

wholly responsible would be considered and treated as if only partially so. A proposition by Dr. Siemerling (Tübingen) was adopted, recommending that full information regarding the practical application of the doctrine of diminished responsibility be collected and presented to the Association. It cannot be said, however, that any real progress was made in the matter. Much attention was also given to a paper by Dr. Werner (Owinsk) on *The Public Asylum with regard to its Size and Administration*. He advocated that no new asylum should be built for more than 600 patients; that the director should give the fruits of his long experience to the actual treatment of each patient individually; and that there should be a medical officer for each 100 of the latter. The Committee of the Association awarded a prize of 500 marks to Dr. Scholz (Waldbriuel), one of seven competitors, for the best Handbook for Attendants. The founder of modern lunacy, Dr. Johann Christian Reil, who died in 1813, having lived and worked in Halle, where the meeting was held, Dr. Alt proposed to do honour to his memory, by granting a sum of 1000 marks from the Treasury of the Association for the renovation of his grave, which still exists, but in bad condition, on the so-called Reilsberg of Halle.

BELGIUM.

By Dr. JULES MOREL.

The past year has been marked by the very considerable amount of attention given to the study of alcoholism. Certain of these papers are of importance, and I send the following notes:

The responsibility of the alcoholic.—Dr. de Boeck devotes his presidential address to the consideration of those cases of acute alcoholism with delirium held to be irresponsible in Belgium, France, Germany, and England. His conclusions are formulated on the basis of scientific, moral, and social studies. Having referred to the opinions of Aristotle, the Romans, and St. Thomas Aquinas, who agreed that accidental drunkenness with loss of consciousness is not a condition involving responsibility, while voluntary drunkenness, consequent on neglect or carelessness, is a condition involving responsibility, Dr. de Boeck gave an account of the German code, which makes a distinction between drunkards who retain or lose consciousness. When consciousness is affected the accused person is held partially responsible; when it is completely lost he is held wholly irresponsible. Dr. de Boeck believes that it is more reasonable to try to establish a scientific distinction between a state of health (implying responsibility) and a state of disease (implying irresponsibility); but he recognises the difficulty of defining these conditions and of classifying intermediate cases, and therefore admits the doctrine of partial responsibility. As the medical expert appointed by the judge remains a physician, the accused must be a

diseased person. As alcoholism is so common it is almost impossible for the public to regard its victims as diseased persons. The question must be studied in view of the reaction of the individual to alcohol—whether habitual or not, whether extra-cerebral abnormal factors interfere with it or not. Having related two very interesting cases of pathological inebriety, Dr. de Boeck concludes that, as a necessary condition of this state, the superior psychical centres—the centres of inhibition—of the person must be weakened and degraded, and that his cortical degradation is congenital, hereditary, or acquired. Still, the task of the expert in forming an opinion is very difficult, owing to the uncertainty of the feebly marked symptoms; but it would be rendered easier if there were special legislation for habitual drunkards, and if notification of irresponsibility were followed by detention in special institutions.

The influence of alcohol on mental work.—Dr. de Boeck, referring to the work of Kräpelin and the deductions of Schmiedeberg and Bunge, shows that the exciting action of alcohol is but temporary, that it is soon followed by paralysis, and that it produces a qualitative and quantitative alteration of the higher functions of the brain, while setting free the lower centres. These observations very well explain the phenomena of inebriety. I think that Dr. de Boeck has very ably reconciled contradictory opinions arising from the objections made to Kräpelin having made his experiments with too large doses, and Warren, who, on the contrary, used small quantities of alcohol.

A case of alcoholic paranoia.—This case was reported by Dr. Séaux, and was characterised by the existence of no other cause than alcoholic intoxication. Also by the fact that the insanity was preceded by manifest alcoholic symptoms, which began suddenly and were accompanied by a confusional state; and, above all, there were special characteristics of the mental symptoms—the delusions and the hallucinations of the patient were intimately connected with the idea of conjugal infidelity, which, together with jealousy, is so frequent with alcoholics. Although it may be doubted if this kind of case should be included in the clinical conception of paranoia, Krafft-Ebing has described similar cases under the title of alcoholic paranoia. An insanity of alcoholic origin, beginning at forty-five years of age, characterised by various hallucinations, ushered in by a confusional state, and tending to dementia in less than two years, can hardly be classified as paranoia, even if delusions of persecution be persistent.

Alcoholism from the medico-legal point of view.—Dr. Lentz considers this subject from the point of view of legal responsibility and from the point of view of detention of alcoholics in institutions. He makes a distinction between the habitual drunkard and the alcoholised. In the latter class alcohol has caused pathological manifestations which are variable but characteristic. The habitual drunkard he considers to be neither alcoholised nor intoxicated. He has, of course, a propensity to drink, and may remain an habitual drunkard all his life. He suffers from a moral disorder. Dr. Lentz, of course, admits there are undefined cases existing between the pathological inebriate and the habitual drunkard which are the despair of the physician. In regard

to responsibility, Dr. Lentz considers three classes of drunkards: first, habitual drunkards; second, the alcoholics; and third, the pseudo-alcoholics. There is no question as to the legal responsibility of habitual drunkards who show no trace of intoxication, but Dr. Lentz reminds us that these persons are frequently degenerated, and that they may be considered as pseudo-alcoholised if the alcohol gives rise to abnormal reactions. As regards the second class, they may be divided into two sections: first, with regard to acute intoxication (drunkenness), if irresponsibility is admitted, it can be but partial at first, although it may progressively increase. In these cases there are modifications of perceptions, emotional reactions, and voluntary reflexes. Consciousness and will being more or less dependent on moral dispositions and organic manifestations, and being altered by drunkenness, responsibility must vary in proportion. Dr. Lentz considers that those persons whose drunkenness is characterised by dangerous impulsive acts are irresponsible. With regard to chronic alcoholism marked by progressive decay of the mental faculties, he holds that responsibility is commensurate with the degree of the decay. It is often difficult to appreciate the degree of responsibility, and the examination of the individual and the circumstances must be very searching. Those alcoholic patients suffering from obvious insanity present no difficulty, but in the pseudo-alcoholic state the morbid forms are difficult to recognise. The alcohol is, no doubt, the cause of the disease, but there is also a certain degree of moral degeneration. The diagnosis may be impossible. Dr. Lentz distinguishes various forms—maniacal, somnambulistic, etc.

In considering those cases of alcoholism in which the brain is affected and the treatment is of a therapeutical nature, Dr. Lentz is of opinion that the ordinary asylums of the country are suitable, provided that these patients are separated from the others, because a different moral regimen is necessary. He would provide special asylums only in great centres of population, not for the acute cases who are more suitable for general hospitals, but for the vicious drunkards who are not insane. Dr. Lentz asserts that those special institutions, already erected at great expense, have not as yet produced brilliant results. As drunkards require moral rather than medical attention, he suggests the erection of a special asylum on private initiative. The value of the results being insufficient from a social point of view is another reason against the detention of inebriates in asylums for the insane. The enforced temperance of ordinary prisoners during their detention does not prevent their return to drunkenness when they regain their freedom.

Notwithstanding Dr. Lentz concludes that the State ought to interfere, because it is beyond doubt that alcohol is not only noxious to drunkards, but also to society.
