

With regard to treatment there is nothing new to report. Salvarsan has achieved no success in the treatment of general paralysis, and has disappointed the hopes placed on it with regard to this disease.

New hypnotics are produced nearly every month, and are for the most part combinations of the old ones. It would serve no useful purpose to enumerate them. Only one seems to be of particular importance, namely, luminal (natrium phenylæthyl barbituricum), made by the firm Bayer & Co., of Elberfeld; the numerous experiments made with it at many asylums have shown that it is a good hypnotic, and can be given without danger in effective doses.

In England, where the term "moral insanity" has been coined, it will be learned with interest that, particularly in Prussia, the greatest attention is being devoted to the care of psychopathic children, who have come under the working of the Compulsory Education Act. At the present time, in the provincial asylums at Goettingen and at Potsdam, wards have been instituted for such children, and careful observation of their mental state, and if necessary treatment, is there carried out. It may also be recorded that in many of the lunatic asylums of Germany the patients on admission, and in some cases even the staff, are submitted to a searching examination with a view to discovering if they are carriers of dysentery or typhoid bacilli. By isolating those patients who are carriers, and by adopting particular precautions and methods of cleanliness towards the sane carriers, it is hoped to radically prevent epidemics of dysentery and typhoid which have recurred again and again in our asylums, or to find out their cause and successfully apply the remedy.

We may record an interesting innovation made in one provincial asylum (Eickelborn, in Westfalen), which has a special ward for dangerous criminal lunatics. In this asylum they have begun to employ watch-dogs, by which the attendants are accompanied when on duty, and which serve to prevent attacks on the attendants and to hinder escapes.

You will not, perhaps, regard this innovation as an advance in the treatment of the insane.

A REVIEW OF THE CONGRESS OF ALIENISTS AND NEUROLOGISTS OF FRENCH-SPEAKING COUNTRIES HELD AT TUNIS, APRIL 1ST TO 7TH, 1912.

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From April 1st to the 7th this year the Twenty-second Annual Congress of Alienists and Neurologists of France and of French-speaking countries, consisting of a membership of about 300 adherents, was held in Tunis, and the writer attended as a delegate of the Medico-Psychological Association of Great Britain and Ireland. More than thirty institutions for the care and treatment of mental cases were associated with the Congress, and numerous delegates representing learned societies as well as foreign countries attended. The President of this year's Congress was Dr. Mabile, Medical Superintendent of the La Fond

Asylum at La Rochelle ; Dr. Arnaud, Physician to the Mental Hospital of Vanves (Seine) was Vice-President ; and the General Secretary was Dr. Porot, the very able and energetic Physician to the French Hospital in Tunis. An important paper announced for discussion was by Dr. Régis, Professor of Clinical Psychiatry in the Faculty of Medicine at the University of Bordeaux, who contributed a very full and exhaustive paper upon the "Care of the Insane in the French Colonies and Dependencies," with a review of their treatment in the adjoining colonies such as those of England and of Holland. Dr. Régis was assisted in his paper by Dr. Reboul, of Annam. Another paper was by Dr. Chavigny, Major of the French Army Medical Service, upon the "Mental and Nervous Symptoms associated with Malaria"—obviously one of considerable importance in view of the expansion of French Colonial Government ; and a third paper by Dr. Dupré, one of the teachers and a Fellow of the University of Paris, was upon mental states arising from, and connected with, perversions of the natural instincts. Although these were the three main subjects, other papers connected with neurology or psychiatry were presented to the Congress for discussion, among them being—one upon "Goitrous Insanity" by Drs. Fraikin and Grenier de Cardenal, one relating to "Insanity and Renal Disease" by Dr. Beriel, one by Dr. Gelma on "Delusions of Persecution." Other papers were by Drs. Petit, Mignot, Adam and Levassort. A valuable report upon an experimental study relating to the association of ideas in the Insane was presented jointly by Dr. Auguste Ley, Professor in the University of Brussels, also physician to the Mental Sanatorium at Fort-Jaco, Uccle, near Brussels, and Dr. Paul Menzerath of the same hospital laboratory. Another paper was by Dr. Levassort upon "Degeneracy in its Relation to Perverted Instincts," and two others bore upon the same subject, *viz.*, one by Dr. Berillon, relating to the influence of suggestion upon normal as contrasted with abnormal instincts, and the other by Dr. Simonin who related his experience in the French Army in regard to mental enfeeblement, a clinical and medico-legal study. A paper by Dr. Haury upon "Hooligans in the Army and their Rational Treatment," formed a suitable complement to the chief paper of the day by Dr. Dupré.

Among those who attended the Congress was Dr. Semelaigne, of Neuilly-sur-Seine, the Permanent Secretary of the Congress, well known in England and America for his contributions to psychiatry, and also for his most interesting volume of the early history of the insane, recording the works of Pinel and Tuke—a volume which every psychiatrist should read, and which has just been published by Steinheil, of Paris ; Dr. Antheaume, Chief Physician to the Mental Sanatorium at Rueil, near Paris ; Professor Gilbert Ballet, of the Faculty of Medicine in Paris, and one of the Physicians to the Ste. Anne Asylum ; Drs. Croustel, of the Lesvellee Asylum, Vannes ; Andrieu, of Agen ; Charnel, of Chaloux-sur-Marne ; Hercouët, of Ste. Mandé (Seine) ; Manheimer Gommès, of Arago ; Vallon, Assistant Physician to the Ste. Anne Asylum, Paris ; Ammeline, of Dun-sur-Auron ; Mercier, of Alençon, Orne ; Jean Abadie, Professor of Psychiatry at Bordeaux, who reported the proceedings in *La Presse Médicale* to which I am greatly indebted ; Famenne, of Florenville, Belgium ; Daday,

of Privas ; Jacquin, of St. Madelaine, Bourg ; Simonin, Professor of Medicine at the Val-de-Grace, Paris ; Vigouroux (Vaucluse) ; Beriel, of Lyons ; Lacronique, of Tunis ; Clerfayt and Maere, the delegates of the Belgian Government.

