

looking forward hopefully to the annual meeting to be held in Washington during the coming May.

It was our original intention to refer somewhat in detail to the newer work in neuro-pathology, particularly that of Dr. Barrett and Dr. Southard. We would gladly have spoken also of recent advances in clinical psychiatry as exemplified in the writings of Dr. Adolf Meyer, Dr. Farrow, Dr. Franz, and many others. It would have been a pleasure to have devoted a paragraph to the later opinions of our "grand old man," Dr. Edward Cowle, who, though a pioneer in American psychiatry, has been spared to point the way to vast fields as yet untouched by the reaper's scythe. But all this, though not another story, must remain untold till time shall have given us another opportunity.

(¹) *Criminal Responsibility*, Charles Mercier, M.B.

FRANCE.

By Dr. RENÉ SEMELAIGNE.

The unity of human neuro-biology.—Professor Grasset, of Montpellier, President of the XVI Congress of French Alienists, held at Lille last August, devoted his presidential address to the study of the unity of human neuro-biology. At the annual congresses in France, those who devote themselves to insanity or neurology are grouped together. For far too long have physicians thought as common people, and carefully separated diseases of the mind from diseases of the body; but it should be understood that alienists and neurologists study diseases of the body. They are aiming at the same mark; they have the same wish, *i.e.*, to know the normal and morbid working of the nervous system, to keep society from a progressive invasion of nervous disease, and to cure, or at least to relieve, the latter. The statues of Pinel and Charcot, erected first at the gate of the Salpêtrière, seem to represent a symbol of such fruitful union which is splendidly realised inside of that glorious temple consecrated to neurologic science. Alienists and neurologists do not work in different ways; their sciences have the same object, the same method, the same purpose, consequently they do not constitute two sciences, but one.

(1) *Psychiatry and neurology have a similar object.*—By its etymological definition, psychiatry seems to monopolise the study of psychical symptoms, and to be quite separated and distinct from neurology, which comprises merely nervous disorders. But psychical, motor, or sensorial functions are nervous functions; one can find psychical symptoms in many of the disorders especially studied by neurologists, and many people suffering psychical disorders are not insane; consequently there is no essential difference between the object of psychiatry and the object of neurology. No one would deny that there is some difference between the two sciences, but such difference exists between two chapters of a book, two branches of a tree, so between the two aspects of a great science, the human neuro-biology. The psychical,

motor, and sensorial organs constitute parts of the nervous system. That nervous system is one, and the study of its working or of its disorders forms the common object of both psychiatry and neurology.

(2) *Psychiatry and neurology have the same method.*—At first such a proposition seems a paradox, for it is commonly said that the neurologist's reasoning is anatomical, and the alienist's is physiological. But the anatomical work of the alienists is considerable. Besides, a psychological reasoning must be the unique and general method for all—neurologist or alienist—who study neuro-biology. The general clinical *syndromes*, constituting what we call diseases of nervous system, are really not characterised by their own lesion, but by that part of the nervous system which is affected. Clinical unity in the nervous system is not the geographical unity of the anatomist, but the functional unity of the physiologist. The function produces and determines the organ, consequently the unity of a nervous organ is constituted by its function and its centre, and one might consider the nervous system as divided into various organs—such as an organ of mind, a sensitive motor organ, organs of orientation and equilibrium, of language, of sight, of hearing, of taste, of smell, of circulation, of nutrition, etc., each of these organs being composed by elements which might be disseminated through the old anatomical divisions of nervous system—such as brain, spinal cord, nerves, etc. All these organs are to be studied in a similar way. One has to analyse the normal working in healthy people and the abnormal working in sick people to verify at the *post-mortem* examination the position of the lesions producing the observed disorders in the working of the organ, and from such anatomo-clinical comparison to ascertain the exact use of that part of nervous system in the general life. The fruitful method, entirely founded on the psychological reasoning, is in a same degree indispensable in that study of the nervous system, whatever is the especial organic conclusion of such investigation. Consequently, the bonds between psychiatry and neurology will be drawn closer by the unity of method, as well as by the unity of object.

(3) *Psychiatry and neurology have a same purpose.*—In reality, all those who study the nervous system have a same purpose, *i.e.*: (a) To cure, or at least to relieve, people suffering from nervous disease; (b) to protect society against an invasion of nervous diseases, or against the misdeeds of such patients; (c) to increase our knowledge of the nervous system in normal and pathological states.

Psychiatry and neurology, therefore, do not form two sciences, but only one, *i.e.*, the physio-pathology of human nervous system or human neuro-biology.

The senile brain.—According to Dr. André Léri, of Paris, old age and senility are not synonymous, old age meaning the last period of a life, and senility being a pathological state, most common amongst old people, but which appears much sooner or much later than the beginning of old age. There is a previous and a late, a general, and there are local senilities. One might not find a senile organ, and especially a senile brain without lesion. The lesions consist in: simple or degenerative atrophy of parenchymatous elements, proliferation, more or less localised, of interstitial elements, and sclerotic disorders of blood-vessels

The author successively studies : (1) The brain in its external and internal aspect, and its three kinds of diffuse lesions which affect the nervous tissue, neuroglia, and blood-vessels ; (2) the small focal lesions of the senile brain, such lesions being of two kinds, *i. e.*, *lacunes de dés-intégration* from a vascular origin, and *état vermoulu*, or cortical ulcerations, digging like a coin into the convolutions, but generally not further than the grey tissue ; (3) large lesions in foci (softening and hæmorrhagia).

