

GERMANY.

By Dr. J. BRESLER.

AT the annual meeting of the German Association for Psychiatry, held on March 23rd and 24th, at Cologne and Bonn, the principal subject for discussion was the question of the connection between syphilis and general paralysis. The speakers were Plaut (Munich) and Fischer (Prague). Dr. Plaut came to the following conclusions: (1) Without syphilis no paralysis. (2) It is not improbable that during paralysis active virus still exists in the body, and spirochætæ are present. (3) There are not sufficient reasons for presuming there is a syphilis *à virus nerveux*. (4) The fact that, in those who afterwards became paralytics, the early symptoms of syphilis were singularly mild, suggests an abnormal predisposition. (5) The attempts to establish a connection between heredity, degeneration and temperament, or constitution and general paralysis, have had no definite results, and it would appear doubtful if there are sufficient grounds for accepting a peculiar predisposition of brain. (6) The exogenous influences (alcoholism, trauma, cerebral fatigue) have probably no essential effect, but act only as associated factors, diminishing the somatic and psychic resistance. (7) The variability of the syphilitic changes in the different stages of the disease does not appear to be caused by differences in the character of the spirochæte, but by a gradual change in the way the patient reacts, because this change of reaction leads to tertiary manifestations in only a small percentage of syphilitics, and a further change may lead to paralysis; it is not astonishing that only a small number of syphilitics become paralytics. (8) A number of considerations makes it probable that paralysis is preceded by preparatory syphilitic processes of a chronic kind; it is impossible to say if these are localised in the central nervous system or in any other part. The elapse of a long period of time between syphilitic infection and the onset of paralysis is perhaps explained by this circumstance. (9) The uselessness of mercury in paralysis does not disprove a connection between syphilis and paralysis, because of our ignorance of the pharmacology of mercury. (10) The decision whether the histological changes in paralysis are of a syphilitic character must be, and is, left to the anatomist. (11) The result of serum diagnosis points to a very close connection between syphilis and paralysis. Regarding this we have no clear idea as to the biological position of the reacting substances at present, but some day a definite answer will be forthcoming.

Dr. Fischer's opinions were: (1) In paralysis there are very characteristic changes in the brain, but the diagnosis depends upon a consideration of the whole and not upon any one sign. (2) The histo-pathological changes consist of a decay of the parenchyma associated with chronic inflammation, but the one must be regarded as independent of the other. (3) The clinical conception of paralysis is based upon its histo-pathology. (4) From the clinical standpoint the varieties of general paralysis are—(a) the common form, (b) paralysis by areas, (c) the atypical form, (d) the stationary form. (5) On anatomical grounds paralysis cannot now be held to be a direct syphilitic disease.

Professor Alt (Uchtsprunge) read a paper on the treatment of the young and adult insane epileptics and idiots in the same institution. He stated: (1) It is erroneous to think that young epileptics and idiots need less psychiatric care than corresponding adults; moreover, patients of this kind are especially suitable for exact psychiatric treatment and have need of it; (2) the separation of the young insane epileptics and idiots as regards curability or incurability into different asylums is impracticable and harmful; (3) the presence of a conveniently situated and properly constituted ward for juveniles in an asylum for adults, *i. e.* the treatment of both young and old in the same asylum, is preferable to a separate hospital for the young; (4) the addition to an asylum of a "boarding out" system for the juvenile insane, for epileptics, and especially for idiots is a veritable blessing.

The Association accepted the following propositions⁽¹⁾ made by a special sub-committee as regards the training of judges: (a) Obligatory; (1) attendance at lectures on forensic psychiatry, also demonstrations and practical work; (2) a knowledge of prisons, penitentiaries, and all establishments for compulsory education, asylums, inebriate asylums. (b) Optional; a knowledge of criminal psychology.