The Congress meets once a year in some town in France, or one of the countries where French is spoken. Last year the Congress met at Amiens, and a number of the Congressionists journeyed to London, and, at the invitation of the London County Council, visited the Laboratory and the Asylum of the Council at Claybury, where they were received by Sir John McDougall and the Chairman, Mr. T. Chapman, being shown over the two departments by Dr. Mott and Dr. Robert Jones.

The aim of the Congress is the study and discussion of some questions connected with psychiatry, neurology and forensic medicine relating to the insane, and the French language is obligatory at the discussions. The duration of the Congress is a minimum of four days, which, so far as possible, must be consecutive, and there are two meetings each day, one in the morning at nine o'clock, and the other in the afternoon. It is customary to make some visits to asylums for the insane in the immediate neighbourhood of the town or city fixed for the Congress, and this helps members to keep in touch with each other, and to kindle a spirit of emulation in the evolution of administration, and of course there are the usual excursions to places of interest.

Apart from the attractions of the Congress the prospect of again meeting those of my French fellow-workers who had visited Claybury, of seeing their Institutions for the special care and treatment of the insane, especially the one in a new colony, and of discussing points of diagnosis, nomenclature and treatment, was an allurements which implied entertainment as well as instruction ; add to this the anticipated pleasure of travelling through France from north to south, particularly of making a transit from Europe into Africa across a sunny and rippleless Mediterranean of azure blue—which, alas, was not realised—together with the charms of seeing new people, and of experiencing the fringe of the desert, and above all of witnessing the outburst of bud and bloom, the " vernal impulse " after the dreary chill of a London winter, all these made the prospect of a visit to Tunis an exciting as well as an exhilarating holiday.

Members of the Congress steamed from Marseilles on Friday afternoon, March 30th. We were received on board the " Eugene Pareire," of the Compagnie Generale Trans-Atlantique, by the President of the Congress, Dr. Mabilie, also by Dr. E. Régis and others, and we settled down to what we hoped was to be a thirty-six hours' pleasurable crossing of the blue Mediterranean. Such was far from being the case, however, and the party—rather bedraggled—arrived in Tunis early on Sunday morning, March 31st, Palm Sunday, being greeted by Arabs, Moors, and a mixed assemblage of swarthy but respectful searchers for your " bag and baggage."

The Congress opened at ten o'clock in the morning at the Palace of the French Societies, in brilliantly beautiful weather, the sun and sky being seen as they never are seen in Europe.

The opening ceremony was of a friendly though formal character. The central figure was M. Alapetite, the Resident-General, who is the Minister of France in Tunis, and near to him on the platform were Dr. Porot, the General Secretary of the Congress, Physician to the French Hospital in Tunis and the originator of the new mental hospital, the Inspector-General, M. Granier, an able administrator of "public assistance," and representing the French Minister of the Interior, Dr. Grall, the Medical Inspector, who represented M. Lebrun, the French Minister for the Colonies, Dr. G. de Couvalette, the principal director of the Naval Medical Service who represented the French Admiralty Department, Professor Simonin, Principal Professor at the Military Hospital of Val-de-Grace, delegate representing the French Minister for War, and Surgeon-Major Cazenove, of the Army Medical Service, who also represented the French Minister for War. There were present on the platform in addition M. Blanc, the administrator and General Secretary of the Tunisian Government, MM. Curtelin and Chabert, Vice-Presidents of the Municipality of Tunis, M. Roy, Minister Plenipotentiary, M. Reverdin, the Public Prosecutor of the French Republic in Tunis, and various members and officers of the Congress, including delegates from Russia (Dr. Bagenoff), Belgium, Switzerland, Holland, Italy, as well as of Great Britain and Ireland (the writer).

The Resident-General, M. Alapetite, welcomed the members of the Congress in the name of His Highness the Bey of Tunis (who is nominally drawn into these salutations, but in regard to which he appears to betray no interest), and delivered a very able address. He was glad that members had the opportunity of seeing the capital of the French Protectorate, which, although centuries behind civilisation, had yet developed so much within the thirty years of French government that it was considered a suitable place to receive this Congress. Tunis paid fifty million francs in taxation, which, upon the ratio of the population, is exactly one-half of what France pays; by which it might be argued that the mean income of the Tunisian was also one-half that of the Frenchman, but this was far from being the case, the population of Tunis being mainly very poor, and consequently public or poor-law assistance was a most difficult task. When the Protectorate of Tunis was first established, assistance to sick and needy Europeans had virtually no existence. It was only organised by degrees, and then largely by private persons and private benevolence. Later it was possible to assist private enterprise by a small state subvention, and the commencement was made towards helping the two extremes of life, *viz.*, young children and old persons who were most in need. In this connection he thanked, and deeply so, those devoted French people who, of their own free will and in their own time, had constituted the French Public Welfare Society. A heavy burden upon the administration of Tunis was the building and supporting of a civil hospital, to which is now attached a wing or pavilion for mental cases, but here in Tunis they had public spirit and were ready to undertake the necessary expense. The arrangements for the French insane hitherto had been to transport them to their own country, and as the European-French population was really less than that of two or three cantons, they had not up to the present been able to afford a mental hospital. Even in

