

as several symptoms still exist, *e.g.* irritability, tremors of the hands, contractions of the face, inequality of pupils, slow ideation, weak memory, and congestion of the brain.

Kovalewsky believes in recovery from the disease, but there always remains some weak-mindedness, even though the patients have memory, reasoning power, and thinking, but still they ought to be declared responsible, and enjoy their civil rights.

Summary after the death of the patient.—Notice should be taken of all objective facts, and also the opinion of those who had known the patient for years, and who also saw him in his last moments. This would then be a complete psychological analysis.

HOLLAND.

By Dr. F. M. COWAN.

The Report of the Inspectors in Lunacy for the years 1894, 1895, and 1896, was issued in the beginning of 1898. It contains a great deal of interesting matter and important figures, along with a vast amount of dry detail.

In 1894 there were 1908 (995 males and 913 females) admissions into the different asylums. Of these 162 (89 males and 73 females) died, 165 (102 males and 63 females) were discharged not recovered, whilst 245 (124 males and 121 females) were discharged recovered.

In 1895 there was a further mortality of these patients of 145 (85 males and 60 females), 142 (70 males and 72 females) discharged not recovered; there were 228 recoveries (102 males and 126 females).

In 1896, 67 died (35 males, 32 females), 50 left not recovered (22 males, 28 females), 36 recovered (20 males, 16 females).

In 1895 there were 1920 admissions (998 males, 922 females); in the same year there were 161 deceases (91 males and 70 females); 145 non-recoveries (88 males, 57 females); 266 recoveries (136 males, 130 females).

In 1896, of these patients 124 (63 males, 61 females) died; 143 left the asylums unrecovered (76 males, 65 females); 210 recoveries (94 males, 116 females).

In 1896, 998 males and 950 females were admitted; 175 (101 males and 74 females) died; 216 were discharged not recovered (119 males, 97 females); and 296 recovered (140 males, 156 females).

The number of insane under care in the asylums in the Netherlands on the 1st of January, 1897, was 7319 (3682 males, 3637 females); 1605 persons of unsound mind were resident in private care.

There were seven suicides in 1894, six in 1895, and only two in 1896.

It is a wearisome task to report the same annual complaints about want of room. In fact, hardly has a new asylum been built when there

is a rush into it and the authorities are obliged to refuse to receive more patients.

A new asylum for quiet demented patients has been opened at Graze, and it is hoped that this may be the nucleus of an insane colony. Indeed, if the asylums could get rid of these inoffensive patients a great deal of room might be obtained for recent cases. If the experiment succeeds, and I think that it must succeed, it will take a long time to accustom the people in and about Grave to live with the insane. A colony like the one at Gheel cannot be had to order. During the first years of its establishment constant and regular supervision is especially necessary.

Scientific attention is now being paid to prisoners, amongst whom, as is widely recognised, several are found whose proper place is an asylum. It is a well-known saying of Tarde that the reason why one man should be in jail while another is in an asylum is that the path of the former was crossed by a judge whilst that of the latter was crossed by a physician.

During the years 1894, 1895, and 1896 the inspectors met with 169 lunatics in the different prisons; of these, 26 were treated in prison, 137 were sent to asylums, and 6 were sent back to prison after having been found malingersers.

It is very unfortunate that a criminal, whose mental health is doubtful, has to be medically examined in a prison. The law does not allow of his temporary admission into an asylum; the investigation consequently has to be carried on under very unfavourable circumstances, and the reports of turnkeys may be safely said to be worthless. These officials consider medical interference as an act of usurpation, although they have never learnt to observe an insane person. A step in the right direction might be taken by employing an experienced mental nurse to attend and report upon the person to be examined. A great deal of prejudice and opposition has to be conquered before a real advance can be made.

Another matter which has been fiercely discussed is the rights of woman. I mention the question, not because it is directly connected with mental medicine, but because alienists in Holland have been actively engaged on both sides.

DENMARK.

By Dr. A. FRIIS.

There has been a change at the *personnel* at the asylum at Aarhus, Dr. Holm, who has been Director since 1878, having retired at the end of last year on account of ill-health, and Dr. K. Pontoppidan having succeeded him in March, 1898. This able and talented physician had been medical superintendent of the wards for nervous and mental diseases at the Kommune Hospital at Copenhagen, and clinical lecturer on psychiatry at the university there, but had resigned those