

Thus the reflex was observed more frequently in women than in men, but less in the second group, which included numerous general paralytics. The existence of radio-bicipital reflex has no signification. However, any exaggeration proves a reflex hyperexcitability. It is found especially among the anæmic and neurotic groups, and is very frequent in general paralysis. The exaggeration on one side only generally indicates a state of hyper-tonicity or the beginning of actual contraction. Professor Francotte has observed it in two cases of paralysis agitans.

There is usually a connection between the radio-bicipital and the knee-reflex, although there are cases in which the first is very feeble, while the last is very marked, and *vice-versâ*.

*Trional.*

Dr. Villers prefers trional to sulphonal and many other hypnotics in cases of obstinate insomnia, senile dementia, etc. It has no noxious action, even in patients suffering from mitral insufficiency.

GERMANY: By Dr. J. BRESLER.

Although many an urgent desire of the German alienists remains unfulfilled, and the accomplishment needs still greater efforts, the last year has brought some important progress in the practical psychiatry of our country, and there is hope that the aims before us will soon be reached too.

In the creation of the *new code of civil law* of the German Empire, which in the last year has been accepted by the Parliament and sanctioned by the Emperor, and which will come into operation in 1900, many an occasion naturally was given to consult scientific psychiatry, and to pay regard to its claims. The best evidence how this has been done is the remark added with general applause by the President of the Association of German Alienists, Dr. Jolly, at the annual meeting on the 18th and 19th September, 1896, at Heidelberg, on the paper read by Mendel on the "Insane in the New Code Civil, according to the Resolutions of the German Parliament," "that any discussion be unnecessary, and it be sufficient that alienists express their satisfaction with the accomplishment of the great national work which pays such full regard to the desires of psychiatry."

The paragraphs of the new civil code in which the alienist may take interest are the following:—

Section 6. Under guardianship *may*\* be placed a person—

1. Who, in consequence of insanity or of weakness of mind, is unable to take care of his affairs;

\* Not "must," as it was formerly!

2. Who by prodigality exposes himself or his family to the danger of distress ;

3. Who, in consequence of drunkenness, is unable to take care of his affairs or exposes himself or his family to the danger of distress or endangers the safety of others.

The guardianship is to be terminated when the cause of the guardianship ceases.

(It is curious that (as Mendel, who co-operated as expert in the composition of these paragraphs, communicates) the party of the Social Democrats in the Parliament tried to oppose Clause No. 3 from fear that men of the working class could be deprived of electoral rights by means of this guardianship.)

Section 104. Incapable of transacting business is he –

1. Who has not completed the seventh year ;

2. Who is in a state of morbid disorder of the mental activity, which precludes free volition, unless this state, according to its nature, is a transitory one ;

3. Who is placed under guardianship because of insanity.

Section 5. The declaratory act of a person incapable of transacting business is null. So also is a declaratory act which is made in a state of unconsciousness or of transitory disturbance of the mental activity.

(As Mendel emphasises, it may happen that a person who is insane in the psychiatric sense, in certain circumstances, may perform a declaratory act, *e.g.*, makes his last will.)

Section 114. Who, in consequence of weakness of mind, of prodigality or drunkenness, is placed under guardianship or is placed under a provisional guardianship, is, concerning his capability of transacting business, like a *minor* person who has completed the seventh year (*i.e.*, is *limited* in the capability of transacting business, and needs, for a declaratory act, the consent of his legal guardian, Section 106, 107).

Section 826. Who, in a state of unconsciousness or in a state of morbid disturbance of the mental activity, precluding free volition, injures another, is not responsible for the injury. When, however, *he has placed himself in a transitory state of this kind by means of spirituous drinks or by similar means*, he is *responsible for the injury* caused illegally in this state, in the same manner as if he were charged with negligence. The responsibility does not hold when he has fallen in this state without his own fault.

Section 829. Who, in consequence of Section 827 (and Section 828) is not responsible in one of the cases designed in the Sections 823-826 for injury caused by him, has nevertheless—when the reparation of the injury cannot be obtained from a third person (the supervisor)—to repair the injury in as far as the equity, corresponding to the circumstances (especially to the condition of the persons concerned), needs an indemnification, but the means

are not to be withdrawn from him which he needs for his livelihood suitable to his rank or for the accomplishment of his legal duties of maintenance.

Section 832. Who, is legally responsible for the supervision of a person who, because of minority or of mental or bodily state, needs supervision, is responsible for the reparation of the injury which this person causes illegally to a third. The duty of indemnity does not take place when he has sufficed to his duty of supervision or when the injury would have arisen under sufficient supervision.

The same responsibility touches him who takes the supervision of such a person by contract.

Section 1569. A husband (or wife) can go to law for divorce when the wife or husband is insane, if the insanity has lasted at least three years during the matrimony, and has reached such a degree that intellectual companionship between them is abolished, and all expectation of re-establishment of this companionship is excluded.

The sane husband has to provide for the maintenance of the insane wife, divorced because of insanity, and *vice versa*.

The Catholic party of the Parliament tried to oppose this paragraph as repugnant to the Christian character of matrimony; on the ground that only a great violation of matrimonial duties should be a cause of divorce.