France there were several departments without one, and when established their cost was shared by the State, the Department, as well as the local community or parishes. The places for early observation and treatment of these sad and appealing cases were, in Tunis, usually defective and always insufficient, and it was to provide a suitable home for their early treatment under the most advanced medical and hygienic conditions that the Tunisian Government had undertaken this task, and he hoped the result would be a credit to its "public assistance" towards the poor. He stated that for those who were very poor, whether natives or foreigners, there was, even before the French Protectorate in 1880, some kind of place into which the poor insane could be received, either at the request of their families or through the intervention of the State, and such places still exist, but need much improvement. Medical aid for the necessitous poor must be an organisation of considerable time before it becomes effective, and as to hospitals, it was necessary to convince the natives that the treatment of their families in them was kindly and real; the confidence of such a clientèle must first be won, but in this regard the work of the few French doctors in Tunis was having a markedly beneficial and moral effect; especially important must this confidence be before the new mental hospital can be fully appreciated. This little hospital for mental cases, the Resident stated, would be open to all races and to all nationalities, and they in Tunis were prepared for the cost of this heavy burden, because it was an advance and a great step in the progress of civilisation. The Government would gain by being saved the necessity of deporting their insane to France, the families and friends of the insane could visit their afflicted relatives, and the art of medicine would be benefited by the additional experience gained from the study of mental and nervous diseases.

On the second day the organisers and officers of the Congress, together with the delegates (including the writer), were received by the Resident-General, M. Alapelite and his wife, with whom they subsequently lunched in the *Maison de France* (the Residency). Following this, a garden-party was given by the hostess, who was "At Home" to members of the Congress and their wives. The hospitality, kindness and delicate touch of refined grace and tenderness which the hostess displayed towards her guests were especially noted; and on the next day, when she received all members of the Congress at a crèche which she herself had established, and later in the day at the special Dispensary which she had inaugurated and was supporting, and which bears her name, it was seen by all of us how much benefit the civilisation of France was conferring upon her colony, also how much of this was done through the "charity of wisdom" as well as through the "charity of sympathy" which the Resident-General's wife had initiated and continued.

One of the most striking sights of Tunis in the writer's opinion was the interest shown by Mme. Alapelite in works of philanthropy and charity. In nurses' costume she organised and supported the staff of devoted women who looked after the French poor, as well as after their infants, in the dispensary and crèche. The writer felt this civilising effect of French women in their own colony to be the most striking,

stimulating, and heart-stirring feature of medical assistance outside his own country, and he was most gratified with the experience.

The opening at the General Hospital of a new wing for mental and nervous diseases in Tunis was an occasion of much mutual congratulation. Dr. Porot, the Congressional Secretary, performed the ceremony, and made graceful references to the help he had received from the Resident-General and from M. Blanc, the Secretary of the Government of Tunis. There are complete sitting and observation rooms for day and night, well-ventilated and large single and associated rooms, baths, lavatories, case-taking rooms and gardens. It is proposed to treat the acute cases, of which there were several on the day of opening, in this new block, and when recovered they are to be transferred to the General Hospital, and thence discharged. This plan of dealing with insanity emphasises the view that mental disease is primarily physical disease, and such treatment tends to break down the prejudice against mental disease in a way that no other method can do. It certainly deserves recognition in our country.

The paper by Professor E. Régis, so well known to all English-speaking alienists and psychiatrists, was upon the "Care of the Insane in the Colonies," referring particularly to French colonies, but extending his observations to the work done in English colonies, including Egypt, India, Australia and the Cape. This paper, covering over 200 pages of type, was given to the Congress by Professor Régis in about an hour and a half. It is an invaluable and laborious compilation of the treatment of the insane in many lands, and the part relating to France was collected from naval, military, colonial, and civil medical men throughout the French colonies. So much appreciated was this report that the Colonial Minister has given it State aid in order to make it more widely known. The work is in three parts: the first is a historical survey, with a general summary of what has been done up to the present in the possessions of other countries; the second records what has been done in the French colonies; and the last part is devoted to recommendations. As to the last part first, Dr. Régis urges (*a*) the establishment of "mental" annexes to general hospitals for special mental or delirious cases, such as those suffering from early forms of insanity or brain lesions accompanied with mental changes, as the study of such cases will induce an interest in psychiatry which is essential from the medico-legal standpoint, and also will assist the duties of the colonial military and naval surgeons. Insanity is curable in inverse relation to its duration, and the education of the young practitioner is bound to form a great part of the prevention of insanity. Dr. Régis quotes his own University of Bordeaux as thus encouraging the early diagnosis and treatment of insanity, and the interest kindled among its students in the study of mental diseases has helped to formulate public opinion, and has even brought influence to bear upon lunacy administration; and (*b*) he calls attention to the variable and defective legislation on the subject in the different French colonies. In some, such as Tunis, there are no laws relating to the insane, in others, only a modification of the French Law of 1848, and he advocates the same legislation for the colonies as exists in France, or to leave each colony to enact statutes suitable to its local needs. (*c*) He recommends the erection of special

