

She could count up to four only. She could tell her name and age, but no other particulars of her history.

Dr. Manning accompanies the report of this case with a sketch of the pathology of sporadic cretinism and the literature of the subject.

University of Sydney.

We have received from Dr. Norton Manning the questions in psychological medicine at the third professional examination, held December 18th, 1889:—

EXAMINERS.

DR. NORTON MANNING.
DR. CHISHOLM ROSS.

The first and any other three questions (but not more than four altogether) must be attempted, and the certificate must be criticized and corrected.

1. What are the questions you would especially ask, and what means would you take to ascertain a man's Testamentary Capacity? What would lead you to suppose him to possess this capacity, although his mind might not be sound on all points?
2. Mention the varieties of Mania or Mental Exaltation. Describe the symptoms, physical, sensory, and mental, and the course and treatment of Acute Mania.
3. State the difference between Insanity, and Idiocy and Imbecility. Describe the characteristics of Scrofulous or Kalmuc Idiocy. Mention the possibilities of improvement by teaching in the various forms of Idiocy.
4. What treatment would you adopt in a case of Acute Delirious Mania? With what other diseases may it be confounded? Give the differential diagnosis.
5. Give brief definitions of—Insane Delusion, Hallucination, Jacksonian Epilepsy, Mental Stupor, Mania *à potu*, Cretinism, and Hypochondriasis.
6. Give the chief symptoms in a case of Adolescent Insanity. Describe the treatment of this form of Mental Disease, and mention the grounds on which you would conclude that complete recovery had taken place.

Criticize and correct the accompanying faulty certificate.

Dr. Manning has, we regret to hear, resigned the lectureship in this department. He is succeeded by Dr. Chisholm Ross.

3. *German Retrospect.*

By W. W. IRELAND, M.D.

Das Doppel-Ich: von Max Dessoir. Schriften der Gesellschaft für Experimental-Psychologie zu Berlin. Karl Siegesmund, Berlin. 1889.

The title of this pamphlet has its attraction, and the author excites our curiosity by promising to prove that in every man there are the traces of a second personality. After a little examination one finds

that Mr. Dessoir has nothing new to tell us ; he simply takes advantage of words used too vaguely to state a view which his evidence cannot sustain. It is true, as he says, that consciousness and memory are the two elements of personality. It is also admitted that a man may lose for a time the remembrance of the antecedent and accompanying circumstances of his daily life, the when, where, and how which he habitually carries about with him. This is lost in dreams, and sometimes is missing on the first awaking from sleep, and in deep reverie. It is generally lost in the state of somnambulism and in the induced condition of hypnotism. Mr. Dessoir tells us that the hypnotized person or the sleep-walker forgets his previous condition in the ordinary waking state, while his memory runs back to events and experiences in the previous condition of somnambulism or hypnotism. This is certainly not always the case, but granting that it often is so, we cannot admit that it proves a double personality any more than that the dreamer is a different person from the man awake. Moreover, the sleep-walker or hypnotized person is not entirely deprived of memory. He retains his powers of language and acquired accomplishments. It is deeply interesting and deeply mysterious that one human being should have his memory running along two distinct links of association as in the cases of Felida and Leonie, cited by Mr. Dessoir. He tells us that Wolfart relates a case in which a woman remembered what had happened to her thirteen years before in magnetic sleep, of which she had no memory in the waking condition. Nevertheless, double memory will not make two distinct beings ; neither will the consciousness of two parallel acts. We quite agree with Max Dessoir that a man can follow out two mental processes at once, especially if they are of a dissimilar character. This was well-known to the old metaphysicians. It has been explained as owing to the two hemispheres exerting themselves independently of one another. Dessoir rejects this explanation in a very summary manner.

There is no doubt, he observes, of the relative independence of the two hemispheres, and the connection of the disturbance with mental derangement is certain. But to refer everything to a simple divergence between the action of the right and left side of the brain is over-driving a short-legged generalization. After the same dogmatic fashion the author writes : " I take it as proved that the higher nerve centres can work unconsciously, that is to say, some of their functions stop at the threshold of consciousness, although a man like Lewes assumes the presence of consciousness in all nerve actions, not even excepting simple spinal reflexes." Of course, we know that many processes go on in the brain, such as nutrition and waste, of which we are unconscious. Much of the confusion of thought arises from the loose way the word consciousness has been used by some writers. Sometimes a man is said to be " unconscious " in dreaming or in sleep-walking, or in those cases in which the memory of actions or mental processes rapidly fades away. French writers are even less exact : Their word *conscience* means both

