

hundred pages to the exposition of his views that general paralysis is etiologically identical with tabes dorsalis. His views are supported by valuable papers from Dr. Joseph Shaw Bolton and from Dr. George A. Watson.

Dr. Bolton also deals with the morbid anatomy of mental disease in general, and Dr. Tredgold treats of the importance of alcoholism and tuberculosis in the production of idiocy and imbecility; and there are other papers of the utmost value and importance.

These various contributions will be dealt with in reviews, and we can only draw the attention of our readers to the great importance of this work.

At last it may be said, without undue exaltation, that England possesses a school of neuro-pathological research which need not fear comparison with the best of its Continental contemporaries; and it must not be forgotten that this is due to the liberal public spirit of the London County Council and to the broad-minded initiative of our medical *confrère*, Sir William Collins.

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*The Family Care of the Insane.*

Our honoured foreign colleague and associate, Dr. Jules Morel, Physician and Director of the State Asylum at Mons, has, in the Belgian retrospect which appears in this number of the JOURNAL, given an account of the sessional work done at the meeting of the International Congress for the Care of the Insane held in Antwerp, September 1st to 7th, 1902. It was a notable meeting of a notable body. Belgium has been ever remarkable for the work done at Gheel, and since the foundation in recent years of the new colony at Lierneux these two institutions have been the main attraction which that country has offered to those who are practically interested in the care of the insane. At the meeting in last September the question of family care was naturally the main topic, the thread round which hung all the discussions. What has been done in this direction met with the enthusiastic and almost unanimous approval of the alienists who were present, and many proposals were considered for extending and widening the application of

the principle. But though the influence of the *genius loci* kept this special topic in the forefront, few matters of interest to asylum administrators were left untouched. The question of whether institutions for the insane should be directed by physicians or by laymen has practically little interest in England and Scotland, having long passed beyond the region of discussion. The training of attendants, owing to the exertions of our Association, may be said to have reached the same stage. Unfortunately we are not as far advanced in the question of providing special diplomas in psychiatry for physicians. Organised and general after-care cannot yet be considered to be within the range of practical endeavour, in spite of all that has been done to bring it under public notice and of the efforts that are being made in individual cases.

The numerical strength of the medical staff required in an asylum is still a burning question elsewhere than in England. We note with satisfaction that the Congress adopted the estimate made long ago by a great Belgian clinical physician, Guislain, and laid down that there should be one resident medical officer for every hundred patients in a public asylum.

Many other topics specially interesting to us just now were discussed—the prevalence of phthisis among the insane, the need for proper laboratories in asylums, the best method of dealing with early cases with safety to patients and yet without too much official intervention, etc.

Socially the Congress was a distinguished success. The Belgian Minister of Justice was Honorary President, and the Vice-Presidents included two former ministers of justice and a former minister of foreign affairs. An admirably organised trip to Gheel, under the management of our esteemed *confrère*, Dr. Peeters, was followed by an excursion to Lierneux, where the members were met by Monsieur Pety de Thozée, Governor of the Province of Liège, who has always taken the warmest interest in the colony, and by Dr. Depéron, the physician to the colony. While Gheel counts nearly as many centuries as Lierneux counts years in the care of the insane; while Gheel lies in the flat and naturally arid Campenland, and Lierneux is beautifully situated among the Ardennes not far from Spa; while the language of one is Flemish and the other is Walloon; the success that attends both seems to show that family care

does not require very special circumstances for its inauguration. Up to the present in English-speaking countries, with, of course, the remarkable exception of Scotland, the domestic care of the insane has attracted little attention. It is quite possible, however, that before long the increasing tax imposed by the maintenance of the insane may, through the operation of economic considerations, bring the question to the front even in rich countries. It is remarkable enough that although many of the most eminent alienists of France, Germany, Austria, Italy, Holland, Russia, and Scandinavia contributed to the proceedings, the only papers from the United Kingdom were those of Mr. Spence and Dr. Macpherson, dealing with Scotch statistics; and we are informed the English-speaking persons attending the Congress barely reached a Greek plural, if we omit the Chinese Ambassador at Brussels, who was present at all the meetings and followed the work with much interest, but, save as regards the too brief English portion, with the aid of an interpreter.

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*The Treatment of Incipient and Unconfirmed Insanity.*

The possibility of early legislation on this subject, and its inherent importance, must be our excuse for again reverting to it, with no intention of anticipating the discussion on the papers of Drs. Ernest White and Outterson Wood, at the May Meeting.

These papers have brought out so strongly the evils of the present condition of treatment consequent on the incapacity of many who undertake it, that the fear naturally arises whether the Lord Chancellor may not delay the passing of the clause until some plan has been formed for safeguarding its action.

Delay, however, would be greatly to be deplored, and a little consideration will show that the operation of the clause, even as it stands, would go far to remedy the abuses now existing.

The danger of prosecution, under Clause 315 of the existing Act, is without doubt a great deterrent to all persons of standing or reputation from undertaking the treatment of any cases in which mental disturbance is present. The result is