The lamented loss of two eminent alienists is to be recorded, Dr. Jean Paul Hasse, Director of the Brunswick Asylum at Königslutter, who died on the 6th of February, 1898, and Dr. Ferdinand Wahrendorff, who died on the 21st of March, 1898. Hasse was Director of the Königslutter Asylum from the time of its establishment in 1865 until 1896. The success of the institution was the task of his life, and he fulfilled it. Wahrendorff was the founder and the director of a private asylum at Ilten, where he was the first in Germany to establish and carry out the system of domestic care (boarding out).

BELGIAN RETROSPECT.

By Dr. JULES MOREL.

Psychical Hallucinations, by Professor X. FRANCOTTE. While Baillarger believed that in psychical hallucinations the patient thought that his communications come from outside of himself, but without any palpable medium, and Léghes that they are verbal psycho-motor hallucinations, Dr. Francotte believes that they are really delirious interpretations. In any hallucinations there are two elements; the real hallucinatory element being an image with all the characters of an external one, and the delirious element being composed of the external parts of the hallucinatory image. This second element is absent in the usual hallucinations. Now in the phenomena of the psychical hallucination nothing proves the existence of the hallucinatory element; the delirious element, the false interpretation only exists. There is an analogy between the phenomenon in which the subject pretends that movements, words, or thoughts are imposed from outside, and the phenomenon in which the patient pretends that he is hindered in his movements, words, or thoughts. In these latter there is only a delirious interpretation. Dr. Francotte mentions a case which had no alsely interpreted verbal psycho-motor phenomenon, proving thereby that only a psychical hallucination of a real verbal nature was present. In psychical visions, according to Francotte, the patient thinks he sees more or less distinctly one or more objects external to him; consequently this is a delirious interpretation. In the category of delirious interpretations there can be included a class of "objectivation or delirious exteriorisation of internal phenomena," which can be divided into two groups: first, delirious objectivation of physiological phenomena, as, for instance, in the case in which menstruation was abolished for six months by the influence of her persecutors; second, delirious objectivation of psychical phenomena, which (as images, ideas) are falsely imputed to an external influence. It is to this group that psychical hallucinations belong.

Injection of Artificial Serum in the Insane, by Dr. DE BOECK. Every alienist knows how difficult it is to feed the sitiophobic insane. Dr. de Boeck recommends, on physiological grounds, the injection of a solution of chloride of sodium. These operations are simple, and there

is no danger if asepsis be observed, all that is required being an india-rubber tube, a trocar, and hot compresses. The patient lies on his face, and after the buttock and thigh have been well washed, the trocar, to which is attached the tube, is plunged into the muscles. The solution, which should be of a temperature between 37 and 40° C., and about a litre in quantity, runs slowly into the tissues. If œdema occurs another spot must be chosen. In one case 200 grammes of the solution were injected in the morning and 300 in the afternoon, with the result that two days after the first injection the patient fed herself, became calmer after her former excitement, and slept well. In another case—melancholia with sitiophobia and extreme weakness—life was prolonged for one month, and at the post-mortem it was found that the viscera had lost very little in weight, which shows that these injections stimulate the patient, and keep up his health. Physiologically this opinion seems right. Water is the most important of all foods, and without it the animal dies as promptly as in general inanition. Water dissolves mineral matters and soluble organic compounds, also oxygen and carbonic acid; it contributes to their distribution, moistens the tissues, and gives them their consistency. It regulates the animal heat by the cutaneous and pulmonary evaporation, and the body loses every day from the renal, cutaneous, intestinal, and pulmonary surfaces between 2500 and 3000 grammes. Abundant water given to the patient allows him to utilise the alimentary reserves and to eliminate the waste of the body, and we know now how toxic these are.

Pathology and Prognosis of Delirium Tremens, by Dr. VILLERS. The author compares the observations of Dr. Jacobson, of Copenhagen, and those of his own made at the St John's Hospital in Brussels.

1. Both authors agree regarding the quantity of alcohol necessary to produce the delirium, viz. half a pint a day. All the patients were chronic alcoholics, and only five or six drank beer, the rest spirits only. The ages of fifty patients varied from thirty-six to ninety. Dr. Jacobson believes that there is a relationship between the delirium and the pneumonia, but this is not accepted by Dr. Villers.

