

the State asylums have not the same position as generally obtains in other countries. In Belgium the religious bodies contract with the State to supply the furniture of the staff, the food, clothing, bedding, and maintenance of the patients.

FRANCE.

By Dr. RENÉ SEMELAIGNE.

DURING the year 1909 the scientific output has been highly satisfactory. Its peaceful termination was in marked contrast to the discomforts we have already experienced during the present year owing to the floods in Paris. The members of the Société Medico-Psychologique were not able to meet in January, and the Maison de Santé d'Ivry, founded by Esquirol, was suddenly inundated, an event which entailed the hurried removal of the patients to another establishment.

We have accordingly experienced in the twentieth century a disaster such as was aptly described by the Latin poet :

"Vidimus flavum Tiberim, retortis
Littore Etrusco violenter undis,
Ire dejectum monumenta regis
Templaque Vestæ."

We hope that the remainder of 1910 will be more agreeable. The three societies devoted to the study of mental diseases, *i.e.*, Société Medico-Psychologique, Société de Psychiatrie, Société Clinique de Médecine Mentale, emulated one another in their activities: papers and clinical cases have been numerous and interesting.

The Nineteenth Annual Congress of French alienists took place in Nantes at the beginning of August. Dr. Vallon, Superintendent of the St. Anne Asylum in Paris, occupied the chair. The attendance was large, owing to Dr. Vallon's scientific attainments and personal popularity. In his presidential address he criticised severely the new Lunacy Law which has been so hastily enacted by the Chambre des Députés. Dr. Vallon regards it as a piece of retrograde legislation, which, obviously directed against the alienists, will inevitably be prejudicial to the insane. It is now under the consideration of the Senate, and Dr. Vallon hopes that their discussions will be prolonged interminably. Dr. Victor Parant, of Toulouse, presented a report on the fugues and psychiatry. He divides the fugues into two classes, according as they exhibit a specific type, or do not present definite clinical features and distinct origin, but are common to various affections. The following are examples of the former class:

(1) Fugues in melancholic states. They originate from an acute attack of anguish or in states of simple depression. Of those that originate in conditions of anguish, the onset is sudden, and without premonitory signs.

(2) *Fugues oniriques*. A typical example is the fugue in alcoholism, which is characterised by delirium and sensory disorders.

(3) Fugues in epilepsy. The impulse is irresistible, sudden, and does not rise into consciousness. Ambulatory acts may precede the

fit as an aura; they may also make their appearance during an incomplete convulsive attack, and in such cases seem to be only the continuation of a commenced act, such as walking. This is not a true impulse, but an automatic action. Where impulses are consecutive to fits, sometimes a maniacal state of agitation is concomitant. Similar impulses may also be observed without any convulsive attack.

(4) Fugues in dementia præcox. The impulses exhibiting a demented type.

(5) Dromo-maniac fugues—they are impulses with or without obsession. The patients are always predisposed.

(6) Fugues in secondary states.

(7) Systematised fugues. Two conditions are indispensable—a favourable soil and a hallucinatory delirium. Fugues are frequently observed in delirium of persecution and in ambitious delirium. Fugues not included in the above specific types may be noted:

(i) In general paralysis. They occur in the prodromal stage, or in the invasion of the disease, and the origin seems to be an intellectual or a motor hyperactivity.

(ii) In senile dementia. Such patients may exhibit amnesia, motor hyperactivity, automatism, a delirious idea, or an emotional disorder.

(iii) In maniacal excitement. Such fugues depend on a general state of functional exaltation, and may be observed in excited patients. There is also sometimes alcoholism in addition.

(iv) In periodical psychoses. During the maniacal states.

(v) In idiocy and imbecility. The fugues are uncommon in idiocy and frequent in imbecility.

(vi) In children. Fugues in children are not often pathological. In such cases one may have to deal with a congenital debility of mind, some nervous and episodic condition, or a delirious state.

(vii) *Fugues à deux* and *fugues gémellaires* have been noticed by some others.

