

very many cases. On the whole the consensus of opinion in this country on this question, both among alienists and neurologists, based on their experience covering many years, is, I think, conservative rather than radical.

An interesting phenomenon from some psychological points of view, and one that may be mentioned here, is the recent growth of certain cults such as "Christian Science," "Divine Healing," etc. These of course are not special to this country, but they have a large freedom here and have developed accordingly. What will be their fate, whether they will die out, or, losing some of their salient features, settle down amongst the ruck of heterodox sects, is a question for the future. At present "Christian Science" at least has quite an extensive following, not confined by any means to the poorer classes. As an interesting fact bearing on their ideas as to science, I may mention the protests made by some of the adherents of "Mother Eddy" against the teaching of physiology in the public schools of Chicago; there being no such thing as pathology, there can, of course, be no physiology, and the youthful mind should not be burdened with such a useless and fictitious study. Possibly a few years from now we will be able to make a psychiatric study of the results of "Christian Science," "Divinism," and other kindred delusions, to say nothing of "Osteopathy" and the like.

The movement for the special care of epileptics, though not as active, is still in evidence, and it is probable that Illinois will before very long follow the examples of New York and Ohio in providing a special institution for their care. The subject was presented to the last legislature, but it takes time for movements of this kind to mature and overcome the timidity of economical legislators. Sooner or later, however, it is probable that such institutions supported by public funds will be common in this country, at least in the richer and older portion.

FRANCE.

By Dr. RÉNE SEMELAIGNE.

Secondary systematised insanity.—According to Dr. Anglade, of Toulouse, this disorder can be classified into—(1) Systematised insanity secondary to mania. This really has its basis in one or more delirious conceptions remaining fixed after one or several attacks of mania. They are often contradictory and do not unite, the ideas becoming separately systematised. These patients are generally megalomaniacs with blunted affective processes and some loss of moral and social sense. Memory and physical activity remain intact. Dementia, if it occurs, appears late. (2) Systematised insanity secondary to melancholia, which can be further divided into those depending upon some delirious idea surviving the symptoms of agitation and sometimes hallucinations; into those of a progressive systematised type, simulating paranoia, but in reality having relationship to neither melancholia nor the latter, being the

product of only a tendency on the part of the patient to these neuroses ; and also those post-melancholic states of an exclusively depressive character. The *délire des négations* is a prototype of such mental states. These subdivisions have characters in common occurring in persons of neurotic heredity, a prominent symptom being disorders of general sensibility, the result of morbid changes in the central and peripheral nervous system due perhaps to auto-intoxications. (3) Systematised insanity secondary to *folie à double forme*. (4) Systematised insanity secondary to neurosis and intoxication. Neurosis is a source of painful sensations, and may be the origin of insanity in predisposed persons. Intoxication affects the peripheral nervous system and awakes painful sensations which, wrongly interpreted, may produce systematised insanity. In the latter case the systematisation has a paranoiac taint. Dr. Régis, of Bordeaux, admits, with Dr. Anglade, the occurrence of post-maniacal and post-melancholic insanities, but thinks they might be divided into early and late, as they appear at the beginning or the end of a maniacal or melancholic attack. Their early appearance is more common in melancholia and the late in mania. The *délire des négations* is not always secondary. Melancholic persons commonly become *négateurs*. There are also *négateurs d'emblée* (primary), as instanced by a patient with visceral anæsthesia who denied the existence of his viscera without having passed through a period of melancholia. Such anæsthesia is generally the result of an auto-intoxication. Dr. Régis points out a secondary insanity which occurs in the course of mental confusion. One or two ideas arise which have a tendency to systematisation, and persist after the mental confusion has disappeared.

Polyneuritic psychosis.—Dr. Ballet, of Paris, includes under this term mental disorders having various clinical forms, the symptoms of which are generally associated with polyneuritis, having origin in a toxic or infective agent, which may influence the nervous system as a whole or in any part. There are three principal forms. The first is characterised by “recovery” during the day, a semi-insane state during the evening, with hallucinations at night. This variety does not, as a general rule, last more than three weeks, but not infrequently some delusions persist which are more or less systematised. The second form is characterised by primary mental confusion ; and the third might be called amnesic.

Early dementia of puberty.—The main features of this disorder are characterised by Dr. Christian by its appearance at the age of puberty, a variability of symptoms at first, impulsiveness, and a rapid or more and less complete and incurable dementia. The incubation period extends from infancy to puberty, and although there are no noteworthy symptoms, yet the onset of the disease can usually be recognised. The onset of active disease is marked in a few cases by a loss of interest in the child's surroundings, a loss of memory, an inability to learn lessons, headache, and a progressive weakening of general intelligence. Such cases are, however, rare. More commonly, the child suddenly complains of fatigue, becomes indolent, capricious and disobedient, absent-minded, forgetful, restless, irritable, and suffers from dizziness and headache. After some weeks hypochondriasis develops, his affections change, he finds fault with his brothers and sisters, is disregardful of, and imperti-

ment to his parents, and is generally unruly. Sometimes his ideas become ambitious and persecutory, but never systematised, and vanish with the failing of intellect. In all cases one finds impulsiveness. Later stages are characterised by dementia. Any improvement is more apparent than real; and the disease is of more or less long duration. If the acute symptoms disappear, the child remains intellectually weak and is quite useless in life. Attacks recur until the dementia is incurable. In many cases the physical health does not suffer any alteration, but they frequently have a senile appearance. The diagnosis of early dementia from imbecility and idiocy is very easy, the history being the main guiding point. The disease is incurable, but, according to Dr. Christian, it may possibly be preventable.