2. As regards the causes, there is a great difference. In 100 cases of Dr. Villers there were seventeen with complications (two traumatic, one arthritic knee-joint, eight cardiac diseases, two pulmonary tuberculosis, and four pneumonias). Of the last four one was cured at the beginning of the delirium, two had fever, and the fourth was a broncho-pneumonia without fever. Dr. Villers, in opposition to Dr. Jacobson, could not find any relationship between the delirium and pneumonia, so consequently the pneumococcus, or rather its toxin, could not be a cause common to both.

3. Even the fever does not establish any relationship between the two, as it is not present in every case.

4. Of Dr. Villers' cases 16 per cent. had albuminuria as against 60 per cent. of Dr. Jacobson's. In all it was temporary, but if it had been permanent it would have been due to renal disease.

5. Out of the 124 cases of Jacobson 119 lost weight, between 100 and 6500 grammes. Of these, 49 cases lost between 100 and 1000 grammes, 34 between 1000 and 2000, while 16 between 2000 and 3000

grammes. Dr. Villers refers not to the loss of weight but to the amount of sleep; 26 cases sleeping after the second day, 39 after the third, 22 after the fourth, and 10 after the fifth day.

6. The greatest difference between the statistics of Copenhagen and Brussels is found in the death rate; Dr. Jacobson having a percentage of 13·4 and Dr. Villers only 1·5 per cent.

In conclusion, delirium tremens is much milder, has fewer complications, and is of less importance in Brussels. The duration of the disease is shorter, and the death rate nearly ten times less. Dr. Villers tries to explain it, not by the ethnic factor, although some forms of insanity are very different in different people, not also by the quantity of alcohol drunk, as it seems the same, but by the somatic condition of the drinker at the time of the onset of the delirium, *e.g.* the Germans who have drunk beer from their youth will probably have an enlarged stomach, fatty heart, and diseased kidneys, and will therefore get a prompt attack of delirium whenever they take even moderate quantities of strong alcohol as spirits.

The *Question of Contagion, due to the Presence of Epileptic Children in Asylums for Weak-minded Children.* This was brought up for discussion before the Society of Mental Medicine by the Minister of Justice, and the conclusions were: that the presence of such is disadvantageous both as regards contagion and education; idiots, whether epileptic or not, if their education is hopeless, should be sent to colonies; idiots with rudimentary intelligence, but capable of improvement, ought to be sent to colonies where very elementary schools should be built for them, from which should be banished those with epilepsy. In no case should idiots be received in ordinary schools, but should have special institutions, and for convulsive idiots Government should organise schools.

The *Analgesic Sense in the Three Periods of General Paralysis*, by Dr. MARANDON DE MONTYEL, in the *Archives of Neurology*. The author has studied the tactile sense in 108 cases of general paralysis, and the same cases were utilised for the study of the analgesic sense. The following are his conclusions.

1. The analgesic sense could be obtained in 95 per cent., even in the last period. The experiments were unsuccessful in four cases in the first stage, in five in the second, and only three in the last.

2. In 65·6 per cent. some difficulty was experienced in the experiments.

3. The alterations were always simple: exaggeration, weakening, abolition, and delay. In cases without any complications it was never completely absent.

4. In these last cases the alterations were general, never local.

5. The rarest kind of alterations was delay, 1·8 per cent., the most frequent diminution 42 per cent., and between these two come abolition 14 per cent., and exaggeration 9·4 per cent.

6. In the diminution and exaggeration different degrees were noticed, viz. light, moderate, marked, and this much more in the former.

7. Analgesia, which is altered in the first stage, has in the second a tendency to become normal again, but in the third to again alter.

8. Delay of this sense was only noticed in the first stage. Exaggera-

tion on one side and abolition on the other have developed in a contrary direction, the first having a minimum of frequency at the third stage, this stage being the maximum of the second. However, the differences were not much marked, and in every stage have been found exaggeration, diminution, and abolition.

9. During remissions, even when pronounced, analgesia was found in 65 per cent., and the alteration was always diminution.

10. In the excited demented form the analgesia is more altered than in the quiet form. In the expansive, depressed, and mixed states, the variety without excitement was the best.

11. The analgesia is most often altered in the expansive form, but least altered in the mixed form; while between these two, and equally frequent, come the depressed and demented forms.

12. Exaggerated sensibility to pain was only totally absent in remissions; and of the four forms it was most marked in the expansive, rare in the demented, the other two forms occupying an intermediate position. It was also more often found in excited than in calm states, except in the mixed form.