receiving houses as a first line, and places in touch with these for the transfer of the more chronic on colony methods as the second line, but provided with means for varied occupations, and these establishments to have for the subordinate medical staff native doctors, but the chief to be an experienced psychiatrist. Following upon these recommendations, he gives the necessary indications for all the French colonies. He urges his views because those who serve in the colonies are entitled to have places to go to when they break down from any of the acute psychoses, and he agrees that those Europeans whose cases have become chronic should be returned to their native land. He further urges that the expansion of colonial methods should provide at least some care for colonial troops and others who may suffer from insanity; such arrangements would be only humane and should be foreseen and prepared for. In this part of his paper he wages a strong crusade against alcohol, which he states in some colonies of France to be a worse enemy than sleeping-sickness or malaria. Such a crusade can best be continued by the education of the native population, and also by aiming at lessening the prejudice against insanity and by encouraging its early treatment. Lastly (*d*), he advocates a special examination (including one on the mental side as to family histories and predisposition) of all those who go out into the colonies, whether as civil servants or in a military capacity. Such an examination would probably save much expense and many heart-burnings as a preventive measure. The historical record of the French colonies in regard to the care of the insane shows that the older colonies, such as Guadaloupe and Martinique, have had some modified treatment for their insane since the early part of the nineteenth century, but the more recent colonies have no treatment of any kind; others possibly have some indifferent and unsuitable accommodation in the chief town of their colony. The forms of insanity among a new people are mostly of the toxic and infectious kind, essentially curable if only taken in time. The incidence of insanity among Europeans in the French colonies averages about 1.7 *per cent.*, and the number of French soldiers brought back into France every year is about fifty. Whilst England possesses seventy-four asylums in its colonies, Australia twenty-six, and the Dutch Indies (Java) three, Algeria has none, yet it is estimated that at least 4,000 of its population have become insane; 1,230 of these are already in the asylums of central France. Tunis has now a special mental hospital of its own for Europeans, but an asylum for 200-300 is really wanted in addition, for the use of the native population, who, when insane, are now transported in a deplorable state to the Asylum of St. Peter in Marseilles, a few suitable cases only being housed in a modified infirmary for the aged and the vagrants. In Morocco it is estimated that there are 15,000 lunatics with no provision at all for their care. In West Africa (Senegal) all the Europeans and some natives are sent to the St. Peter's Asylum in Marseilles; others may be detained in the civil hospitals. In French Equatorial Africa they are similarly dealt with. In Madagascar there is at present satisfactory accommodation for 100 patients, but more is needed. In French Indo-China, for 18 millions of people, there is no accommodation at all for the insane, but Europeans may be sent on to the asylum in Marseilles. It is interesting to note that

general paralysis is rare in Tunis, and melancholia common, especially among the Jews, but I propose to make this matter the subject of some remarks in a later paper.

The discussion on Dr. Régis's paper was full and interesting, and various communications relating to the care of the insane in the different French colonies were made.

Dr. A. Marie brought a report of the new asylum in Cairo, as well as a record of what was being done in our own colonies and other dependencies as well as those of Holland.

Dr. Grall referred to Professor Régis's wide influence and persistent efforts to improve the lot of the insane, both at home and in the colonies, by his keen teaching and strong advocacy, and his widely read contributions to mental literature.

Dr. G. Martin sent an account of the psychiatric teaching in vogue at the medical school for military and naval medical men at Marseilles.

M. Blanc referred to the effects of alcohol in Tunis, which were to some extent controlled among the native population by their Mohammedan religion. He alluded in detail to what was now being attempted for the insane in Tunis.

Dr. Vital Robert presented an account of the new scheme for the treatment of the insane initiated under him in Madagascar, and he quoted statistics relating to insanity and the increase of crime in the island due to alcohol since the French occupation.

Dr. Simonin referred to the anxiety and troubles caused in the recent Russo-Japanese war by cases of mental disease, which occurred both among the troops and the staff, and he suggested the possible assistance which may be afforded by help from psychiatrists during the progress of a war.

M. Cazenove described the treatment of the insane by native nurses in Africa as gentle, forbearing and kind, owing partly no doubt to the religious and sacred feeling which the presence of insanity excites in the native mind. He referred to the injurious influence of alcohol throughout the French colonies. He pointed to the many dangers, mental, physical and moral, from this cause, and referred, in his remarks, to the form and frequency of insanity among the natives, also to its origin and its relation to religious beliefs.

Various resolutions bearing upon the subject of the insane in the various colonies were put to the Congress and unanimously carried. A special resolution relating to the great public peril incurred through the increased use of alcohol in the colonies was also passed, praying that legislation should be enacted "to control its use and sale, as it was one of the great agents of crime and insanity, and a deadly poison to the native races."

An interesting paper, which only a conscription country can fully realise, was read by Surgeon Major Haury, entitled "Hooligans in the Army and their Rational Treatment." He pointed out there were many of these in the French Army because they had not received sufficiently severe sentences to be sent into the battalions of Africa. It was recognised that their presence with sane and normal youth was objectionable and a Bill should be passed to separate them. These persons are very dissimilar medically, varying from the accidental and the habitual

criminal on the one hand, to those who are weak-minded cranks on the other. Many of them form recruits for asylums for the insane, and include cases of primary dementia, perverts, paranoiacs and moral imbeciles. What would be the treatment if these were rejected by the Army, and would such be possible? Such a scheme would be twice blessed! Dr. Haury suggested that the army would benefit by their absence, that society would benefit by their withdrawal, and they themselves would receive rational treatment. In a conscription country this must be a very serious problem, as every person has to serve his time or advance reasonable excuse for not doing so. No excuse would be offered by the weak-minded, the degenerate and the feeble, but they would, and do, create infinite trouble. The paper suggested a general examination culminating in the psychiatric study of all offenders. Neither the sentence received nor the crime committed would serve as a satisfactory criterion of the mental state. There must first be a sorting of these offenders, who were all characterised by different mental deficiencies, and he indicated the treatment for the lighter forms; the more severe he suggested should be sent to Marseilles into one large general institution, where their continued detention could be adequately supervised. Evidently the question of the amount of mental unsoundness consistent with useful service is a serious one in a country where all the manhood is compelled to serve in the Army.

