At the same meeting it was urged that in the institutions for compulsory education (*Zwangserziehung* or *Fürsorgerziehung*) psychiatry should have more influence, because many of the pupils are psychopathics.

In the treatment of excitement the use of permanent and prolonged baths becomes more prominent. At the same time, our knowledge of the conditions where these baths are not advisable becomes more exact, and there is no doubt that this form of treatment is by no means a panacea for all forms of insanity. In the private asylums, too, the use of prolonged baths has now been introduced in spite of all the administrative difficulties and the objections of the relatives (*vide* Erlenmeyer at Bendorf, *Psychiatr. Neurolog. Wochenschrift*, vii, 1905, No. 37).

The family care of the insane (*familienpflege*) becomes with us more and more extensively practised.

The efforts made by the Prussian military boards to avoid the levy of psychopaths by making inquiries into the antecedents of the recruits and giving instruction to the officers on the symptoms of abnormal psychic states, and by early observation of incipient insanity in soldiers, etc., have been described in a little book by Strieker and Ziehen, Berlin (*Feststellung regelwidriger Geisteszustände bei Heerespflichtigen*, etc.), which merits the interest of alienists.

Latterly much attention is given to the employment of female nurses in the male wards, and we follow with the greatest interest the experiments made in England in this direction (*vide* the articles of Hoppe and Engelken in the *Psychiatr. Neurolog. Wochenschrift*, vii, 1905, Nos. 30, 42.)

The dearth of physicians in the asylums, a consequence of insufficient pay and social position, has reached such a degree that the progress of psychiatric science and practice is in great danger. The salaries of physicians have now been raised in nearly all public asylums, and we hope that the inclinations of the medical world for asylum work will be stimulated and progress maintained.

HOLLAND.

By Dr. F. M. Cowan.

Professor Jelgersma, in a lecture delivered before the Medico-Psychological Society, discussed the several theories of hallucinations, and, after giving a review of the doctrines of various authors, old and new, put forward a theory of his own. He criticised Wernicke's theory of "sejunction," which he considers insufficient to explain facts: (1) because it is well known that the contents of hallucinations are closely connected with the contents of consciousness—*i. e.*, with the sensations, thoughts, and the will (both present and past). In fact, we may see disturbances echoed in hallucinations. (2) According to Wernicke, only what is observed after the process of separation can form the substratum of hallucinations. This is decidedly incorrect; clinical observation teaches us that the entire bygone life may furnish material for hallucinations. Taking into account the importance of our

senses, Jelgersma divides them into three classes, *viz.*, (1) sight; (2) hearing; (3) the remaining three senses—taste, smell, and common sensation. Though we do not think in visual images, still our recollection of the outer world lies chiefly in them. As soon as these visual images grow more complicated and intricate we substitute a word for the complex; the word then forms, as it were, an algebraic sign or formula; when we hear the word, it evokes all the component parts.

Sensation, smell, and taste form only simple combinations, and they, too, when they grow complicated, must have recourse to the word to express what is felt. Besides, they are what we may call sentries to guard against danger threatening the organism.

This division corresponds to Wernicke's classification of our psychical life into an "allopsyche, autopsyche, and somatopsyche."

Jelgersma does not agree with Wernicke's assertion that an observation attentively and systematically made must always be a genuine one for him who made the observation. When, for instance, we go through a lane our careful and thorough observation tells us that the lane narrows; still, we do not believe our observation, we know it to be false. Jelgersma proposes to make a separate class of hallucinations of representation or recollection. It is a characteristic point that these hallucinations are mainly hallucinations of sight; they are repetitions of bygone events which unexpectedly rise to consciousness. Hysterical hallucinations are very good instances.

In the other group a patient may hear a voice telling him he is a king, for instance. The consequences, however, are widely different; the patient not only implicitly believes the message the moment he receives it, but ever afterwards. He acts up to it and behaves accordingly; he subordinates all his observations and thoughts to it, thus developing a new system of delusions in order to explain and justify his hallucination, and to subject the intact part of his mind to it.

Jelgersma remarks that a word represents an immense amount of simpler psychical processes—that, in fact, it is a condensation of sensations, thoughts, and volitions, and when the word sounds it is a compendium of all that preceded. Consequently, when a lunatic hears the words "Thou art king," this is not the commencement of the disease; much must have been going on in his mind. There must have been an idea of grandeur, there has been a sensation corresponding to it, there have been delusions justifying the idea, and as a result the hallucination appeared. The hallucination "Thou art king" is the objective auditory image projected outward.

Professor Winkler, of Amsterdam, as the result of a number of *post mortems*, gives it as his decided opinion that the most characteristic symptoms of shaking palsy are accounted for by constant structural changes. Perivascular gliosis is met with in the basal ganglia, especially in the lateral nucleus of the thalamus opticus, the tegmentum of the pedunculi, the pons, and in certain parts of the spinal cord.

The symptoms which characterise this disease—slowness of intended movements, hypertonicity of the muscular system, tremors—are only met with when these structural changes are present in the brain.