The two other varieties, viz. diminution and abolition, were just the reverse of the above as regards their relative frequency.

13. There are no well-defined relations between the analgesic states and the transformations of the physical personality, the genital delirious ideas, the subjective sensations in the skin, the desires for undressing, or the motor symptoms in the two first stages.

14. Only in 40 per cent. of the cases were the tactile and analgesic senses normal and abnormal at the same time; consequently dissociations of the two senses were the most frequent. But very often we have noticed this one normal and that one abnormal. When there was simultaneous alteration of the two senses, one was never different from the other; both always being simultaneously either exaggerated, diminished, or abolished. Finally, the most frequent alterations of the analgesic with the normal tactile sense were diminution, abolition, or exaggeration, and nearly always in equal proportions.

15. When alcohol and traumatism could be invoked as a cause, there was most frequently a nearly equal alteration of the analgesic sense; but with syphilis and other causes, also with a mixture of syphilis and alcohol, there were a large and equal proportion of alterations.

16. The above statements prove the greater frequency when alcohol is the cause than when alcohol and syphilis are associated. For syphilis alone, traumatism, and other causes, the differences are too feeble to make clear distinctions.

17. One alteration should be a great help in the early diagnosis of general paralysis, viz. the transitory analgesia preceding the motor troubles, as mentioned by Dr. de Crozant, but this symptom cannot be noticed in asylums.

18. Finally, it is proved that the state of the analgesic sense at the initial stage is of no help for the prognosis of the evolution of general paralysis.

Classification of Mental Diseases, by Prof. FRANCOTTE, who thinks that the classification adopted at the International Congress at Paris in 1889

should undergo some modification, owing to the advance in psychiatry, and has presented to the Society of Mental Medicine of Belgium the following classification, which was adopted :—

I. Folies simples	Mania.
	Melancholia.
	Delirium with hallucinations, general. Delirium, mental confusion.
	Paranoia.
	Recurrent insanity.
	Dementia.
II. Folies névrosiques	Epileptic and hysterical insanities, chorea.
	Neurasthenic insanity.
III. Folietoxique et infectieuse	Alcoholic, morphic, and cocaine insanities.
	Insanity fixed on another.
	Infectious insanity.
IV. Organic insanities	General paralysis.
	Cerebral syphilis.
	Cerebral tumours; brain weakening.
V. Degenerative insanities	Moral.
	Degenerative insanity.
	Simple mental degeneracy; unharmoniousness.
	Want of equilibrium.
VI. Arrest of psychical development	Psychical insufficiency and weakness.
	Imbecility; idiotcy.
VII. Other not specified forms.	

Treatment of Epilepsy by Adonis vernalis, combined with Bromides, by Dr. SPINHAYER. From the idea that epileptic fits are accompanied with intra-cerebral hyperæmia, *Adonis vernalis* seems indicated to counteract this symptom, and in order to diminish the excitability of the brain, especially of the cortex, bromides were added. Codeine was added when there was irritability of the brain and depression of spirits. The results were the same as those obtained by Professor Bechterew, who recommends the substitution of digitalis when Adonis is not tolerated. Dr. Spinhayer was successful in the use of this combination when there was gastric intolerance, or when the patients disliked the bitter taste of the *Adonis vernalis*. The author explains the action of the medicine thus: First, it regulates the circulation; second, it has a diuretic action, and epilepsy may depend on toxins in the blood; third, being a heart tonic it has also a vaso-motor action, Bechterew having proved that epileptic fits are accompanied by vaso-dilatation in the brain.

Reform for the Aid of the Insane. Lecture by Dr. PEETERS. This is a plea for the colonisation of the insane, which, as the readers of the JOURNAL already know, has the sympathy of the medical director of the colony of Gheel.

General Paresis from a Medico-legal Point of View, by Professor KOVALEWSKY, of St. Petersburg. The author gives a description of the prodromal period of this disease, followed by the hypochondriac and

hypomaniac periods, and also by the maniacal period. Then he describes the pseudoparesis of alcoholics. The first chapter is too long, and the second rudimentary. A very slight part is occupied by the medico-legal question, and it is divided thus: the examination of the paretic during life; during his periods of lucidity; and lastly, a criticism of his deeds before death.