The following table shows the forensic practice of asylum physicians in Prussia. It is known that alienists are reproached with certifying too readily accused persons who are suspected of mental defect. This opinion is refuted by this table, which shows that the number of accused persons judicially remanded for mental observation in the asylums was, during the years 1906-8, strikingly higher than during 1901-3. Although the judicial authorities during the former period were more inclined to this procedure, the number certified fell from 70 *per cent.* to 57.6 *per cent.*, which shows that the psychiatric experts are exact and scrupulous in their methods.

Table showing the number of persons received into the public asylums of Prussia for certification under § 81 of the Criminal Law.

Periods of time.	Total number.	Number suspected of a morbid mental state, within the meaning of § 51 of the Penal Law (Loss of Free Volition) at the time of the deed.		Number in which no definite opinion expressed.
		Number certified—positive opinion.	Number not certified—negative opinion.	
1906-07-08	1727 (575 per annum)	996—(332 per annum) = 57.6 <i>per cent.</i>	679 = 39.3 <i>per cent.</i>	52 = 3 <i>per cent.</i>
1904-05	915 (457 per annum)	585—(292 per annum) = 63.9 <i>per cent.</i>	301 = 32.9 <i>per cent.</i>	29 = 3.2 <i>per cent.</i>
		As having existed.	Opinion negative or indefinite.	
1901-02-03	1085 (361 per annum)	760—(253 per annum) = 70 <i>per cent.</i>	325 = 29.9 <i>per cent.</i>	

In the summer of 1909, the scientific world was surprised by the publication of a new reaction of the blood peculiar to certain classes of the insane. Drs. Much and Holtzmann stated that they had found that the blood in cases of dementia præcox or those whose ancestry showed this disease, and in epilepsy associated with circular mental disease, gave a special reaction. Washed human blood-corpuscles were not dissolved by cobra poison when the blood-serum of a patient affected as described was added. If, however, the serum of healthy or unaffected persons was added this solution takes place (see "Psycho-reaction" in *Munch. med. Wochens.*, No. 20, 1909). Unfortunately experiments by a large number of asylum physicians did not confirm these results (see Abstracts in *Psychiat. Neurol. Wochenschrift*, vol. xi, 1909-10, Nos. 10, 11, 17, 18, 19, 20).

(1) *Vide proposals in extenso, Psychiat. Neurol. Wochens.*, No. 14, 1909-10.

ITALY.

By Dr. LUIGI BARONCINI.

THE psychiatric works published in Italy during the year just ended have been numerous and in some cases very voluminous. Some are well compiled, some arrive also at interesting conclusions, but nearly all either deal with questions too special or too minute, or leave the latter aside and occupy themselves with neurological questions only. The former, the clinical works, concern themselves in general with special symptoms which have no importance in assisting the knowledge of the nosography and psycho-pathology of the different diseases, or else illustrate clinical cases which are remarkable by their rarity. In any case they represent rather contributions to current ideas amongst the leading men. It is, then, impossible to give a *resumé* of these works; we should only be able to quote their titles, which would be objectless. I have no better news to give regarding the progress of pathological anatomy. Dr. Perusini, of the Psychiatric Clinic of Rome, proclaims, in a powerful article, the necessity of propagating the anatomico-pathological ideas of the school of Kraepelin; but up to now the histo-pathological study of the nervous system has been pursued without uniformity of method, as also without precision of aim. Only in Rome, thanks especially to Drs. Cerletti and Perusini, they have organised an anatomico-pathological section in the Clinic of Tamburini, and there they are trying to put new life into this highly important branch of psychiatry. But the greater portion of Italian psychiatric works relates to neurology, a branch which promises easier and more brilliant success. In my last contribution I drew attention to the tendency amongst Italian psychiatrists to direct themselves rather to neurological studies. This tendency had its culminating point and its official sanction in the foundation of the Society of Neurology, which gathers around it all the *personnel* of the psychiatric clinics. This Society held in 1909 its Second Congress at Genoa, at which the following general subjects were discussed:

(1) The serum diagnosis of nervous and mental diseases (Rossi).