consciousness and conscientiousness. We cannot find anything in the pamphlet which really supports Dessoir's views save what is called post hypnotic suggestion. It is stated at page 18 that Herr D— told the hypnotized subject that after he had smacked his hands seventeen times he must do some action. The subject on awakening had quite forgotten this command, and being asked what he should do after the noise had been made fifteen times the subject said he did not know what he should do after the seventeenth clap, but when these two remaining strokes had resounded, he automatically executed what he had been told to do in the hypnotic state. Similar statements have been made of individuals obeying orders given many days before, keeping a due record of the days or hours elapsed, not by any vulgar process of arithmetic or attention or notation, but some other way which it would be too much to say we are left to imagine, but which, in fact, no one can imagine. For my part I am not satisfied of the correctness of the manner of stating these observations. A clever hypnotic operator will make his subjects state everything which he wants, and frequently he multiplies his own errors and self-deceptions, through lack of careful analysis. The following gives a *résumé* of Max Dessoir's principal conclusions :—

1. Human personality consists of at least two schematic, separable spheres, each of which is held together by a chain of memory. Hypnotism may be defined as a state of artificially induced preponderance of the secondary ego.
2. Many facts which philosophy brings forward as proofs of an immortal soul may also be explained on the assumption of an empirical second self, and in this self the hypersensuous human capacities must become confused in occultism.
3. Philosophy is not satisfied with an unknown localization in the hemispheres, but must have in each hemisphere a parallel substratum for unconsciousness as well as for consciousness. The one is characterized by reflex activity ; the other by inhibitory power. The one works after a smooth and mechanical fashion ; the other through less accustomed paths.

The last number of the "Centralblatt für Nervenheilkunde" appeared on the 15th December last. It had continued for twelve years. In bidding farewell to his readers, the editor, Dr. Erlenmeyer, explains that he has no longer time to devote to the care of the journal. The "Centralblatt" was a useful periodical, conducted with great ability, and sustained by a numerous staff of contributors, of great scientific and linguistic attainments. Some of them purpose beginning a monthly journal of neurology, which is to have an international character.

Since we gave the last German Retrospect there have passed away some men of great distinction in the study and treatment of insanity—Doctors Hagen, Kandynski, Leidesdorf, Nasse, and Westphal, all

men from whose writings and observations the medical world has derived much instruction. I venture to devote a page to a notice of the Russian psychologist, to whom attaches the peculiar interest of a man of great merit struggling with cruel misfortunes. (See Obituary.)

Jacksonian Epilepsy.—Dr. Löwenfeld, of Munich, has filled eight pages of the "Archiv. für Psychiatrie," Band xxi., 1 and 2 Heft, with an elaborate sifting of the current views on Jacksonian epilepsy. It is now well-nigh thirty years since Dr. Hughlings Jackson first published the observations in which he assigned epileptic spasms confined to particular groups of muscles to irritation of certain parts of the cortical matter of the brain. This view pointed to the localizations of Fritsch and Hitzig, and was in its turn confirmed by the experiments of Ferrier. In process of time, Dr. Löwenfeld observed, that not only circumscribed lesions of the cortex, but diffused superficial diseases of the brain as well as lesions below the surface could cause localized convulsions. It has even been shown of late years that Jacksonian epilepsy can occur without any organic affection of the brain. Dr. Jackson's generalizations have been taken as the foundation of surgical operations, but Dr. Löwenfeld observes that even when the trephine is used we should first ask if there is an organic lesion, and then we may put the question, Where is the lesion situated? The most common causes of the irritation which induces Jacksonian epilepsy are tumours of the brain, more rarely abscesses and softening. A few cases have been published where it followed upon parenchymatous encephalitis, general paralysis, and multiple sclerosis. To these Dr. Goldstein ("Erlenmeyer's Centralblatt," 15th December, 1889) adds some cases of uræmia and peripheral nerve lesion, and even of hysteria. Dr. Löwenfeld details twelve cases of Jacksonian epilepsy; in only two of them was there an examination of the brain after death. He comments on these cases of temporary paralysis, which follows a succession of epileptic fits, and which Dr. A. Robertson has treated as caused by muscular exhaustion. These paralyzes, Dr. Löwenfeld observes, sometimes come on hours after the last fit, and are unaccompanied by rigidity. Dr. Löwenfeld admits the reality of sensory epilepsy in which irritation of those parts of the cortex which have sensory functions is shown by flashes of light, sounds in the ear, a feeling of cold and pricking in different parts of the body, or by scotoma, deafness, and insensibility in some areas of the skin. These deranged sensations are sometimes accompanied by right-handed paralysis and aphasia. He cites a case from Gowers of a young man who saw something glittering in front of him, as if he had a plate of polished steel on his breast. At the same time he felt giddy, and had a violent pain in the eyes. After this, almost every day the patient had daily attacks, which were sometimes preceded by a flickering of light. This was followed by a pain darting from the neck towards the eyes and nose.

