

a London practitioner, could well find a place on the desks of all who have to do with public health and local government.

The other two books on smallpox should be in the library of every medical man. They are absolutely reliable in point of fact, and there is no greater authority on the subject than Dr. Wanklyn. It will be a great advantage to have at hand such sure guides when this most difficult of all diseases makes its next appearance, as it inevitably will do unless vaccination again becomes compulsory.

Part III.—Epitome.

Progress of Psychiatry during 1913.

FRANCE.

By Dr. RENÉ SEMELAIGNE.

Psychiatry has advanced with such rapidity that Dr. Régis, Professor of Mental Diseases in the Faculté de Bordeaux, determined to publish a fifth edition of his well-known *Précis de Psychiatrie*. The book seems to be almost a new one. Among the principal interpolations we find remarks concerning eugenics in psychiatry, the psycho-analytic theory of Freud, disorders and deliria of imagination, syndromata of Ganser, manic-depressive insanity, dementia præcox, mental confusion, systematised psychoses, amaurotic family idiocy, presbyophrenic dementia, chronic alcoholic psychoses, *endocriniennes* psychoses, pathological anatomy and treatment of general paralysis, lunacy law, penal responsibility, provision for lunatics in France and colonies, appointment of medical officers in asylums, divorce and lunacy, criminal lunatics, testamentary capacity, models of medico-legal statements, etc.

Exo-toxic psychoses constitute a new chapter, and find place for the first time in France in such a publication. The author divides such disorders according to the cause—intoxications, infections, and parasitoses. The first group relates to psychical troubles resulting from insolation and abuse of opium, or cannabis indica. In tropical countries a continued solar action causes nervous disorders more or less severe—tropical neurasthenia, *soudanite*, etc. Such disorders affect neuropathic and predisposed people mostly, or those debilitated by chronic paludism, diarrhœa, dysentery, syphilis, a previous attack, but principally by alcohol, opium, or morphia. So the psychical influence of hot climates conduces to impulsiveness, cruelty, etc. Consequently it seems to be best to send to the colonies people free from any mental defect. Those who, being hereditarily or casually predisposed, settle in colonies and become intoxicated, court mental ruin.

But the genuine psychoses of insolation are states of mental confusion, and show the symptoms of all the intoxications—acute hallucinatory delirium, amnesic mental confusion, paralytic syndrome, etc.

Intoxication by opium smoking is now observed, not only among European people living in far Orient, but also in our sea-ports and even in Paris. The psychological effects of opium vary according to the personal constitution, and the nature or dose of the drug; but smokers progressively reach a state of psychological inactivity, amnesia, aboulia, loss of moral sense, with a considerable lessening of all intellectual faculties, affections, and feelings, and a propensity to immoral conduct, sexual offences, swindling, robbery, desertion, etc. Opium smokers generally are propagandists, take pleasure in proselytism and extol the marvellous effects of the divine drug. In fact, there is merely an illusion of mental hyperactivity, sometimes provoking deeds more or less strange, phantasmagorical, borrowed from a toxical dream. Such a condition is followed by depression, torpidity, powerlessness, and finally by psychological and physical decay. Its most rational and efficacious treatment seems to be a complete interdiction of selling opium, and Dr. Régis opines that it is rather shocking to see a government warranting the traffic of opium or manufacture of such a drug.

Ingestion or inhalation of *cannabis indica* causes a special inebriation, characterised by a state of euphoria with cœnæsthetic sensations of modifications in physical personality, lightness of the body, alterations in the orientation for space and time, and frequently convulsive symptoms. Chronic intoxication determines a precocious moral decay with cerebral asthenia, deficiencies of memory, and general decrepitude.

Among infections and parasitoses, the author describes the psychological disorders observed in paludism, sleeping-sickness, cholera, leprosy, and some diseases, such as exanthematous typhus, dengue, Mediterranean fever, beri-beri, yellow fever, plague, dysentery, liver abscess, snake-bites, etc.

Psychical disorders of paludism may be observed during febrile paroxysm or afterwards. The former present a form of hallucinatory mental confusion more or less acute. Psychological post-febrile disorders appear either just at the point of defervescence or at the termination. The delirium of defervescence generally appears as an acute mental confusion with stupidity; the psychosis of convalescence nearly always is an asthenic mental confusion. The patient does not remember anything, at least in acute cases. Sometimes delusions remain which are only sequelæ of a delirious dream, and a secondary systematised delirium, which originates in post-oneiric delusions.

The psychoses of chronic paludism make their appearance during the paroxysm, or without any paroxysm. The psychoses of the paroxysm comprise a recurrence of paroxysm, and sometimes take its place as a psychological equivalent. Frequently in cases of very old chronic paludism the paroxysm progressively loses its specific appearance. The psychosis is preceded by painful headache, and the paludal paroxysm appears either with genuine stages of shivering, warmth, sweating, or with only one of those stages. Then the patient begins to wander. Such delirium appears as an active dream, professional, fantastical, painful, or terrific, sometimes as a fit of somnambulism. The delirium often carries back the patient to the time when he began to suffer paludism, and the same illusions invariably reappear. Such paludal deliria of paroxysm generally are not lasting and infrequently continue beyond a few days,

but they reappear under the same conditions and with the same aspect in every paroxysm. The patient remains confused and dull, with headache and a more or less complete amnesia of the delirium.