Dr. Regis, of Bordeaux, is of the opinion that there is a constitutional tendency to fugues. Such tendency is hereditary, precocious, durable, paroxysmal, and gives rise, during the fits, to a peculiar mental condition, adaptable to intercurrent complications of delirium. In support of that assertion he reports the case of Jean Jacques Rousseau. In the family of Jean Jacques can be observed instability, migratory habits, expatriation, and disappearances. His father presented during his lifetime numerous and remarkable fugues. His brother, in early adolescence, ran away and disappeared for ever. His uncle, and his cousin-germain Abraham Bernard deserted Geneva and their families. Jean Jacques, when he was sixteen, impulsively left his native town because the gates had been closed one evening when he was on the point of coming in. And during his whole life he was a perpetual traveller. During his wanderings he enjoyed a peculiar state of euphoria—a remarkable happiness—and may be regarded as the chief of those patients who are enamoured with Nature. In dromomania there are not—as in dipsomania or kleptomania—shame and remorse consecutive to the fugues. Jean Jacques Rousseau was sorry for the mischievous deeds he happened to perform during his pathological wanderings, but could not regret the wanderings themselves, even when they entailed some loss in his estate

or his prospects. He presented also impulsive fugues with delirious determinations. He had ideas of persecution, but exhibited the characteristics of a melancholiac. Some of his fugues, at that time of his life, were not pathological, being justified by the popular ill-feeling, but others were impulses and exhibited genuine characteristics.

The most characteristic example seems to be his fugue to England in the month of May, 1767. Dr. Regis concludes that there are people with a hereditary tendency to migratory impulses—the fugue runs in their blood. Dr. Cruchet, of Bordeaux, describes a fugue as a sudden, irrational, or unreasonable act determining an immediate flight from the place the sufferer chances to be in. Fugues may be divided into the conscious, the subconscious, and the unconscious. Dr. Haury, of Sathonay, observes that fugues are noticed in the army, and most frequently take the form—from the military point of view—of vicious delinquencies, absences without leave, and desertions. In a visit which he paid to the asylum of Bel-air, near Geneva, he happened to find amongst the lunatics several French deserters.

The two societies of neurology and psychiatry united for their annual meeting. The subject discussed was the part taken by the emotions in the genesis of neuropathic and psychopathic accidents. Drs. Claude, Dupré, Hallion, and Pierre Janet, had undertaken the duty of elaborating a guide to the debate. The two societies held four meetings. Dr. Gilbert Ballet, Professor of Mental Diseases in the Faculté de Médecine of Paris, and President of the Society of Psychiatry, occupied the chair with his usual ability. Dr. Dupré presented the report on the psychiatric side of the question. According to him there is an emotional constitution, which can be detected by the following signs: An exaggeration of tendon, pupil, and skin reflexes, a localised hyperæsthesia, vasomotor and secretory disturbances, a tendency to spasms, and an abnormal distribution of the physical and psychical effects of emotion. The emotional constitution seems to be characterised not only by a diffuse exaggeration of sensation, but also by a defective inhibition of motor, reflex, and voluntary impulses. The emotional constitution is a favourable soil for all psychical anomalies, such as obsessions, phobias, impulses, and sexual perversions. On such soil may grow melancholic and maniacal *syndromes*. The preponderance of the emotive element is recognised by the intense anxiety which characterises the syndrome. Emotion is an important ætiological factor in confusional and traumatic psychoses, and seems to have been an important element in collective psycho-pathology, and in the political, religious, and military history of every age.

Drs. A. Antheaume, of Paris, and Mignot, of Charenton, have published an interesting book on mental diseases in the French army. A paper on this subject was read and discussed at the Congress of Nantes. The authors describe all the varieties of mental diseases observed in the army, and discuss the cases from the administrative, medico-legal, and prophylactic points of view. They especially ask for a compulsory psychiatric examination of all soldiers who are brought to trial at a council of discipline or at a court-martial.