There was contraction of the field of vision, so that the road seemed to become narrower. These attacks disappeared under the use of bromide and belladonna. Three months after, there were violent headaches, followed by incoherent speech and hallucinations of vision. After being in a comatose state for about two days the man died. There was found a large sarcomatous tumour, which occupied the right occipital and the posterior portion of the parietal lobe.

Dr. Löwenfeld is not satisfied with the instances given of psychical epilepsy. This is said to be manifested in two forms, maniacal excitement and instinctive impulses. Such fits of sudden fury or senseless impulse cannot be treated as fair equivalents for the convulsions in Jacksonian epilepsy, unless they were proved to depend upon a circumscribed lesion in that part of the brain believed to possess purely psychical functions. At the end of this paper Dr. Löwenfeld combats Roland's sentence that Jacksonian epilepsy has nothing in common with epilepsy but the name. Spasmodic action of a single muscle may appear to differ from those convulsions of the whole body in which consciousness becomes lost, but the difference is in the quantity of the discharge, not the quality. The smallest spasm of a cortical character, he remarks, contains an epileptic element as much as the most transitory form of the petit mal and the most fleeting sensation of an aura.

Verbigeration as a Symptom.—Dr. Clemens Neisser has a paper of 66 pages of the "Allgemeine Zeitschrift für Psychiatrie" (xlv. Band, 2 and 3 Heft) on verbigeration, by which he means the continued repetition of single sounds, words, sentences, or parts of sentences. In some cases this is done with mechanical perseverance, night and day. It is sometimes observed with those suffering from epileptic insanity. Kahlbaum treated this repetition of words or sentences as one of the symptoms accompanying katotony. Here is a translation of one of his cases.

The patient for three months presented without any interruption the appearance of want of mental direction, speechlessness and waxen rigidity of the body. At the end of March the form changed. Instead of an absolute silence, he commenced to speak incessantly, repeating in a monotonous voice a few words concerning love and religion. For example: "Love is God, love, love is God, love, love is God;" another time, "God in God, God, God in God, God in love, God, God, God, God in love, God in love," and so on; or, "God—love—God, we thank thee, Father, Father, I am thy child. God love God," etc.; "Thou thrice great God, thou thrice great God." He sometimes added to these words a sentence between, as, "it is called," or, "I say," "truly." Sometimes the words were softly spoken, at other times they were poured out loudly and very quickly. During the night, as a rule, he ceased speaking; if he continued to do so it was in a low tone. If anyone laid a hand on his forehead the loud speaking ceased, and he whispered the same or like words. Sometimes

the patient changed without any conceivable cause from loud to whispering tones in a long succession of words. He lay either quite flat on his back or raised the upper part of the body a little and bent the head backwards. Sometimes the words were uttered painfully through the teeth, or single words were brought out slowly and in separated syllables, as if he were compelled to speak mechanically against his will. The mouth and muscles of the eye were often powerfully distorted during speaking. He soon became very hoarse, spoke in a low tone for a long time, and then changed to loud speaking. From 19th May till 2nd June the patient did not utter any words. He then began to speak as before. This lasted with little interruption until his death on the 21st August. When he was very weak his voice was grumbling, and finally moaning. Since the beginning of April he was troubled with fever and slight cough, symptoms of acute tuberculosis of the right lung, of which he died.

Neisser remarks that verbigeration sometimes accompanies *melancholia attonita*, and this is difficult to explain. Why should there be a rigidity in the muscular system, tonic spasm, with continual repetition of a few words, clonic spasm of the vocal centres? Verbigeration often goes along with melancholia and a certain pathetic cast of the voice and disposition to theatrical pose. Verbigeration sometimes accompanies paralytic insanity. Westphal has described the repetition of words or phrases as sometimes accompanying abortive insanity, that is, mental derangement which often comes within the ken of the consulting physicians without ever reaching the medical superintendent of an asylum. A lady under his observation who had suffered at different times from dominant ideas told him that when eight years old she felt compelled for several hours to repeat the word "Mappe," she did not know why.