The paper upon "Perverted Instincts" by Dr. Dupré will be found especially useful to those who are studying criminology and degeneracy. "Instinctive perversion" is a term frequently used in the language of psychiatry. One meets with it in all clinical observations, medico-legal reports, and in medical certificates of detention; also in describing abnormal children who may be, and usually are, mentally defective, and especially if these possess vicious tendencies, when they are then described as cases of moral insanity or moral imbecility. A definition was necessary, and an analytical study of mental states was also necessary. Further, if possible, an enumeration should be made of those who come under the definition, cases such as those of mental degeneracy, of abnormal character and conduct, whether in infancy, youth, or adult age. The history of the condition as described by French alienists was given by Dr. Dupré, and an attempt was made to trace these perversions to the developmental period of life in order to account for those singularities and abnormalities that fall short of definite insanity, or such as may characterise those offenders who commit acts contrary to the advantage of self or against the social welfare, and who appear in police-courts as incorrigibles, rogues and vagabonds. It was pointed out that many of these cases betray physical and mental stigmata or degeneracy, and a new point was made when it was stated that they show more or less specific signs of "l'heredo-alcoolisme," as in this country we are not quite clear what, if anything, this term may signify, but it was added, they also show signs of hereditary tuberculosis, and if this means a tendency to tuberculosis there is much to be said for the statement; it was further stated that many of them show signs of hereditary syphilis. Certainly there are signs of hereditary syphilis to be seen in many of these cases, as is evidenced in the photographs of the "black-listers" circulated by

our own police, and seen in the teeth, lips, nose, eyes, and the shape of the head. The suggested classification (which is not original, but was advanced by Herbert Spencer years ago, and adopted by Mercier) certainly helped to reduce order out of chaos. There had long existed a need for classifying obsessions, impulses, emotional storms and explosions, weak-mindedness, fixed ideas, moral obliquities, degenerative vices and instability, and the division of perverted instincts according to the nature of the instinct, whether directly self-preservative and relating to the life of the individual or indirectly self-preservative, as in the reproductive instinct, or in relation to man's social environment or the power he has to adapt himself to life in a community, was the basis of Dr. Dupré's paper. Deviations from the directly self-preservative instincts were first considered, the search for food, for instance, and in this regard voraciousness, gluttony, and its opposite, the refusal of food and the fear of food, were all mentioned; next, the satisfaction of thirst, as a natural instinct, with deviations therefrom such as occurred in drunkenness and dipsomania were instanced; strange cravings of the appetite were referred to also, the habit of accumulating, of saving and of spending, the instinct of greed, cupidity, thefts, and swindling were all explained as perversions when extreme; he particularly instanced the reversal of the instinct of self-preservation, *viz.* suicide. The feeling connected with the personality, such as inordinate vanity and shyness, and those connected with reproduction were also fully described with their varieties observed in weak-minded and unstable persons. It was pointed out that the study of criminology was full of such abnormal instances. The reversal of the natural instinct of motherhood was noted in post-*puerperal* cases, and the feeling which led fathers and mothers to desert their families was also explained on this basis. Perversions of social relationship were noted in those who refused to take their share of the social burden, and in those who worked against altruism and disinterestedness, those who refused to pay rates and taxes, "conscientious objectors," agitators, revolutionists and anarchists, all being classed in this category of perverted instincts. These were antagonistic to benevolence, to compassion, to mutual aid, to devotion and to public work. These three groups of perverted instincts, *viz.*, (*a*) personal and self-conservative, (*b*) sexual and genetic, and (*c*) altruistic or collective and associative, included most of the perverts, moral imbeciles, and a large group of clinical cases met with on the borderland as well as among the actually insane, also the inebriates and the delinquents, as many of these bore the stigmata of degeneration. Wastrels, "ne'er-do-wells," unemployed and unemployables, vagabonds, vagrants, incapables, and undisciplined vicious persons were all included among perverts, and for these Dr. Dupré entertained but little hope of amelioration by special treatment, and would have them all interned in establishments intermediate between the asylum and the prison, both for their own and for the public safety. In his opinion it was an illusion to expect permanent improvement in these cases, and he was no optimist as to their successful permanent cure. He considered such a view to be a delusion of philanthropists, optimists, and of the religious teacher as well as of the metaphysical theorist. The discussion upon this paper showed some diversity of opinion.

M. Anglade considered there were great interests raised by this paper, especially to the magistrate in his ministerial capacity, as he frequently had to consider responsibility in regard to weak-minded young persons who suffered from congenital "insufficiency," as well as in regard to those who suffered from "perversions." He himself would wish to have heard more as to the responsibility in senile involution, as it was by no means easy to fix and delimit the amount of perversion which should be considered sufficient to justify the plea of irresponsibility in these cases. He disbelieved in the education of young perverts as carried out in our penitentiaries; but he was by no means such a pessimist as the reader, still having faith in good surroundings and the force of good example. Of all measures he believed work in the open air on the land to be among the most effective agencies in the treatment of these perverts.

Dr. Régis (Bordeaux) also believed in the possible amelioration of perverts, more particularly those who are sufficiently developed mentally to respond to educational efforts. He quoted the successful results of the St. Louis Colony near Bordeaux in the Gironde, which receives and educates children of this class. He urged the necessity for establishing reformatories similar to those in America and about to be established in England, but he felt there should be an alienist attached to these houses as well as an educational master.

M. Vigouroux was also very encouraging about the training of the moral imbecile, who always suffers from certain intellectual irregularities as well. He spoke of the dangers to the weak-minded connected with the period of puberty; but urged that with good discipline and good example it was possible so to ameliorate the pervert that he could return to normal life and lead a useful citizenship. He quoted the good results obtained among intelligent cases of moral perverts and imbeciles sent between the ages of sixteen and eighteen to the school of Theophile Roussel of Montesson.