Whenever the organ of association is diseased its discharges can only be set free by a higher tension, and the expression is found to be slow-

ness of motion. Inhibition still is possible, but a sudden inhibition, so as to give free play to the automatic centres, cannot take place, consequently movements are delayed and slow. Inhibition by the organ of association is mainly weakened in parts innervated bilaterally, hence the peculiar mimical expression and the semi-flexed rigid attitude.

Another expression of the disease may be tremor, a tremor which is far from being simple; it has the character of automatism, it mimics spinning, making pills, etc. Its rhythm (allorhythm) is determined by a number of mechanical movements. It can only be explained as a conflict between the mechanism of inhibition and of automatism, while it ceases as soon as the automatic centres are masters of the field and no longer controlled by higher centres.

Considering the symptoms from this standpoint, it may be urged that they may appear in very different lesions—tumour, focus of softening, etc., not so, however, from a clinical point of view; clinically we make a difference between "Parkinsonism" and "Morbus Parkinsonii."

Parkinsonism may be entirely or partly developed; we may meet it in cases of tumour in the stratum intermedium, in the basal ganglia, or in the cerebellum, in cases of softening in these parts, and last, but not least, in insular sclerosis. Nor can we wonder to see it described by French authors as forming part of the symptoms of arterio-sclerotic dementia. At first sight, it would seem strange that it is not met with in cases of general paralysis. This led Winkler to carefully examine the spinal cord. In fact, the careful observer cannot fail to be struck by the numerous symptoms, which can only be referred to an affection of the cord, especially if he meets with a case in which apparently locomotor ataxy is combined with shaking palsy; the combination will prove to be only apparent, and Wertheim Salomonson clearly grasped the fact and proposed to give this seeming combination the name of "Tremoparalysis tabioformis."

Winkler has always found perivascular gliosis in the cords of patients suffering from paralysis agitans.

Dr. Muskens published a case of paralysis agitans, with its *post mortem*, which he observed whilst assistant to Professor Danor at New York, and describes the changes found, especially those in the cervical part of the cord.

Dr. Scholtens, Medical Superintendent to the lunatic asylum at Paramaribe (Guiana), gives an account of the results of abuse of *gânjâh* (hemp). There were 159 admissions; of these 59 were sufferers from this disease (27 *per cent.*), 46 being acute cases of the latter; there were sixteen recoveries (27 *per cent.*), 11 (19 *per cent.*) were discharged improved, 4 (8 *per cent.*) died, 15 cases (25 *per cent.*) became chronic. Legal measures taken to repress abuse of the drug had only poor results.

Dr. van der Kolk, of the Leiden Asylum, gave his results of a series of examinations of cerebro-spinal fluid obtained by means of puncture. He performed the operation seventy-nine times in fifty-four different cases. Van der Kolk comes to the conclusion that the operation is not a dangerous one, that, in fact, it may be ranked as any other puncture made for diagnostic purposes; he does not agree with Nissl, who considered it in the light of a surgical operation which required the consent

of relatives or, where these failed, of authorities. When performed in a properly fitted hospital or clinic the operation is only a trifling one.

He also concludes that the cytological examination of the cerebro-spinal fluid may give valuable information in doubtful cases of general paralysis, but van der Kolk cannot share the enthusiasm of Joffroy and Nageotte.

A royal decree has been issued regulating the care of lunatics who are boarded out in private dwellings. The inspectors in lunacy shall previously examine and approve of the dwelling before lunatics, inmates of an asylum, shall be received. These dwellings shall not be at too great a distance from the asylum. Inspectors in lunacy shall decide how many inmates shall be boarded in one house. No changes are to be made in the arrangements in the rooms unless such changes be approved of by these inspectors. The inspectors, judicial authorities, and the burgomaster shall have access at all times. Clause 6 orders that the Board of Governors shall regulate the boarding out, and shall decide whether boarders shall return to the asylum or not, etc., unless they delegate this power to the physician. This is a very weak point in these regulations. Experience has repeatedly shown that when a person becomes a member of a Board of Governors he, as a rule, develops delusions of grandeur, and within a very short time he is firmly convinced that he is a first-rate alienist and has nothing more to learn of mental science. I remember being once asked whether the governors of a certain asylum were elected from among the inmates. Now, as neither governors nor lunatics can be reasoned out of a delusion, a clause has been inserted giving the physician right of appeal to the inspectors; this will prove an endless source of quarrel and dissent, and might have been avoided by placing this purely medical matter in the hands of the medical man.

ITALY.

By Dr. G. C. FERRARI.

Italian psychiatry has made noteworthy progress during the year 1905, if not in the scientific field—and this for reasons which will be appreciated before long—in the practical field, which is no less interesting.

Of the practical questions the most interesting has been the publication, on March 5th, 1905, of the regulations for the application of the Law on Asylums and the Insane, mentioned in a previous letter to the *Journal of Mental Science*. These regulations have a special interest in that they define the law and bring it into force in all its parts.

It may be of interest to know the more general provisions made for governing the asylums, giving a *résumé* of the different sections in order.

The law first establishes that all asylums, public or private—it matters not what their size is, or under what name they exist—are considered as asylums, and are under this law.