Dr. Neisser observes that idiots, who are, as a rule, speechless, occasionally catch up and repeat words or phrases often in a meaningless manner. Dr. Neisser describes what he calls written verbigeration, in which the patient goes on writing, with less or more sense, the same words or combination of words. Dr. Neisser describes a number of cases in great detail. This partly explains the length of his paper, though in other ways it is not altogether free from the symptom under consideration. There is another kind of verbigeration which Dr. Neisser neither describes nor illustrates. Instead of continually repeating the same phrases, the patient keeps on uttering a torrent of words, sometimes of considerable diversity. These words have no connected meaning, though they may express the procession of a number of delirious ideas. In some of these cases the patient can act in a more or less sensible manner; he has command of his actions, which he has not of his words.

Hallucinations of the Muscular Sense.—At the end of his paper Dr. Neisser takes occasion to regret that it has been finished before the appearance of a pamphlet by Dr. August Cramer. In the same

number there is a review of this treatise. The title is "Die Hallucinationen im Muskelsinn bei Geisteskranken und ihre Klinische Bedeutung," Freiburg, i. B., 1889.

We gather from the review that Dr. Cramer, who is assistant physician to the psychiatric clinique at Freiburg, has for several years been studying perversions of the muscular sense, both in those muscles which move the body and in those which turn the eyes, and also the disorders of the speaking apparatus. Dr. Cramer assumes the existence of a muscular sense by which notice of the slightest movements of our muscles is conveyed to the brain, so that we obtain a correct view of the situation of different parts of the body. When false impressions of the muscular sense are generated in the mind delusions naturally follow. It appears that in paranoia these delusions of the muscular sense are commonest. Those who suffer from this symptom either recover in a few months or, at most, from one to three years, or become mentally enfeebled. They never pass into the so-called chronic state of paranoia, in which the patient retains for years a considerable amount of intelligence. Along with these hallucinations of the muscular sense there are dominant ideas, involuntary speeches, and thinking aloud. In his description of this form of paranoia, the author distinguishes the following types, which are illustrated by a number of cases :—

1. Isolated appearance of thinking aloud.
2. Isolated appearance of dominant ideas.
3. Alternating appearance of dominant ideas, involuntary speech, and thinking aloud.
4. Combined appearance of all symptoms : involuntary movements, positions and acts, involuntary speech and ideas, thinking aloud, hallucinations and delusions of sight.

These different groups have the same prognosis.

The author concludes his very remarkable researches thus :—

1. The symptoms which we attribute to a hallucination of the muscular senses have this in common, that they occur principally in the acute and subacute stages of paranoia.
2. Amongst these symptoms thinking aloud and involuntary speech exercise a deleterious effect if they last long.
3. There is a kind of paranoia in which the thinking aloud is the only prominent symptom.
4. In other paranoiacs, dominant ideas, thinking aloud, and involuntary speech succeeding one another are the prominent symptoms.
5. In the form of paranoia in which katatony is observed thinking aloud seems to be a constant symptom, and to have an unfavourable effect on the issue of the disease.

Sudden Recoveries from Insanity.—At a meeting of the Psychiatrischer Verein of the Rhine Provinces reported in the "Allgemeine Zeitschrift" (xlvi. Band, 1 Heft), Dr. Peretti read a paper on sudden recoveries from insanity. These gratifying but rare occurrences are

principally met with in melancholia, and acute delirium accompanied with hallucinations. Cases are on record where such recoveries followed upon large bleedings, wounds, heavy falls, and unsuccessful attempts at suicide. Dr. Peretti observed two instances where there was a sudden recovery from paranoia. He also describes two cases in women in which the mental delusions gave way to reasoning and observations directed to convince them that their notions were foolish. A young woman of 21, at Siegburg, who had occasional epileptic attacks, gave out that the Emperor, in the shape of a young man, had come to her and promised to take her away to Berlin and marry her. Shortly before Easter she suddenly declared that if her betrothed (the Emperor) did not come to fetch her, she would have nothing more to do with him, and would seek a place. When the time came she recognized her delusion, became quiet and orderly, so that she was dismissed after several months. Some time later she married, and now is the mother of several children, and in good health.