M. Claparet felt keenly that happy results were obtained by gentleness and patience when special educational efforts were made and, he ventured to think if such results were not obtained it was because there were not persons capable of supplying the suitable training.

M. Pactet spoke of the utility of ordinary education for perverts of all kinds, particularly if above a certain age. Society he felt must defend itself against this class. In institutions, especially in asylums, they organise rebellion and create disorder, from the results of which they themselves manage to escape. He felt the only treatment was for the magistrate to order these cases into establishments of a nature between the asylum and the prison, and such houses should be especially created.

Dr. Ley was hopeful of the results of education, and recorded the work in English reformatory training, which is really not for the mentally defective or the pervert—such conditions being a disqualification—but this was not apparently known to the speaker.

Dr. Voison quoted his experience at the Salpêtrière, where there existed a training establishment or a reformatory for girls of every grade of psychic abnormality. In ten years, out of 200 girls, only five had to be sent to asylums for the insane, the others, after elementary

educational instruction and constant industrial occupation suitable to their needs, having gone out into ordinary life, and subsequent reports of them had been satisfactory.

Dr. Ballet confessed he was in entire agreement with the reader of the paper, and described himself as a pessimist in regard to the moral amelioration of the pervers. He knew that many of these persons offended against society in an incomplete, half-hearted kind of way, and they could best be described as half-mad. The question was, ought they to be punished? They certainly ought to be put in places where they would be unable to injure society. For the idea of inflicting punishment should be substituted the proper one in the first instance of defending society, and before these persons could be punished it should be ascertained first if they were responsible. Criminals, he believed, whether occasional or habitual, were all by instinct "perverts," and their correct treatment would be to organise a regular method of medico-psychological examination before inflicting punishment upon them. It is not certain whether our ideas ought not to be changed, certainly widened, upon the subject of punishment.

M. Vallon advocated the more complete study of criminality, and urged that medical men should be placed at the head of institutions into which these cases were to be received.

M. Pactet reminded the meeting that he had proposed at the Lisbon Congress a medico-psychological service in the institutions where these perverts were detained, but his proposal, although adopted by the Congress, had met with the strongest resistance from Government sources.

Major Chavigny, of the French Army Medical Service, presented a paper upon the mental and nervous complications of malaria (paludism). He reviewed cases reported in the medical literature of malaria which had presented these symptoms, and he was surprised at their great number, but upon closer investigation he had been led to conclude that these symptoms were often accidental and not dependent upon malaria. As to the true nervous symptoms dependent upon malaria, he classified them into peripheral and central. The latter included aphasia, transitory hemiplegia and local paresis, all of which passed off when quinine was administered. He himself had noticed peripheral neuralgias—most often of the trigeminal nerve, the sciatic, the occipital and the intercostal; and cases of neuritis and polyneuritis had been described by other authors, notably by Catrin, Metin and Jourdan, Dopter and Sacquépée, and the symptoms had been confused with alcoholic peripheral neuritis. Remlinger had described myelitis consequent upon malaria, and others had observed transitory medullary paralysis and myelopathies where malaria could be the only ætiological factor. As to the mental complications, it is most difficult to assert definitely their true causation, for malaria, alcohol and constitutional predisposition to insanity are often combined, and there was a tendency on the part of some authorities to blame alcohol for all the psychoses which supervene in cases of malaria when the former is taken in any degree or form. Epilepsy was a form of nerve disorder often associated with malaria in the French colonies, and acute hallucinatory mental confusion was also frequently met with, worse at night and associated with

terrifying dreams. In subacute cases of malaria, delirium is often seen at the onset of the other symptoms of malaria. In some chronic cases of malaria one may meet with mental symptoms, but they often appear to be unconnected with the malaria, although in others they pass off under the quinine treatment. The highest opinion to-day does not recognise a true form of malarial psychosis, yet malaria may be the exciting cause acting on a predisposed subject, and it may also be that the predisposition to break down acts upon a subject lowered in vitality, and thus prepared for the psychosis by malaria. Both these theories have their advocates.

In the discussion Dr. Dumolard, of Algiers, related the nervous complications which had occurred in ten cases out of a total of 200 observations. Five cases were those of cerebral coma, of which two had died, one was a case of hæmorrhagic meningitis followed by death, another of hemiplegia (with the parasites in the brain), one of cerebro-spinal meningitis with lymphocytosis; two others had meningeal symptoms, one of the Landry's paralysis type cured by quinine.

M. Grall called attention to the bibliography of the subject, in which these nervous symptoms were referred to as far back as 1840 by Dr. Sigund of French Guiana and Antigua.

Dr. Régis agreed that alcohol had no monopoly as the cause of acute and terrifying hallucinations; all intoxicants and all infections produced them, and malaria in its turn could also produce them, but he had often noticed that cases of malarial delirium have alcohol as a predisposing factor. It is not the drinking that is to blame, but more often the nervous predisposition to breakdown and the failure of the eliminating organs. The result of malaria in his experience was an extreme physical and mental weakening. He had seen serious dyspnoea as well as disturbances of consciousness, such as failure of memory, in these cases. The failure and decay in these cases could only be explained by the presence of malaria.

Dr. Vigouroux (Vaucluse) showed some histological preparations and related the clinical history of several cases. In one case, after twenty years of good health, the patient was seized with intermittent fits of mental confusion lasting several days, but followed by complete recovery lasting two to three weeks. He died comatose in another fit, and at the *post-mortem* examination the liver was found to be cirrhotic and the spleen malarious. In fourteen out of sixty cases of general paralysis under his care there was an association of malaria and alcohol, as verified in the *post-mortem* examination.

Dr. Simonin referred to memory troubles in two cases which were due to malaria but were attributed to alcohol; in another polyneuritis was attributed to alcohol whereas the true cause was malaria.