Acromegaly in an epileptic dement.—M. Farnarier, of Paris, reports the case of a man, aged 48, who had suffered epileptic fits from puberty, and who was admitted to an asylum twenty-eight years ago. At present he is demented and presents the typical features of acromegaly. The nose, cheek-bones, jaws, tongue, penis, and feet are enlarged, the hands *en battoir* (racket), he has cervico-dorsal kyphosis and ocular disorders. According to the author, a neuro-arthritic or an insane heredity predisposes to acromegaly. The disease is due to a disturbance of the glands of internal secretion, which react on an unstable nervous system, producing nervous or mental symptoms according to predisposition, but in all cases depending upon a special form of degeneration.

A case of general paralysis with hallucinations.—M. Truelle, of Paris, describes a female case of general paralysis, in the course of which hallucinations of sight and hearing appeared. Her mother had suffered from melancholia with refusal of food and suicidal proclivities. At the age of thirty-seven she began to suffer from headache and dizziness. Six months ago her memory failed, she became incoherent, began to drink and to be extravagant in money matters. For six weeks sleep has been impaired, she started suddenly and began to shout, and saw murders, blood, snakes, wolves, and rabbits. She had no feeling that these imaginary animals hurt her, they merely ran about her; but sometimes she suffered great apprehension. Then aural hallucinations appeared. She heard a small voice giving her evil advice, recognising in the voice the tones of a man who lived with her many years ago, and who robbed her of her money. She heard commands to kill her husband, to poison herself, to jump out of the window, etc. At the same time confused ideas of persecution supervened. Lately, the voice commanded her to steal, and she did so. This resulted in her arrest, and she was sent to St. Anne's Asylum. On her admission she showed altered speech, irregular pupils, fumbling movements of the fingers, fine tremors of the tongue, amnesia, missed or cut-short words and syllables when writing. She was careless, irresponsible, and self-satisfied. Visual hallucinations seemed to have disappeared, but aural perversions persist.

Juvenile paralysis and epilepsy.—Dr. Toulouse, of Paris, reports the case of a girl, æt. 19, who was sent to the Asylum of Villejuif about the latter end of December, 1897, as a case of mental debility and epilepsy. She was agitated, incoherent, confused, violent, and refused her food. Next day she had an attack characterised by dizziness, sudden pallor,

and syncope. A few days afterwards she had a genuine epileptic fit. These symptoms occurred for twelve days, until one morning she seemed to awake, as if from a dream, and asked what had happened, as she could remember nothing. Her mother said that her daughter had suffered from fits since the age of eleven; the first following an attempt at rape by her step-father. For the last two years the fits had been more or less followed by the series of events noted since admission.

During her stay at the asylum she had about three seizures a month. At the beginning of March, 1898, there occurred an excited attempt at suicide, with hallucinations of sight and hearing. After some days she was better again. In the May following another period of excitement was noted, the patient remaining confused, with speech disturbance and amnesia. The symptoms rapidly increased, and Dr. Toulouse came to the conclusion that he was dealing with a case of general paralysis, which was afterwards confirmed by a post-mortem examination.

GERMANY.

By Dr. J. BRESLER.

The evolution of psychiatry in Germany, as in other countries, is by no means rapid; yet the year 1899 can be looked back upon with satisfaction. The year opened well with what was practically an act of benevolence on the part of the Lunacy Board of the Province of Brandenburg. It decided that for the future, both medical and administrative officers should include in their period of service qualifying for a pension the years they had formerly spent in private asylums, the work in the latter being practically identical with that they afterwards engaged in under public bodies.

The "After-care Association" of the Grand Duchy of Hesse, founded by Dr. Ludwig in Heppenheim twenty-five years ago, has since then been a very active factor in the progress of lunacy administration in Germany. A considerable raising of the pay of attendants is one of its latest accomplishments, besides a Grand Ducal order that attendants, male and female, after six years' good service shall receive a donation of 1000 marks, and that male attendants, after such service, can be employed by the State or railway administration in inferior offices.

The question of the care of criminal lunatics has been to the fore several times this year. The Prussian Government has acknowledged the necessity for a proper care of the criminal with mental disturbances while undergoing imprisonment, but declines to take any further steps in the matter. The asylums must therefore continue to receive criminal lunatics; and it is to be hoped that the lunacy boards will soon resolve upon erecting special institutions for this class of patients. A commencement has already been made at Düren, in Rheinland.

The "Association for combating the Abuse of Alcoholic Drinks" at Hildesheim, repeated its motion before Imperial Parliament for