The following is selected as one of the shortest cases reported by Dr. Peretti:—Philip H., 45 years old, keeper of an inn, was admitted into the asylum at Andernach on the 21st of June, 1885. He had the character of being always irritable and bad-tempered, and had previously gone through four attacks of insanity in 1868, 1870, 1871, and 1875, during which he had been maniacal for several weeks. It seemed likely that drink was the exciting cause for this new attack. When brought to the asylum he was labouring under great excitement and bewilderment, which condition remained unchanged for three months. He was exalted, pretentious, made a noise day and night; he chattered, tore his clothes, and was aggressive and abusive. On the 29th of September, 1885, the patient was still in a state of great mental confusion; he tore his clothes, accused someone of dirtying his pocket, etc. After a quiet night's sleep he was less confused and aggressive, though still much excited. On the 1st of October he appeared quite clear in his mind and good-natured, though somewhat ashamed of what he remembered of his late behaviour. He said that he was now quite well; he was sure of it from what he had already experienced. On the 10th of October he was let out on the urgent request of his wife. Since then he has remained quite well. None of the previous attacks of insanity passed off so quickly.

On the Marks of Degeneration in the Criminal Class.—Dr. Kirn, in "Allgemeine Zeitschrift für Psychiatrie," xlv. Band, 1 and 2 Heft, and 5 and 6 Heft; Erlenmeyer's "Centralblatt," August, 1889; Dr. Hansen, *ib.*; Dr. Lutz, in "Allgemeine Zeitschrift," xlv. Band, 1 Heft. It is evident from frequent comments and criticisms in the psychiatric literature of Germany that the views of Professor Lombroso, the author of "L'Uomo delinquente," excite interest amongst those who have to do with asylums and prisons. In asylums we find many lunatics who resemble criminals; and in gaols we find many criminals who resemble lunatics. All researches on the nature of

insanity tend to bring out the importance of heredity. In like manner it is held by Lombroso and others of the Italian school who write in the "Archivio di Psichiatria, Scienze Penale ed Antropologia Penale," that the habitual criminal is really born with a fatal tendency to crime, and that he bears in his corporeal structure certain marks of his degenerative tendency. The principal of these "stigmata" are smallness of the head, asymmetry or strange form of the skull, flattening of the nose, irregular teeth and palate, asymmetry of the orbits, and a great variety of ugly forms of the external ear. The stature is generally low; deformities of the hands and feet are relatively frequent; or there is unequal size of each half of the thorax. There is often a deficiency in sensibility; colour blindness, left-handedness are more common than with normal persons. The intelligence is weak; there is a callousness of disposition, and a perverse proclivity to immorality and wickedness.

Professor Kirn gives the following as the main conclusions of the Italian school:—

1. The born criminal is the same person as the morally insane; both show the same bodily deficiencies and deformities, and the same deficiencies in mind and temper which lead to immoral actions. Both conditions are congenital and become worse at puberty.

2. The epileptic resembles the criminal and the moral imbecile. We find in him similar marks of degeneration and a similar mental condition, namely, extraordinary irritability, restlessness, maniacal excitement, the tendency to steal. In criminals, in those morally insane, and in the epileptic, there is a tendency to groundless hatred and want of self-control, so that they are liable to many wild impulses.

Lombroso treats the appearance of the criminal as a phenomenon of atavism. Civilized man has reached his present position in the ladder of evolution by passing through a similar stage. Hence in savages he looks for the analogue of the criminal, and finds features common to both in the scanty beard and hair, the light bodily weight, the small cranial capacity, the retreating forehead, the large temporal sinuses, the early synostosis of the sutures, the enormous development of the under jaw, the inequality of the orbits, the unclean skin, the large, deformed ears, the closer resemblance between the two sexes, the comparative insensibility to pain, the callousness and carelessness of disposition, the courage combined with cowardice or idleness, boasting and superstition, to which may be added a fondness for metaphor and onomatopoeia, and a taste for tattooing.