Dr. Anglade added his testimony that alcoholism may be attributed as the cause of mental symptoms, whereas the real ætiology is paludism.

Dr. Régis communicated an interesting paper by a naval surgeon Dr. Hesnard, on the diagnostic difference between malarial and alcoholic delirium.

On my way to Tunis I visited the asylum into which some of those European Tunisians who became insane were received, *viz.*, the Asylum

of St. Peter at Marseilles, the only public asylum of this, the second city of France. The front, facing a main road, is the administrative block, and there is here a plot of well-laid-out garden with trees and flower beds, which were the only flowers I saw there. I was courteously received by the Deputy Superintendent, Dr. Cornu, who went round several of the male wards with me, and who seemed much appreciated by his patients. I was not taken over any female wards. It was the dinner hour for patients and staff, both dining in the wards and at the same time, the only difference being that the staff had a separate table. Wine, a quarter of a litre, was provided for both. It is a very old asylum, built in 1844, but added to in more modern times. It is stated to have grounds covering ninety acres, and provides accommodation for the poor in one part, and for paying patients in separate blocks. There is a colony for sixty farm workers and accommodation for twenty epileptics not insane. The patients exercised in cramped small courts interspersed, as it were, between the different blocks, many of which are connected by covered ways. The day rooms were very bare; I saw no newspaper nor book, no birds, flowers, pictures, nor means of amusement and distraction on the walls or elsewhere, and I saw no piano except in the private patients' block. I saw some dormitories with flagged floors which had rows of wooden box-beds with beds of straw, and the windows were unglazed, but provided with shutters, which were kept locked with chain and padlock from the inside. The asylum accommodates about 1,200 patients, many of them being re-patriated from the colonies. I understood there were four doctors and a lay-director at the head. The place was said to be visited by the *Procureur de la Republique*, the *Prefect of Police*, and the *Commission of "Surveillance."*

Patients were admitted on the order of the *Prefect of Police*, accompanied by a medical certificate, under which detention lasted two weeks; if further detention was necessary then two certificates were needed. The acute block seemed to provide an ample number of single rooms, which were lofty, roomy and airy. I saw several varieties of low-typed idiots and others who were separated from the rest of the patients, but no effort seemed to be made to train them. The whole place was very prison-like, except the private patients' quarters, and no scientific work of any kind seemed to be carried out. I saw an Englishman in detention there, and felt for his expatriation in his illness, but he had been living in Marseilles several years, and seemed unlikely to leave this place of his entombment.

The excursions of the Congress included some to Sfax and Gabès, also some into the desert and to Kairowan, others into Algiers through Constantin, visiting Biskra, the "Queen of the Desert," but the writer had no time for any of these. He made a visit, however, to the Arab quarter of Tunis, and greatly admired the dignified, if not aristocratic, calm of the native Arab. The central bazaars of the native quarter, the Mussulman customs, their devotion, their relation to their Jewish neighbours, and their apparently complete disregard of sanitation (as we know it), which must exact an enormous penalty in regard to infantile mortality, were all a new view of life. The different kinds of dark races in the town were an interesting ethnological study; the

separation and isolation of their women, their customs and appearance were a refreshingly new experience.

An excursion to Carthage, formerly the rival of Rome and the mistress of Spain, Sicily and Sardinia, now only a denuded hill, was, nevertheless, full of archæological interest. At the time of the first Punic war Carthage was a city of twenty-three miles in circumference with a population of 700,000. The remains of this mighty city are to be found to-day in every museum in Europe, and much of the city of Tunis itself has been built from its ruins. Its site even now is singularly beautiful, on the sloping shores of a magnificent and well-watered bay, sheltered from the north and west. Before the Roman wars the city of Carthage was Pagan, and given to the sacrifice of human victims, and this was evident in the extensive and valuable museum, the Museum Lavigerie, which Père de la Lettre, one of the White Fathers, showed to us. There were literally hundreds of small sarcophagi into which human sacrifices had been placed, and there were many symbols of votive tablets with the disc of Bâal the upright hand, the crescent of Astarte, palm-trees, rams and human sacrifices to Bâal to be seen in this valuable museum.

Following the Roman occupation and after the third Punic War, Carthage saw the uprooting of Paganism, and it became the first Christian seat of religious teaching in North Africa, and Christian inscriptions, such as "In peace," "Faithful in peace," "Innocent in peace," are seen among the collections in this Museum, founded by Cardinal Lavigerie. In what was said to be the Citadel is now the Byrsa, where the Tunisian merchants spend their summer in tidy villas and larger mansions. At the end of the spur on this site are said to have been the Temple of Æsculapius, where the patriotic wife of Asdrubal went to her death by fire, also the Palace of Dido, where from her funeral pyre she saw Aeneas sail! Close to this site is the great memorial cathedral of St. Louis, built by Charles X in 1830, and where Cardinal Lavigerie lies buried. Excursions were also made to other places of interest in the neighbourhood, and Tunisian hospitality was most cordial. One, a visit to the "Red Cross," a dispensary where we were received by the Ladies' Committee of the "Red Cross" Society, was most interesting. The excursion to the Museum of Bardo, when we were especially under the guidance of M. Merlin, was most informing and as educative as it was pleasant. This museum contains the most noted and largest mosaic pavement in the world, and its collection of statuary, lamps, urns, inscriptions, pottery, bronzes and mosaic pictures is truly wonderful. Formerly the Bey's Palace, it now contains the best single collection of Carthaginian remains in existence. One of our excursions, *viz.*, that to the Sadiki Hospital for Arabs, was under the guidance of Dr. Porot, who gave the history of the Arab Palace before its use as a hospital, its present use having been effected through his skill and interest. The garden with its Bougainvilleas, quince trees and meandering streamlet and with its Oriental trees and flowers was beautifully refreshing.