Remarks upon the prodromal period.—This period, varying from one to three years, presents some difficulties; most of its symptoms resemble those of neurasthenia and moral insanity, but these are insufficient to decide irresponsibility. Three points have to be considered:

1st. The presence of the symptoms of paresis.

2nd. The deeds proving that the incriminating acts have or have not been perpetrated during the prodromic stage.

3rd. The precise way in which these acts have been perpetrated, and all the concomitant circumstances, showing thereby whether the patient was responsible at the moment or not. As regards the symptoms of disease which prove irresponsibility, great caution is needed, and each case has to be considered on its own merits. First of all we have to know the state of health of the person; if it is proved that the deed took place during a perfect state of calmness in the midst of the usual circumstances of life he is responsible, but if it took place in a moment of excitement or thoughtlessness, the act is pathological. Kovalewski admits a limited responsibility for all deeds committed when the affective state is abnormal. Even though consciousness and understanding exist, and the person's mind remains lucid, yet the accused may be well on in the prodromal stage, and his responsibility is to be considered limited, for the nervous system has been for some time in an abnormal state of nutrition.

When the nervous system is affected by the toxin, the elements are not at first destroyed, and the patient continues to act like other persons, but mechanically and from acquired customs, a greater change taking place soon afterwards.

When an examination is made during the first period, every symptom of the disease may be overlooked; but great caution is needed, as other nervous diseases sometimes resemble those of this period.

The chief causes of crime and unusual deeds in this period are of two sorts: first, those due to affective abnormality (irritability, passion, sexual impulses, &c.), the acts being simple reflexes provoked by these states; secondly, due to defective reasoning and delusions, the acts being illogical and false deductions, as exaggerated schemes and impossible undertakings. The patient does not understand his mistakes and want of logic, which proves that there is a lesion of thought or organic change in his own person.

The period of full evolution of the disease.—There is no need to discuss the question of responsibility at this period, as the symptoms are evident, and none of the acts of the patient have a legal value. The symptoms are very seldom those of an affective type.

Lucid intervals.—Crimes are rare during these intervals, but they may happen. Physicians are often consulted about the civil rights of the patient. These intervals prove only a remission and not a recovery,

as several symptoms still exist, *e.g.* irritability, tremors of the hands, contractions of the face, inequality of pupils, slow ideation, weak memory, and congestion of the brain.

Kovalewsky believes in recovery from the disease, but there always remains some weak-mindedness, even though the patients have memory, reasoning power, and thinking, but still they ought to be declared responsible, and enjoy their civil rights.

Summary after the death of the patient.—Notice should be taken of all objective facts, and also the opinion of those who had known the patient for years, and who also saw him in his last moments. This would then be a complete psychological analysis.

HOLLAND.

By Dr. F. M. Cowan.

The Report of the Inspectors in Lunacy for the years 1894, 1895, and 1896, was issued in the beginning of 1898. It contains a great deal of interesting matter and important figures, along with a vast amount of dry detail.

In 1894 there were 1908 (995 males and 913 females) admissions into the different asylums. Of these 162 (89 males and 73 females) died, 165 (102 males and 63 females) were discharged not recovered, whilst 245 (124 males and 121 females) were discharged recovered.

In 1895 there was a further mortality of these patients of 145 (85 males and 60 females), 142 (70 males and 72 females) discharged not recovered; there were 228 recoveries (102 males and 126 females).

In 1896, 67 died (35 males, 32 females), 50 left not recovered (22 males, 28 females), 36 recovered (20 males, 16 females).

In 1895 there were 1920 admissions (998 males, 922 females); in the same year there were 161 deceases (91 males and 70 females); 145 non-recoveries (88 males, 57 females); 266 recoveries (136 males, 130 females).

In 1896, of these patients 124 (63 males, 61 females) died; 143 left the asylums unrecovered (76 males, 65 females); 210 recoveries (94 males, 116 females).

In 1896, 998 males and 950 females were admitted; 175 (101 males and 74 females) died; 216 were discharged not recovered (119 males, 97 females); and 296 recovered (140 males, 156 females).

The number of insane under care in the asylums in the Netherlands on the 1st of January, 1897, was 7319 (3682 males, 3637 females); 1605 persons of unsound mind were resident in private care.

There were seven suicides in 1894, six in 1895, and only two in 1896.

It is a wearisome task to report the same annual complaints about want of room. In fact, hardly has a new asylum been built when there