Admitting all this, Lombroso and his followers reject the theory of moral responsibility. The born criminal has a fatal tendency to crime, and all attempts at moral reforms are useless. The only hope is to get rid of him, not by the axe and halter, as in the good but rude old times, but by subjecting him to long periods of imprisonment and "by warning everyone not to marry in a family in which there is any criminal blood." Criminals themselves seem by no

means anxious to marry into respectable families, or indeed to marry at all, their unions being of a simpler character. Some writers of this school think it cruel to punish these victims of hereditary degeneration by a process of law, but would confine them in asylums till their existence wore towards an end. Others would allow society to deal with them more sternly for its own security. "The man," says M. Dally, "who does an act hurtful to society is like a viper or a mad dog; we put him out of the way or kill him, not for the sake of morality, but for the sake of security." Against such fatalism the German writers revolt. They insist that there is no special type of criminal any more than there is any type of a virtuous man. Dr. Lutz will not admit that criminals and savages belong to the same class. If a creature had progressed from apewood into an animal, like the burglar or the pickpocket, he would never have advanced any further. Were the Germans, or the Caledonians, described by Tacitus of the same class as the thieves of Berlin or Glasgow? In savage races, no doubt, the analogues of the weak-minded and criminal existed, but they perished in infancy, or sunk in the struggle to gain food, or in the feuds of warring savages. It is our high civilization with the sacredness which it attaches to human life that brings forth, sustains, and protects the existence of these creatures who belong to a pathological type, not to a physiological one.

The Insanity of Criminals.—Dr. Kirn gives the results of his ten years' observations in the central jail of Freiburg, in Baden, which contains an average number of about four hundred prisoners, most of them undergoing short sentences, rarely over two or three years. A considerable number were in prison for the first time. The system of solitary confinement in cells is here in use. Dr. Kirn found that the yearly percentage of those who fell insane to the other criminal inmates was 2·7 on the admissions. He tells us that in Hanover this percentage is 3·2; in the kingdom of Saxony, 3·2; in the penitentiary of Baden, 3 per cent.; in that of the province of Saxony the same; and in the prisons of Scotland, 2·3. Thus the percentage of the insane in asylums is at least ten times higher than it is in the overhead free population. Altogether, 129 lunatics fell under Dr. Kirn's observation, though there were many more on the borders of mental derangement. Acute attacks of insanity are common. Dr. Kirn illustrates his paper by a large number of cases, which we cannot reproduce. Here is his description of what he calls the delusional insanity of criminals (*Verbrecherwahnsinn*).

The subjects of this disease are criminals who, through inherited or acquired predisposition, possess a weak and impressionable brain. Their previous history shows them to have been fond of pleasure, afraid of work, living between excesses and privations. In most cases repeated imprisonment has had its influence upon their character. Besides the constraint and privation, the insufficient nourishment of the brain is to be considered. Owing to this, there is

a one-sided activity of consciousness with concentration in certain directions. After the initial symptoms of headache, giddiness, and sleeplessness, comes a mental irritability, frequently with melancholy and refusal to work. This condition becomes worse through disciplinary punishment. Hyperæsthesia of the organs of the senses follows; the ear accustomed to absolute silence becomes more and more sensitive; finally, through the anæmic condition of the brain, delusions and hallucinations appear, at first of an elementary character, followed in time by loss of judgment and reasoning power, then by maniacal excitement, provoked by the want of recognition of their diseased condition and the discipline of the prison.

By proper care and treatment, under favourable circumstances, the further progress of the disease may be arrested. But if this does not succeed, or if the condition still remains misunderstood, it continues. The daily recurring hallucinations of hearing, to which hallucinations of all the other senses may be added, influence the consciousness more and more, and become a fruitful source of delusions. Then follows a stage of fixing and systemizing these delusions. The result generally is a condition of delusion of persecution (*paranoia querulantium*), which is frequently accompanied by periods of great excitement, with violent behaviour. Later on there are often insane delusions of grandeur. At this stage the malady has come to its full height, and is as a rule incurable.

4. *Russian Retrospect.*

By ROBERT JONES, M.D.Lond., B.S., F.R.C.S.

*A Visit to Asylums in ST. PETERSBURG, MOSCOW, NIJNI NOVGOROD,
and WARSAW.*

A long looked-for trip to Russia became at last possible, and during my visit I made an inspection of nine lunatic asylums, both public and private, which may be taken as fair examples of other institutions for the treatment of the insane in that country. Each province in Russia has one or more asylums, within or near its chief town, and each province is responsible for the maintenance and government of its own asylums; the general management of the latter depends, therefore, upon the interest maintained in them and the discipline enforced by the governing committee. The difficulty which a foreigner, unacquainted with the language, has in appreciating the details of management is naturally very great, and, I fear, if it had not been for the notoriety of Russians as linguists, fully justified in my experience, the information I obtained would doubtless be unreliable. I found that many of the Russian medical superintendents were travellers, and that England had been visited, that the