

doors, and the dangers to the physicians and attendants on the insane. He states that he has observed cases in which insane persons communicated their own delusions to the sane, and quotes the opinion of Bieberach, whose experience of boarding out lunatics in families at Hofbeuren, in spite of sharp medical control, was unfavourable; hence he concludes that boarding out, in order to relieve the overcrowding of asylums, is in Germany to be rejected.

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- (1) *Zur Eröffnung der psychiatrischen Klinik an der Landesuniversität, Giessen (The Opening of the Psychiatric Clinic at the State University of Giessen)*. Von Professor SOMMER, Giessen. (*Correspondenzblatt der ärztlichen Vereine des Grossh. Hessen*, Jahrg. vi, 1896, Nos. 3 u. 4.)
- (2) *Une Visite à la Clinique Psychiatrique de Giessen (A Visit to the Psychiatric Clinic at Giessen)*. Par le Dr. P. LADAME, de Genève. (*Annales médico-psychologiques*, Nov. to Dec., 1899.)

The credit for being first to establish psychiatric clinics belongs to France rather than to Germany. The latter country entered somewhat late in the movement, which began about the beginning of our century at Salpêtrière, under the auspices of Pinel and Esquirol. The study of mental diseases in Germany took a new lease of life from Griesinger, the influence of whose career has been felt in all countries. The views of Griesinger triumph to-day more especially in his native land, and as years have gone by, more and more of the chief universities of Germany have established psychiatric clinics—Heidelberg in 1878, Leipzig in 1882, Strasbourg in 1886, Fribourg in 1887, Halle in 1891, Würzburg in 1893, and finally Giessen in 1896, to which we propose more particularly to direct attention.

The University of Giessen was founded in 1607, and is pleasantly situated to the south-east of the town of Seltersberg, and forms a veritable medical village. The new psychiatric clinic has been built in close proximity to the other clinics, thus differing from most other asylums, which, on account of their isolation, are of little use for the purposes of teaching and research. In spite, however, of this close proximity, the psychiatric clinic has a separate and independent management, necessary for the State care of the insane, and only borrows electricity for purposes of illumination, and makes use of the central dispensary for medicinal remedies.

The asylum is mainly built on the "pavilion" system, although several important parts are connected by corridors, and the evils of a pure "pavilion" system are also somewhat remedied by extensive telephonic communications.

The asylum consists of the following buildings:

1. A central block, containing on the ground-floor the administrative offices and the "poli-clinique" (out-patients), which is mainly for mild cases, generally called "nervous," and which are instructive when compared with real cases of mental disease with their manifold nervo-

pathological complications. On this floor is situated a library and an anatomical museum, used also as a research laboratory, although most of the section-cutting is done at the Pathological Institute. On the first floor is situated the lecture room, surrounded by different laboratories devoted to pathological chemistry (toxins, &c.), anatomy and histology, experimental psychology, and psycho-physics. In these rooms one finds all the equipment necessary for original research, and amongst other things a phonograph, which has proved of great service. The cost of equipping these laboratories was about £700. Two medical officers are quartered in this block.

2. Behind the central block, and separated from it by a garden, is a building containing the kitchen, head cook's room, and store-room. Adjoining the store-room are two distribution rooms, where the food is served out to both sides.

3. These two buildings, central block and kitchen, form the middle axis of the asylum, and on each side are arranged symmetrically four separate blocks, forming the two sides, male and female.

(a) On each side of, and in the same line as the central block, but quite detached, is a pavilion reserved for quiet patients, who need very little supervision, and who are allowed considerable freedom. These buildings are practically double villas, having separate entrances and sanitary blocks, but with a common scullery. The front aspect of the asylum is formed by the central block and these two villas.

In the same line as the kitchen and arranged symmetrically are four other blocks, two on each side.

(b) The buildings immediately flanking the kitchen (F<sub>2</sub>, M<sub>2</sub>) are occupied by quiet patients who require constant supervision (melancholics, suicidals). In these buildings are resident, on the female side, three doctors, and on the male side a "Volontärarzt" (clinical). Besides the day-room and single rooms there is a large observation dormitory, where some of the patients are treated on the principle of giving complete rest, and are kept in bed day and night.

(c) Flanking these two buildings are two others (F<sub>3</sub>, M<sub>3</sub>), the one situated to the right of F<sub>2</sub>, and the other to the left of M<sub>2</sub>. They accommodate the noisier class of patients who require supervision. The head attendants on each side have their quarters in these blocks, and have special charge of the observation rooms. Here one finds rooms fully equipped for the clinical examination of the patients, and at hand is all that is necessary for exact scientific observations from both the physical and psychical point of view (including photographic apparatus, stereoscope, cinematograph, phonograph, &c.). In the upper story of these blocks are self-contained apartments for semi-quiet patients, with a day-room, two dormitories, and two single rooms (latter are acoustically isolated), and sanitary blocks.

(d) Behind the two latter blocks and connected with each by a short corridor, are the two remaining blocks (F<sub>4</sub>, M<sub>4</sub>), each of which consists of a gallery of single rooms. Attached to each of these blocks is a bath-room and a spare bedroom. In the basement is a room for the storage of dirty linen previous to being sent out to wash. The absence of a laundry is a surprising feature.

Separate from the rest of the asylum is a residence for the medical director.

The male and female sides are identical in every respect, with the exception of M<sub>3</sub>, which has under it the central station for the steam heating apparatus, with six boilers and a coal-cellar.

Hot water for the baths is obtained from reservoirs, which are heated by means of steam coils. Besides the general bath-rooms (which possess moveable baths, which can be moved on rails to the single rooms), each continuous observation dormitory has curtained baths, like those at Wurzburg, in which acute cases can be placed for extended periods of time in close proximity to their beds, tepid water being used. These are also used for cases which are physically weak or have illnesses which forbid their removal.

The wards are well furnished and the floors are covered with linoleum. The institution is lighted throughout by electricity. In the observation dormitories, in place of electric lights being hung from the ceiling, they are placed fairly low down at each corner of the room, so as to throw a good light upon the beds, and to facilitate the examination of the backs of those continually in bed.

We have to congratulate Professor Sommer on his asylum, the internal arrangements of which have largely been carried out under his personal direction. We have also to congratulate him on the excellent opportunities afforded for clinical observation and research as regards mental disease, and express the hope that they may be productive of good work.

Many in this country will envy his position when it is understood that five assistant medical officers besides himself form the staff of an asylum which is built to accommodate 100 patients, the average number being, however, only from 50 to 62.

The estimated cost of the buildings was £36,750, but this has been exceeded. Private patients pay from three to fifteen marks a day; other patients invariably one mark a day.

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*Influenza som Aarsg til Sindssygdøm: Historisk-klinisk Undersøgelse af H. Fehr, Reervelaeg ved Sindssygeanstalten i Viborg (Influenza as a Cause of Insanity, by H. FEHR). Copenhagen, 1889, royal 8vo, pp. 338.*

It confers distinction on the asylum of Viborg to have, within so short an interval, sent out two such able monographs as Dr. Hallager's book on Epilepsy and Dr. Fehr's book upon influenza as a cause of insanity. The author shows great learning, unwearied diligence, and much power of clinical observation and analysis. He traces the history of this *morbus omnium maxime epidemicus* from the papyrus Ebers, the most ancient work on medicine, down to the latest periodicals of the day. Especially interesting are Dr. Fehr's studies of the history of influenza during the Middle Ages. A virulent epidemic is described by Jacob von Königshoven in 1387, and by Nicolas de Baye in 1404.