As the anatomical as well as clinical investigation bring into closer union senile changes and prolonged intoxications, Dr. Léry concludes that his observations are a new argument in favour of the opinion which considers senility, in the brain or in other organs, as the ultimate condition of all the intoxications of life.

Cytological, bacteriological, and experimental study of the blood of the insane.—According to Dr. Maurice Dide, of Rennes, alkalinity decreases in the toxic cases, such as mental confusion, early dementia, pellagra, and epilepsy at the commencement of an attack. Mineral elements show quantitative variation accordingly to the general rules of physiological pathology. The increase of urea is slight in the intervals of epileptic fits, and very considerable during the attack. In early dementia periods of excitation are accompanied by a slightly increased resistance of red corpuscles, and periods of stupor offer an inverted formula. In the fits of epilepsy, there is a diminution of resistance, while in other mental diseases, and especially in melancholia, the resistance is normal. Generally there is *hypoglobulie* in toxic cases, and *hyperglobulie* in maniacal states. Transient crises of *hyperglobulie* appear during the attacks of epilepsy ; a diminution of hæmoglobin is usual, but there is an increase on the commencement of a fit.

Polynucliose with *hyperleucocytose* is observed at the outset of toxic psychoses and in states of agitation ; the *mononeucliose* with a slight *hypoleucocytose* seems to be the sign of a definite failing of resistance of the organism to a long toxic infection.

After much micro-biological, chemical, and physical researches on serum, the author studies hæmatology in its relationship to heredity. Morbid heredity is unquestionable, but not sufficient to produce delirium or epilepsy ; another cause, a *toxæmia*, is necessary. Dr. Dide thinks that a more complete knowledge of the blood might allow of a more definite prognosis of hallucinatory psychoses.

Cases of motor aphasia without any lesion of Broca's convolution.—Dr. Pierre Marie, of Paris, stated at the *Société Médicale des Hôpitaux*, last July, that motor aphasia is often observed without any lesion of the third frontal convolution, and that the lesion mentioned as characteristic of aphasia is equally verified when no special symptoms have been observed during the life. Following many anatomical examinations he was able to conclude that the centre of language is placed in the zone of Wernicke, at the *pli courbe* and the first temporal convolution ; and that the aphasia of Broca, or motor aphasia, does not exist without a lesion of the *nucleus lenticularis* or of *nucleus caudatus*.

During the months of November and December, he presented new cases, with *post-mortem* examinations. A man, following a fit, had shown right hemiplegia and general motor aphasia, and remained eight months

without speaking, but being able to read, to write, and to understand everything. The lesion was localised in the lenticular area of the left hemisphere. Two other cases of motor aphasia, one without dementia, the other with agnosia and dementia, presented lesions of the temporal convolution and of the lenticular zone, without any lesion of Broca's convolution.

Dr. Souques also presented the brain of a young female patient who, suffering from mitral stenosis, was suddenly taken with an apoplectic seizure and motor aphasia; she subsequently died from pleuro-pneumonia. The *post-mortem* examination showed a single focus of softening in the left hemisphere, which had destroyed the posterior part of the two first temporal convolutions and reached the posterior and external part of the lenticular zone. Broca's convolution was intact.

GERMANY.

By Dr. JOHANNES BRESLER.

IN my previous reports, I have mentioned the efforts made in Germany for establishing sanatoriums for patients of the lower classes suffering from nervous diseases. I can now state that a third sanatorium has been erected at Roderbirken, near Leichlingen (Rheinprovinz); the medical superintendent is Dr. Beyer. The two sanatoriums already existing, Hans Schöfnow, near Berlin, and Rasemühle, near Göttingen, have shown by their activity during several years the full purpose of their existence.

At the University of Greifswald, a new psychiatric clinic has been established, and at Johnsthal, near Türktelu, in the Rheinprovinz, a large general provincial asylum has been erected.

In the larger cities, there is more and more the tendency to erect asylums for their insane (at least the curable), instead of using the country asylums. I mention, for instance, the establishment of the city asylums of Chemnitz (Saxonia), Stuttgart, and Nürnberg.

The efforts to propagate psychopathic knowledge amongst non-medical laymen have been continued. For example, at Giessen, in the psychiatric clinic of the University, a course of medical psychology with regard to the treatment and education of the congenitally feeble-minded took place from April 2nd to 7th, 1906, and was attended by more than 100 persons, teachers, clergymen, and physicians. Professors Sommer, Weygandt, and others read papers and gave demonstrations.

The usual meetings of alienists and jurists have taken place during the past year. The detailed reports of some of these societies will be found in the *Juristisch-psychiatrische Grenzfragen*, edited by Finger, Hoche, and myself.

In the second half of April, 1907, an international course of medico-legal psychology and psychiatry will be given at Giessen for physicians, jurists, and officers of prisons and houses of correction, etc. Lectures will be given by the Professors Sommer (Giessen), Aschaffenburg, Dannemann, and others.