

In the afternoon Prof. Benedikt presided, and M. Van Hamel read his report on the "Cellular System from the point of view of Biology and of Criminal Sociology." He concluded that there should be a very careful selection of cases for cellular isolation, subject to psychical and medical examination. The results depend quite as much on the treatment adopted during the cellular confinement as on the confinement itself.

On the proposition of M. Garofalo a commission was appointed to carry on a series of observations on 100 criminals and 100 honest persons whose antecedents were perfectly well known. On the proposition of M. Semal, the Congress affirmed the necessity of a psychomoral examination of the prisoner as a preliminary to conditional liberation. It was resolved also that it is desirable that law students should be instructed and examined in legal medicine; and, on the proposition of M. Eschenauer, that the direction and instruction of young children in reformatories should be confided to experienced women.

In his closing discourse Prof. Brouardel remarked how various and complex are the issues raised by criminal anthropology. They were dealing with one of the most interesting and profound of all problems—a problem which had in all ages exercised the human mind. The Congress had brought together some of the materials for a future edifice, although they were not yet able to raise it.

The "Archives de l'Anthropologie Criminelle" was the official journal of the Congress, and the number for last September was entirely devoted to its proceedings. The "Actes" will probably be published during the present year. The next Congress will be held at Brussels in 1892.

2. *Australian Retrospect.*

By D. HACK TUKE, M.D.

Insanity in Australian Aborigines, with a brief Analysis of thirty-two Cases. By F. NORTON MANNING, M.D., Inspector-General of the Insane in New South Wales.

A Case of Sporadic Cretinism, with remarks by Dr. MANNING.

These reprints from the "Intercolonial Medical Congress of Australasia Transactions" are of much interest, and if our space allowed we should transfer them entire to our pages.

It appears that insanity, if we may credit the accounts of the early colonists, was very rare among the aborigines of Australia. As, however, the survival of the fittest was carried into practical effect, by slaughter of the maniacs, the permitted suicide of melancholiacs, and allowing dements to die, it is difficult to assert positively that there

was less liability to insanity among the aborigines than civilized nations. This, however, would seem probable, considering their freedom from worry and the absence of consanguineous or even inter-tribal marriages. Mr. Phillip Clancy says : " I have never observed insanity or hereditary or chronic complaints among the natives, except in those vitiated by the white people." Again, Mr. James Dawson says : " Among the aborigines there is more insanity since the use of intoxicating liquors, and especially since they began to disregard their laws of consanguinity of marriage." Dr. Manning states : " We have, in New South Wales, passed from a period in which insanity was almost unknown among the native race to one in which it is almost twice as common as among the European race inhabiting the same territory." He adds that a considerable proportion of the cases admitted to Queensland asylums since 1868, and to those in New South Wales from August 1st, 1868, to December 31st, 1887, " were due directly to drink, four or five to imprisonment, awarded either for offences springing from drink, or from violence which, though within the ethical code of the nation, was by civilization accounted a crime." As might have been expected in a dark-skinned race, the prevailing type of the malady was mania, usually acute, and as a rule accompanied by turbulence and violence, and this passed away rapidly—much more rapidly than in Europeans—into dementia, with filthy and degraded habits. Epilepsy occurred in three cases, and the fits were well-marked and severe. No case of general paralysis, or anything that could have been mistaken for it, were seen, and there were no cases of monomania or delusional insanity.

A Case of Sporadic Cretinism in the daughter of an Irishman is illustrated by photographs. The height was 35 inches, and her weight 56 pounds. The figure was broad and squat, and there was a considerable development of fat. The abdomen was protuberant, and the legs were bowed and twisted. There were no signs of sexual development, although 18 years of age. So far as could be ascertained, the thyroid gland was absent, and above the clavicles were the peculiar fatty protuberances usually seen in these cases. The circumference of the head was 22 inches, and the vertical measurement from the insertion of one ear to the other was 12 inches. In shape it was brachycephalic, with considerable occipital protuberance. The face was flat and broad ; the cheeks hanging and jowl-like, and the eyes set somewhat far apart ; and the mouth was always partly open, and the point of a large, smooth, flabby tongue visible ; the lips were thick, and the nose flat and ill-formed. The palate was not markedly abnormal, and the teeth, though ill-shaped and decayed, were fairly regular. The senses all seemed good, but perception was very slow. The speech monosyllabic and indistinct, but she could say a number of words, and tell the names of all ordinary articles about her. She recognized a penny, but called all silver coins without distinction a shilling.

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