

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

protective ferments. In dementia præcox, destruction of the cortex cerebri and the sexual glands (testes or ovaries) is nearly constantly found, sometimes of the thyroid gland, and seldom of the suprarenal glands. In paralytic dementia, there is destruction of the cortex cerebri, but no destruction of the thyroid gland and sexual glands. In mental disorders caused by thyroid disease, destruction of the thyroid gland is found. It is an important fact that by the Abderhalden method it is possible to distinguish dementia præcox from manic-depressive insanity and from constitutional psychopathic states of mind. Dementia præcox thereby is proved to be a form of insanity caused by morbid anatomical and chemical changes in the brain. In epilepsy also destruction of the cortex cerebri was found. The Abderhalden method, therefore, is of the greatest importance to psychiatry. With due estimation of this fact, the boards of asylums have granted to physicians several weeks' leave and the necessary expenses, that they might make themselves thoroughly acquainted with the method in the laboratories where it is habitually employed.

The continually increasing expenditure on the care of the insane has induced two Prussian provincial administrations, those of Pomerania and of Silesia, to publish and to circulate a memorandum on *the causes of insanity*. In it attention is especially drawn to alcohol, syphilis, and heredity as the most important causes of mental maladies.

The stock of medicaments for nervous and mental diseases has been enriched by a new and very useful one, *viz.* "Diogenal" (factory, E. Merck, Darmstadt). It is acidum dibrompropyldiethylbarbituricum, a sedative, which combines the action of bromide with that of veronal, but is four times less poisonous than veronal; it acts as a calmative, but not a sleep-producing agent. It is given in doses of 1 to 2 gr. (*vide* Prof. Dr. Heinz, Director of the Pharmacological Institution of the University of Erlangen, and Dr. Mörchen, *Münch. Med. Wochensc.*, 1913, No. 48).

Some years ago, in this Journal, I reported the enactment of a new law relative to the care of the insane in the Grand Duchy of Baden. Now the Kingdom of Saxony has also passed a new law respecting the care of the insane in asylums (from December 12th, 1912); it regulates the relations of the asylums of the country to the local boards for the poor, and to the magistrates. As regards the administration of the law, the reception and discharge of patients, etc., detailed regulations have been laid down from September 12th, 1913. The law, and the regulations for its administration, are published in *Psych. Neurol. Wochensc.* of November 22nd, 1913.

An epochal advance has been made in the department of the surgery of the brain, which is also applicable to the treatment of some patients in asylums, by the operation of *opening the brain-ventricles by piercing the corpus callosum*, as G. Anton and F. G. von Bramann have done in fifty-three cases. After opening the cranium by means of Doyen's or Dudek's trephine, the dura mater is slit up and a cannula is guided along the falx cerebri as far as the tectum of the ventriculus, and thrust through the *corpus callosum*. After the necessary quantity of fluid has escaped the cannula is removed. There were treated seventeen cases of hydrocephalus, five of tumour of the hypophysis, twenty-three of tumour in the

brain-ventricles, four of epilepsy, five of non-purulent meningitis, one case of acrocephaly. As a result of the operation itself no patient died. In very many cases, directly or indirectly, the operation favourably influenced the malady by relieving pressure; in some cases it facilitated the diagnosis. Details about the operation and interesting reports of cases are recorded in the book: *Treatment of Congenital and Acquired Brain-Disease by the Method of Piercing the Trabs*, by G. Anton and F. G. v. Bramann, with 44 illustrations and 10 tables, 1913. Berlin: S. Karger, price 4 M.

Of the *International Illustrated Work on Asylums*, announced in the last report, the first volume has appeared; it contains 372 pages, and comprises illustrated descriptions of asylums in Brazil, Belgium, Holland, Germany, Denmark, Norway, Russia, Italy, Hungaria, Servia, Bulgaria, and Japan. The second volume is in preparation, and will probably come out this year. It would be very gratifying if the English asylums, too, would co-operate in the work. The languages used in the publication are German, English, French and Italian.

English psychiatrists making a tour up the Rhine to Switzerland near Constance on the Lake will have an opportunity of seeing the newest asylum of the Grand Duchy of Baden. It is situated 7 km. from Constance, ten minutes by railway direct from the station of Reichenau on the Constance-Singen Line, in the midst of a magnificent landscape. It was opened in the presence of the Baden ministers on October 11th, 1913. The Director is Dr. Oster. A description of it is to be found in the above-mentioned illustrated work on asylums.

