress of Mental Science held in Paris, acknowledging the scientific interest which attaches to the question of prisoners' madness, proposes this resolution : "That an inquiry shall be officially instituted to this effect, and that the results shall be the subject of a special publication." (Carried.)

2nd. The report (in which Professor Ball, in collaboration with M. Rouillard, has studied with much care and criticism the subject of comparative legislation on the location of the insane in special establishments, both public and private) gave rise to a remarkable debate, to which we shall have again to refer, only mentioning amongst those who took part M. Barbier, First President of the Court of Appeal, M. Falret, M. Bourneville, and other French members ; and amongst foreign members, MM. Bourque and Taguet (Canada), Vassitch (Serbia), and Soutzo (Roumania). The latter terminated the discussion by asking his colleagues to vote for the following proposition :—

The Congress, having heard the report of Professor Ball and the communications made on this subject by the foreign members, proposes the resolution : "That each state should have a special law with regard to the protection of the interests of the insane and to submit the patients to a scientific and rational treatment." (Carried.)

3rd. M. H. Monod (Directeur de l'hygiène et de l'assistance publiques de Ministère de l'Intérieur) has just communicated to the Congress the results of the inspection which he has made in certain hospitals and asylums of the departments on the state of the temporary cells where the insane are confined before they are transferred to special asylums.

In this remarkable communication M. Monod drew for us a most lamentable picture. One cannot sufficiently congratulate him for having dared to lay bare such a sore. In his conclusions, inspired by the highest sentiments of philanthropy, he asks the Congress for their aid in healing it. The latter unanimously passed the resolution that public authority, whether by legislative or administrative means, shall oblige the Councils and Committees of asylums to put a stop to such a state of things.

4th. The question of the programme in legal medicine was the responsibility of dipsomaniacs. The competence of M. Motet in these delicate matters has long been known ; thus it will appear superfluous

to eulogize the excellent report which he has made in collaboration with M. Vétault. His paper was very well received, as it deserved to be, but a definite conclusion was wanting in the form of a resolution. Thus M. Motet himself drew up the following, which was unanimously adopted :—

The Congress, considering the danger with which intemperance menaces society, the family and the individual ;

Recognizing that there is need for establishing distinctions between simple drunkenness, pathological drunkenness and its varieties, and chronic intemperance ; passes the resolution

That in the interest of social defence, judiciary measures on the one hand, and lasting administrative measures on the other hand, shall be taken against dipsomaniacs according to the category to which they belong.

That the legislative powers shall sanction the works of Claude des Vosges and MM. Th. Ronssell and Léon Say.

That it may be provided, by the establishment of one or more special institutions for the confinement of habitual drunkards, dipsomaniacs who have committed crimes or misdemeanours and have benefited by the law of " non lieu " by reason of their mental state, that the duration of their confinement shall be determined by the Courts after a medico-legal inquiry ; that the discharge of the patient can be adjourned even at the expiration of the fixed time if the dipsomaniac is legitimately known to be likely to have a relapse. That chronic harmless dipsomaniacs shall be able to be maintained in lunatic asylums.

That these establishments, having the character of asylums for treatment rather than for repression, shall be organized with severe discipline, and that work shall be imposed therein.

That the judiciary and administrative statistics shall be drawn up in such a manner that the results of these measures shall be manifest.

5th. The last sitting of the Congress was essentially set apart for the papers of MM. Baume and Taguet upon the assistance of the insane and the agricultural annexes of the asylums for medical treatment. Upon these questions, as upon so many others, it is evident that if there is agreement as to the principles there is a difference of opinion as to the method of applying them. Thus the latter have been put on one side, however fascinating they may have appeared in our learned colleagues' communications, and the principles were voted for whilst passing a resolution that further extension shall be given to Societies for the assistance of the insane who have left asylums and for the agricultural annexes of asylums for medical treatment.

6th. Lastly, with reference to the reading of the paper of M. Rouillard (" Some Considerations on Insane Criminals from a Medico-Legal Point of View "), the Congress renewed the resolution adopted by the Congress of 1878 relative to the establishment of special wards or asylums for the criminal insane.

Lastly, we may, perhaps, be permitted to propose a resolution in our turn. It is that these international meetings of mental physicians shall become more frequent. We should thus be better able to bind those relationships more closely which are barely outlined by a weak

of work in common, and labour more fruitfully for the progress of those studies which are dear to us, and for the amelioration of the fate of those unfortunate beings who are the objects of our solicitude.

So far M. Ritti. We hope to utilize in future numbers of the Journal some of the valuable materials which the Congress had before it.

#### 4. *Austrian Retrospect.*

By A. R. URQUHART, M.D.

*Criminal Anthropology, being a digest of the writings of Professor Benedict, of Vienna.*

(Continued from Vol. xxxv., p. 281.)

I have sub-divided mankind into the following classes according to his moral condition, in order to understand the relations of the abnormal:—

- I. Homo nobilis.
- II. Homo typicus.
- III. {
  - A. Homme canaille.
    - a. Brutal.
    - β. Perfidious.
  - B. Homo vitiosus—moral neurasthenia.
  - C. Homo criminalis.
    - a. Homo criminalis—with normal disposition.
    - β. Homo criminalis neurasthenica—professional criminals.
    - γ. Homo criminalis—from disease or intoxication.
    - δ. Homo criminalis—degenerated.

I. HOMO NOBILIS.—The type of this class is the Sage of Nazareth. The mirror which the Homo nobilis holds up to society shows its mental and moral infirmity. Nowadays, the punishment of the mentally advanced and purified is not scourging of his body, but contempt for his views and conduct.

II. HOMO TYPICUS.—This category comprises the great majority of mankind, who, on the one hand, draw back from the boundary line at which greatness of mind is threatened with a martyr's crown; and, on the other hand, from that lower boundary line of ethics, at which the law keeps watchful guard. Of course, passion, despair, and other causes may force men from this group into the arms of criminal justice.

III. A. HOMME CANAILLE.—This sub-division of the third class comprises men of low ethical standing, but protected by power, or wealth, or talent. They know how to take advantage of human qualities for their own benefit, and possess a stubborn egoism and