

and precise, but do not present an external character, as do the genuine hallucinations.

He divides the second group as follows :—

1. *Hallucinations verbales motrices*, which are genuine hallucinations.
2. *Pseudo-hallucinations verbales*, in which the interior voice remains a mental representation which is living and precise, but does not succeed in becoming a genuine and external hallucination.

He thinks that the expression “psychical hallucination,” designating, as it does, dissimilar phenomena, which are for the most part not true hallucinations, is misleading and should not be used.

Mania of Visionary Origin in General Paralysis.—Dr. Regis and Labanne observe that the mental state in some cases of general paralysis has a visionary origin. They both observed four patients whose delirium followed dreams, and who remained conscious of that origin. Delirium of this nature is not exactly the same as that proceeding from acute intoxication ; it is less hallucinatory, less living, less intimately associated with the personality. The psychical dissociation which constitutes the basis of the disease, does not permit of a complete formation and incorporation of the outlines of the mental synthesis created in the dream.

Fragility of Bone in General Paralysis.—Dr. Labanne, of Bordeaux, has studied the spontaneous fracture of bones in general paralysis, proving that it might occur as the primary and sole manifestation of that disease.

GERMANY.

By DR. J. BRESLER.

The progress of psychiatry in Germany during the past year has been marked rather by steady advance of a permanent nature than by any unusual or startling event.

Dr. Wattenberg, of the State Asylum at Lübeck, published a short communication regarding the treatment of lunatics by isolation in side-rooms. He points out that for six years this procedure has not been necessary at his asylum—an abolition which has had a good effect on his patients, and which has not entailed an increase in the quantity of drugs used.

The system of “boarding out” of patients has extended in Saxony, where, mainly by the efforts of Dr. Alt, of Uchtspringe, two small asylums, each for 150 cases, are to be built for the temporary reception of patients who eventually are to be boarded out with families dwelling in the neighbourhood. One has already been commenced at Ferishow.

The number of “After-Care” associations has increased, one having been formed for the Rhine Province.

It is satisfactory to record the completion of the Psychiatric Klinik at Kiel, and the appointment thereto of Professor Siemerling ; and also that there is now no medical centre in Germany without an institution of this character.

As regards criminality, the Government of Prussia has erected wards for the observation of insane criminals at its larger prisons—*e. g.* Köhn, Halle, Münster,—but unfortunately the criminals, when finally recognised as insane, are transferred to the usual asylum, where they are associated with the non-criminal.

The recruiting sergeant in Saxony will have for the future to search for a history of insanity before men are allowed to join the Army, the Minister for War having ordered the rejection of all recruits who have had mental disease.

The annual meeting of the Association of German Alienists was held on 20th and 21st April at Frankfort-on-Maine. The most noteworthy paper was that by Professor de juris Lenel, of Strassburg, and Dr. Kreuser, of Schussenried, on “The Prognosis of the Psychoses with regard to the § 1569 of the Code-Civil”⁽¹⁾ (Divorce by reason of Insanity). This was followed by an important discussion.

Another interesting paper was that of Dr. Siemerling on the “Evolution of the Doctrine of Criminal Heredity.” He is very emphatic on the necessity of modifying the punishment of the endogenous recurrent criminal.

Dr. Sioli discussed the question of rural and urban insane, noting the predominance of the latter over the former. He advocates, for cities of 100,000 inhabitants, the erection of an annexe to the general hospital, consisting of two wards, for fifteen to twenty insane patients, maintaining that thereby two hundred cases can be treated per annum, granting that they do not remain in the wards for longer than two to four months each.

Dannemann showed a number of plans for asylums to accommodate thirty, forty, fifty, or one hundred patients, and discussed the construction and organisation of these establishments. Fürstner gave a report on the morbid changes in the spinal cord in general paralysis; Bonhoeffer discussed the qualities of vagrants and vagabonds; Alzheimer the pathological anatomy of chronic insanity; and O. Vagt opposed Fleschsig's doctrines.

Sander demonstrated some changes in acute insanity; while Friedländer read a paper on erythrophobia, Raecke on changes in the cerebellum and the basal ganglia in general paralysis, and Kirchhoff on the expression in melancholia.

¹ Vide *Journ. Ment. Sci.*, 1899, p. 386.

HOLLAND.

By Dr. F. M. COWAN.

It is pleasant to see that those in authority are becoming convinced that the symptoms and treatment of mental diseases should be taught at our medical schools. As it is now, three of our universities have each a chair for psychological medicine, and it seems strange that the remaining one, that of Groningen, should not have a similar chair.

The recent appointment at Utrecht was that of Prof. Th. Ziehen,