As another advance of psychiatry in Germany, we note a ministerial enactment in Prussia, that physicians who wish to be admitted to the examination for "*district physicians*" (Kreis-Physikus) must have previously acquired a sufficient *knowledge of psychological medicine*, and therefore must have had, during six months, clinical instruction in a psychiatric clinic of a university, or must have discharged the duties of an assistant in a lunatic asylum during three months (both, too, a short time as it seems!). In the examination, the candidate has to give evidence of his capability of investigating and certifying morbid states of mind, and of his knowledge of forensic psychiatry; a scientific essay (written) is to be given also by him, on any question of psychological medicine (but instead of it the examiner may set a theme on public hygiene).

Lunacy administration being a matter of self-government of the individual provinces and cities, under the survey of the State Government, but without any centralisation, great variety exists with regard to many objects of administration, by no means in behalf of lunacy itself, *e.g.*, the *attendantship*. Now, concerning this latter, at the meeting mentioned above, the Association of German Alienists accepted unanimously, after a long discussion, the following theses, that:—

1. It is necessary, for the management of lunatics, that especially instructed persons be supplied, who should remain in the service as long as possible.

2. Each asylum should, so far as possible, itself train up its attendants. The director and the assistants of the asylum should instruct the attendants in the attendance and care of patients.

3. Arrangements are to be made, by which the future of the attendants is insured as far as possible (higher salary, which should increase proportionately with the years spent in the service, premiums after a certain number of years, pensions, widows' and orphans' settlements, application of the insurance law against accidents).

4. Arrangements are to be made by which the necessary recreation and health of the attendants are secured (sufficient number of attendants in proportion to the number of the patients, regular intervals free from service, special rooms for recreation; longer furloughs without deduction from salary).

We hope these claims will be fulfilled by the Governments, at an early date.

As is known, in Germany and mostly in Prussia, some years ago, and especially in 1895, when the mismanagement by lay brothers in the convent of Marienberg was exposed, *lunacy* and *alienists* were often the object of animadversions not only from the public, but also from men in high position and rank, *e.g.*, from Finkelburg (\* 1896), who was himself in former times an alienist. Now, in 1896, these complaints ceased after their groundlessness (except naturally the Marienberg affair) was known, and the Government of Prussia (and of the other States) had calmed public opinion by rendering more severe some regulations concerning the reception of the insane into private asylums, the management of these latter, the guardianship of the insane, the governmental supervision of the asylums, private and public, etc.

With regard to the progress of *scientific psychiatry*, we can greet at the end of 1896, as a sign of increasing psychiatric investigation, the appearance of a new "*Monthly Journal of Psychiatry and Neurology*," edited by L. Wernicke and Th. Ziehen. In the preface Wernicke emphasises that the next task of psychiatry is to create as limited forms as possible of mental diseases, for which exact clinical observation is the best and only basis; he refuses attempts at simplifying and joining together groups of diseases, and the endeavour to pay regard only to etiology in settling the single classes of insanity. Also he opposes the efforts made by Flechsig to found a psychology on the results of his anatomical investigation of the brain, especially the embryonic and developmental brain (sensory centres and associative or "thinking" centres—Flechsig). Notwithstanding these objections, the works, published newly by Flechsig, "*Brain and Mind*" and "*Localisation of the Mental Functions*," are of the greatest value, and we must leave it to the future which of these savants will throw more light in the unknown and dark depths of our science.

I cannot conclude this report without mentioning a direction

of scientific investigation taken newly by Hallervorden (clinical teacher in psychiatry, Königsberg) in trying to found a *clinical psychology* and a *psychohygiene*. A report on the papers representing this author's views and plans would need too much space here, and we must confine ourselves to translating the following passage of his paper, "Clinical Psychology, the Preliminary of the Psychohygiene" (*Deutsch. Med. Wochenschrift*, 1896, 41):—"Clinical psychology as a method is the real psychology of the individual sane man, studied in the clinical manner of teaching. Till now, we have only metaphysic or theoretic or laboratory psychology, a psychology of species, briefly a psychology of the mind; but we don't have a psychology of the *living man*, because the *individual* has till now been made the object of *investigation*—insufficiently, of *teaching*—not at all. Therefore a whosoever *sane individual* is to be investigated by the teacher in the auditory before the students of *all sciences*; an exact anamnesis inclusive of heredity, somatic state, state of the head, of the nervous system, of the mind in all directions, is to be brought up, the method of investigation, somatic and psychical is to be demonstrated, and, after registering the statements, the demonstrated *individual* is to be talked over as a *whole*, according to the results of investigation; to be explained, diagnosed, and prognosed, especially in the affectional, moral, and intellectual spheres. For each lecture another individual with special variety of age, sex, profession, education, endowment, etc., is taken. Of course the philosophical, psychological, and individual limits of the investigation are to be emphasised." Psychology will thus be definitely brought out of the auditory of the philosopher and out of the laboratory of the psychologist into the free territory of the physician; the name *clinical psychology* has been elected as emphasising the *medical* origin and the *medical* application of the matter. (See also "*Arbeit und Wille*," by Hallervorden, Würzburg, 1896). We add that Hallervorden's manner of psychological investigation is very much akin to Kraepelin's works.

HOLLAND: By Dr. F. M. COWAN.

What Solon told the King of Lydia, several centuries ago, is quite as true now as it proved to be in the case of Cræsus. When our law for the study of physic was introduced, it was considered an improvement that mental diseases should be taught at our university; true, it was considered strange that this indispensable branch of medicine should be only imparted at one medical school; still, it was hoped that the necessity of possessing a chair for psychological medicine at every university would be soon imperiously felt. A long time elapsed, and at last Dr. Winkler was appointed a lecturer on mental and nervous diseases at Utrecht.

The governors of the lunatic asylum were willing to allow him