Leaving Tunis and travelling northward under the Spanish aqueduct behind the Bardo—the former palace of the Bey of Tunis—through olive groves, the writer passed along the road to Bizerta, where among

the harbingers of spring a pair of swallows waited in an open restaurant for the fair wind to cross the Mediterranean! The road from Tunis lay across broad expanses of alluvial plains, covered here and there with small petunias and speedwell, also with scarlet poppies (coquelicots) and yellow doronicons—the colours of the Royal Spanish House and the only cheerful reminder of the past dominion of Spain. The small cultivated plots, marked out by opuntia hedges and sheltered by Aleppo pines (*Pinus halepensis*), acacias and shaggy eucalyptus trees, showed the care and thrift of some of the scattered inhabitants. It was on this journey that the writer came across the Bedouin Arabs with their camels and tents, but the journey permitted no closer acquaintance than a passing glimpse of them.

Before the end of his journey the writer took the opportunity of visiting the Ste. Anne Asylum in Paris, the acute receiving house of the city through which pass about 4,000 cases a year, the patients being afterwards distributed to the various large asylums around Paris. The writer was unfortunately unable to see the venerable and highly respected Dr. Magnan, whose acquaintance he made over thirty years ago, when he contributed to the *Journal of Mental Science* a short account of a visit to asylums in Paris. Dr. Magnan is in his eightieth year, but active, energetic, and devoted as ever he has been to the cause of the poor insane. In 1908 he celebrated his jubilee of service at Ste. Anne, but as my visit was made the Saturday before Easter Day, and he was as usual spending the week-end out of town, we did not meet. Your readers probably all know the fortress-like Institution of Ste. Anne, built in 1867, and many have attended its clinics. It is quite within the City of Paris, has high stone walls round it, and its blocks are high stone buildings—from one to four stories—with tiled red roofs. There is a central administrative department in which Dr. Magnan lives, faced by a block of four stories, where other medical officers live, and a lay governor's house in its separate garden. I was particularly interested in seeing the line of treatment, and made a visit to the most recent cases with one of the medical officers. I arrived about eight in the morning, and was at least an hour too early even for the French doctor's medical round. The large number of cases of primary dementia of all ages struck me greatly, but there were not many cases of general paralysis. The treatment adopted was mainly the bed treatment; no morphia and no sulphonal were used, only bromide and chloral as hypnotics. I saw no mechanical restraint, but an acute patient had five or six others holding her down on a mattress on the floor in one of the acute wards at my visit. The bedrooms or dormitories had all floors of polished wood and there were very few patients out of bed in the infirmaries or wards for recent cases. There was an excellent medical reference library, but I was not shown the laboratories. All police cases are brought into Ste. Anne Asylum first, and when their cases are known they are sent to various separate institutions. The plain appearance of the wards and the institution-like character of the place were in marked contrast to our more homely surroundings in England, as is the case in all asylums where the administrative director is not a doctor. The chief officials of the asylum are, I believe, appointed by the Minister of the Interior, and the lay officials and attendants by the Prefecture of Police.

I am indebted to *La Presse Médicale* (through M. Jean Abadie) and to *La Tunisienne* for reports of the Congress, and for the names quoted in this paper. Dr. G. de Couvalette's great archæological knowledge and scholarship were most helpful to all of us in the excursions to Carthage, and to the Musée Alouai (Bardo). During my stay in Tunis and on the journey thither from Marseilles, as well as in the arrangements for travelling, I have to acknowledge the extreme kindness of Dr. Porot, the able Secretary of the Congress, as also the courtesy and much-appreciated friendliness of Drs. Régis and Semelaigne, to all of whom I am deeply grateful.

Epitome of Current Literature.

1. Physiological Psychology.

Freud and the Problem of Dreaming [*Freud et le Problème des Rêves*].
(*Rev. Phil.*, Nov., 1911). Kostyleff.

Some who view with more or less sympathy Freud's elaborate efforts to unravel the obscure threads of various morbid neuro-psychic states have been unable to accept his conclusions in the normal psychological field of dreams. Kostyleff, who has elsewhere shown himself a highly competent exponent, sympathetic and yet critical, of the Freudian school (as in a study of psycho-analysis in the same review for April, 1912), here inquires how far the doubts concerning Freud's dream psychology are justified. Throughout he analyses afresh many of the dreams brought forward by Freud, being in many cases unable to accept Freud's analysis.

Freud's material is very interesting, and his interpretations very suggestive, but he allows himself to be carried away too far, and frequently repels by the arbitrary character of his conclusions. At the same time he makes an excellent attempt to synthetise the phenomena. Observation alone, indeed, will not suffice to explain such complex phenomena. It is not enough to note a condensation here, a change of value there. Some general law of the organism must be brought into play. The mechanism of dreaming, according to Freud, consists in the return of the psychic current towards the mechanism of actual perception. In this return towards the initial process of perception, though rather variously and crudely schematised, Kostyleff finds Freud's great and unquestionable merit. At the same time Kostyleff holds that, rightly considered, this formula takes on a different character. Freud maintains that all dreams are constituted out of wishes, which, to become dreams, need an organic re-inforcement, and that this can only be provided by infantile desires of the same nature, preserved in the unconscious. Not so, says Kostyleff. Previous reactions are motor dispositions not limited to affective phenomena. Every reflex consolidates the channels it passes through, and facilitates the return of similar reactions. This applies to altogether neuter imagery as well as to imagery determining a volitional complex. The neuter imagery may even, under some conditions, have the advantage over the wish.