There are also in chronic paludism, psychoses without any paroxysm. They are not well known, and a distinction seems to be difficult from the genuine psychoses which affect people suffering from paludism. Prolonged, polymorphous, presenting ideas of persecution and grandeur, they are recognisable by depressive and amnesic features, and principally by a special degree of physical and psychical asthenia, mental confusion, and oneiric manifestations. Such psychoses may show a remittent, intermittent, or circular type, and sometimes end in chronicity. They often are consecutive to paludal neuroses, and principally to neurasthenia. It is sometimes difficult to determine a precise diagnosis between paludal and alcoholic psychoses besides, some patients simultaneously present signs of both.

In sleeping-sickness, the onset of psychical disorder is often insidious. Among the signs of a general infection one may observe somnolency, physical and mental prostration, hypochondria, etc. Progressively appear alterations in temper, alternation of excitement, and depression, deficiencies of memory, impulsive or extravagant actions, family troubles, moral perversions, and emotional indifference. Such disorders increase, the face becoming stupid, the patient dirty, bulimic, disregards his duties, perpetrates extravagant or immoral actions, and makes homicidal or suicidal attempts, etc. There follows mental confusion with a more or less rapid dementia. Finally, one observes tremor, motor inco-ordination, amblyopia due to oedema and pupillary changes, dysarthria, parietic troubles, and symptoms of neuritis or myelitis. Sometimes there appear bulbar symptoms, epileptoid or parietic ictus, sudden coma, or acute delirium.

The psychosis of cholera is a typical infective psychosis. Leprosy produces a serious and amnesic mental confusion, with cœnæsthetic state. Exanthematous typhus sometimes gives rise to a cerebral torpidity and nocturnal dreaming, which may produce in exhausted people, prisoners, and paupers a stuporose and delirious mental confusion. Such a psychosis may be early and initial, but its onset coincides most generally with the beginning of defervescence. A psychosis appearing on the thirteenth or fourteenth day shows slight depression, with a common tendency to parietic and convulsive troubles and finally vigil coma. The noisy and hallucinatory delirium, with somnambulic features ordinarily begins at the end of the first week. Dengue may produce mental disorders comparable to those of influenza. Myasthenia is frequently united to psychasthenia and psychical dulness. Convalescence is slow and difficult. Mediterranean fever may cause mental troubles, and when such psychoses become intense the prognosis is serious, especially among old or exhausted people. In beri-beri, one may frequently observe disorders of memory with a primary or secondary mental confusion. Yellow fever may present all degrees of psychoses, from dreaming to acute delirium with impulsiveness, and death is sometimes preceded by a period of euphoria. Plague may give rise to severe psychoses with dysarthria, reminding one of some of the states of rapid general paralysis. The cerebral apathy of such patients is

proverbial. In dysentery and chronic diarrhoea of the tropics absence of psychical disorders is a rule.

In the colonies, psychical troubles also occur in abscess of liver, consecutive to snake-bites, and in all toxic infections and parasitic diseases.

Dr. Régis thinks that it would be impossible to eliminate from the army and navy psychical degenerates, as well as physical degenerates. The mental state should be studied by the examining board, at the time of enlistment, and also during active service. A very common mental disease among officers is general paralysis; one may also observe traumatic and alcoholic psychoses, maniacal and melancholic states, and systematised delirium. Thus, amongst soldiers we find all the psychopathic disorders, such as alcoholism, systematised delirium, maniacal and melancholic states, epilepsy, nostalgia, epidemic suicide, etc., but degeneracy prevails, with or without delirium. Such degeneracy is either simple (unstable, odd and eccentric people, feeble-minded, imbecile and idiot), or complicated (neuropathological or psychopathical manifestations). Amongst abnormal soldiers, pathological fugue is most frequent (illegal absence or desertion). Consequently, when a soldier runs away, it is necessary to carefully study his mental condition. In all cases, the medical expert must observe, ponder, and wait before deciding upon responsibility or simulation.

The work of Dr. Régis, improved and brought up to date, is certainly the best and most complete hand-book of mental diseases existing in France.

GERMANY.

By Dr. J. BRESLER.

Since my last report the interest of German psychiatrists has been almost wholly absorbed in observing the results of trials of *Abderhalden's method* (dialysing method), of which I have briefly made mention in the *Journal of Mental Science*, July, 1913, pp. 514, 515. It may be said that at least in thirty to forty psychiatric clinics and asylums trials are being made with this method, and that perhaps as many treatises on the practicableness of this method for the diagnosis of some mental diseases have been published. It is impossible in a short report to give an approximately complete picture of the state of the question; but even if this were possible, it would be to little purpose, for the method is much too complicated to be learnt by a description. It is advisable to learn the method in the laboratory of an asylum where it is thoroughly practised. Such an asylum as Illenau, near Achern, in Baden, I can recommend, where Dr. Römer and Dr. Bundschuh apply themselves to it diligently, and with marked success. It requires many weeks at least to master the method thoroughly. I will try to communicate the results which Dr. Römer, in accordance with the results of other authors, has described in my psychiatric-neurological weekly of February 28th, 1914. The serum of bodily and mentally sane people, of constitutionally psychopathic persons, and of manic-depressive patients is free from