Of more general interest may be the following *classification of mental diseases*, which has been proposed and accepted by the statistical commission of the German Society for Psychiatry. It is based on the schedule, which Schüle and Römer of Illenau (Baden) and Fischer of Wiesloch have laid down.

(1) *Traumatic brain diseases*.—(a) Delirium traumaticum; (b) dementia traumatica; (c) epilepsia traumatica.

(2) *Mental diseases connected with gross brain diseases*.—(a) Tumours; (b) abscesses; (c) sclerotic diseases; (d) Huntington's chorea; (e) other brain diseases.

(3) *Mental diseases from poisons*.—(a) Acute toxic conditions; (b) chronic toxic conditions (morphinismus, kokainismus, etc.).

(4) *Alcoholismus*.—(a) States of acute alcoholic intoxication; (b) delirium tremens and alcoholic insanity; (c) Korsakoff's psychosis; (d) alcoholic epilepsy, and habitual epilepsy of drunkards; (e) chronic alcoholismus.

(5) *Mental diseases connected with somatic diseases*.—(a) Infective diseases; (b) chorea; (c) heart disease; (d) uræmia; (e) eclampsia; (f) states of exhaustion.

(6) *Psychoses connected with lues cerebri and tabes*.

(7) *Paralysis progressiva*.

(8) *Senile and presenile diseases*.—(a) Dementia senilis; (b) presbyophrenia; (c) senile persecutorial insanity; (d) Alzheimer's disease.

(9) *Arteriosclerotic disease*.

(10) *Diseases connected with morbid changes of the glandula thyroidea*.—(a) Cretinismus; (b) myxœdema; (c) morbus Basedowii.

(11) *Endogenic dementia*.—(a) Dementia præcox; (b) forms of paranoid dementia.

(12) *Epilepsy*.—(a) Genuine epilepsy; (b) affective epilepsy; (c) tardive epilepsy; (d) other forms of epilepsy.

(13) *Manic-depressive states and insanities*.

(14) *Hysterical temperament and insanity*.

(15) *Other psychogenic diseases*.—(a) Traumatic neuroses; (b) psychogenic psychoses of prisoners; (c) induced insanity (*folie à deux*); (d) emotional psychoses; (e) other forms.

(16) *Paranoid and querulous states and paranoia*.

(17) *Psychopathic states*.—(a) Neurotic states; (b) imperative ideas ("Zwangsvorstellungen"); (c) sexually perverted persons; (d) states of instability (*Haltlose*); (e) psychopathic swindlers and deceivers (*Schwindler and Betrüger*); (f) congenital criminals (*delinquente nato*); (g) other forms.

(18) *Imbecility and weakmindedness*.

(19) *Idiocy*.—(a) Syphilitic; (b) encephalitic; (c) hydrocephalic; (d) other forms.

(20) *Doubtful cases, and not cleared up*.

(21) *Not insane and not psychopathic*.

Our English colleagues who are interested in the careers of German psychiatrists will no doubt be pleased to hear that Dr. Heinrich Schüle, since 1887 Director of the Grand Ducal Asylum of Illenau near Achern, in Baden, honorary member of the Medico-Psychological Association of Great Britain and Ireland, on July 4th, 1913, had the rare experience of celebrating his jubilee of fifty years in office, in the full enjoyment of mental activity, and excellent bodily health and vigour. Numerous acknowledgments and honours were bestowed upon him, and a number of former and present physicians of Illenau compiled a work in honour of the occasion containing sixteen scientific articles, occupying some 280 pages of printed matter.

PORTUGAL.

By Dr. CAETANO MARIA BEIRÃO.

In recent years, the study of nervous and mental diseases has made some progress in our country.

Not long ago, psychiatry and neurology were studied together with pathology in our universities, without being a speciality, so that neither developed as they ought to have done, nor were young physicians anxious to dedicate themselves to any of these special branches of medicine.

In those days, the courses of psychiatry were limited to voluntary lectures by the late Dr. Miguel Bombarda, and Dr. Julio de Mattos, the former of the Lunatic Asylum of Lisbon, and the latter of Oporto.

But the reform of medical studies in 1911 improved this state of affairs, and placed Portugal in this matter on a level with the most advanced nations. By this reform were established the Chair of Psychiatry at the University of Coimbra, held by Prof. Padua, another at the University