the insane was considered. Its adoption in several forms under the supervision of alienists was noted. It could be used with advantage during convalescence, and was perhaps more suitable and offered more chances for recovery in certain cases than treatment within the wards of an asylum. The patients boarded out can be treated from the neighbouring asylum, and cases arising quite locally need not be removed from home. If the patients cannot be under the supervision of the asylum staff they should be visited by inspectors specially trained in lunacy. Finally, its adoption would tend to dissipate some popular notions regarding lunatics.

Heilbronner summarised the pathological changes in the nerve-cell, which have been reported to occur in the various functional psychoses. He concluded that there were none definite for any one mental disorder, indeed it was impossible to distinguish a sane from an insane brain. He dismissed the numerical valuation of nerve-cells in the same way.

An important paper was that of Professor Sommer, of Giessen, on "A Three Dimensional Estimation of Motor Disturbances in Nervous and Mental Diseases." (*a*) An apparatus for the graphic recording of the disturbances of the frontalis muscle; (*b*) an apparatus for the exact measuring of pupil disturbances which can be used with either electric, gas, or petroleum illumination; (*c*) an arrangement for estimating the knee-jerks, clonuses, spasms, tremors, etc. (*vide Psychiat. Wochensch.*, No. 9, 1901).

Drs. Bleuler and Delbrück have published articles discussing the "Relationship between Asylums and Alcoholics." There appears to be no doubt that the physicians and attendants of asylums who treat cases due to excessive indulgence of alcohol should be total abstainers. The anti-alcoholic notion has many partisans in Germany in our branch of medical science.

We are to be much congratulated on the fact that the Government, in May, made *psychiatry a compulsory subject in the medical curriculum*. New rules have been enacted by the Government in Prussia (March 26th, 1901) regarding private asylums, the mode of reception and discharge of patients, the economic administration, the medical service, also as regards attendants, etc. An Act has also been passed forbidding the discharge of a dangerous lunatic until the police, after inquiring into the domestic surroundings of the patient, have given their permission.

HOLLAND.

By Dr. F. M. Cowan.

An important event in the year has been the meeting of an International Congress for Criminal Anthropology at Amsterdam. I leave the various discussions and papers to be dealt with in another part of this Journal. It is generally admitted that an efficient staff of attendants and nurses is indispensable in the treatment and care of the insane. This important point has been the subject of an exhaustive and lengthy report in our Journal. A number of questions were drawn up and

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sent to the medical superintendents of several asylums, and the answers received were cast into a very interesting report in which we find a large number of data relating to the training of attendants, their pay, leave of absence, amusements, working hours, board and lodging, etc. The conclusion drawn by the writer of the report is that very great progress has been made; "contrary to what occurred nine years ago, the care for the insane is now everywhere entrusted to a staff well trained for their task, or at least in receipt of thorough training for their onerous duties." I can hardly believe that these words of the writer will be generally accepted. Undoubtedly great progress has been made, but there is still room for much improvement. The maid-of-all-work, who dons the dress of a nurse and is henceforth styled "Sister Sarah," does not at the same time acquire the amount of knowledge and training required in a nurse; you cannot make a silk purse out of a sow's ear, and in a large number of cases the sow's bristles show through the silk envelope.

Dr. Bouman published an interesting paper on insanity in twins æt. 18, who became insane almost at the same time, there being only a few days' difference. They were occupied as servants, their situations being far from each other, and they were not aware of one another's existence. The course of the disease was as strikingly analogous as they were alike in features. They were both discharged as cured at about the same time.

Dr. Coenen, of Amsterdam, has studied the disturbances of cutaneous sensibility in connection with the extent of root-zones. The author gives an exhaustive account of a series of cases of neuritis, the cutaneous sensibility of which was accurately investigated. Space only allows me to give his conclusions. Making allowance for the many difficulties besetting clinical investigation of this kind, he was struck by the conformity between the results obtained by him and those published by Sherrington and Bolk. He considers that Sherrington's work on the root-zones of the monkey can only be reproduced in man by a long series of clinical observations most accurately conducted, and followed by very careful pathological examination after death. He was disappointed by the results he obtained from the study of hyperalgesic zones and by the study of crops of herpes zoster, to which Head attaches so much importance, and which he considers such a valuable adjunct to the study of these phenomena. Coenen thinks that we are yet merely groping in the dark.

Epilepsy, a disease occupying so much attention, still remains an enigma to physicians, and every effort to penetrate into its mysteries deserves mention. Dr. Brouwer, in collaboration with Dr. Muskens, has introduced three forms for recording the number of attacks, and certain symptoms attending each fit. These forms are in use in the asylum at the Hague, and the two physicians are very well pleased with the results obtained.

The first form notes the number of fits, the time of occurrence, whether a regular fit or only a giddiness occurred, the nature of the fit, and the treatment adopted. Form number two is very elaborate. It records (*a*) condition before the attack; (*b*) warnings (aura, etc.); (*c*) onset (sudden or gradual); (*d*) scream; (*e*) colour of face; (*f*) move-

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ments of limbs; (*g*) rolling of head and eyeballs; (*h*) course of fit (which limb was first convulsed? how did the attack spread?); (*i*) symptoms to be observed regarding chest and abdomen; (*j*) tongue-bite or not; (*k*) micturition or defæcation; (*l*) pupillary reaction; (*m*) number of respirations and pulsations; (*n*) duration of movements; (*o*) symptoms after the fit (headache, giddiness, sleep, weakness in one or more limbs, etc.); (*p*) sensibility to pain on the skin of the chest and hands; (*q*) are there psychical equivalents, and if so, which? The third form is intended to note the influence of drugs and of treatment in general. The forms were produced at the meeting of the Psychological Association at the Hague, and though several of the members present allowed that much might be learned by their use, others thought that a number of answers to the questions could only be properly given by the physician, and not by the nurses or attendants. At the Hague the latter have apparently proved equal to the task, so the authors claim; but the testing of sensibility to pain is a diagnostic point which, I believe, can hardly be performed by an attendant, and the results must be accepted with very great reserve.

In October, Dr. Ruysch resigned his office of Inspector of Lunatic Asylums. He was succeeded by Dr. Schuurmans Stekhoven. In a country such as ours, where the lunacy law enacts that the magistrate and not the physician is the umpire to decide whether a patient is a lunatic or not, and where a diagnosis formed after a long and accurate examination may be set aside by some visiting justice, a law which does not make it obligatory that the inspectors, or at least one of them, should be medical men, it is highly gratifying that a physician should have been appointed to the vacancy; and more so that he is an alienist.

Although new asylums continue to be built, the call for more room remains undiminished, and hardly is one opened than it is immediately filled. The medical superintendent of the asylum at Ermelo was the first to essay the boarding out of patients in families in the neighbourhood of the asylum. The results obtained were very satisfactory, and the system has now been adopted by Government for lunatics who are kept by the State, and not by the parishes to which they belong. Patients before being boarded out must have been inmates of the asylum for a period of at least three months. Of course there is a system of inspection: the patient is visited daily by an official of the asylum and once a week by the physician, the day of the month and the hour of the day being noted in a book and any remarks added. The system has now been extended. At present the Government and the County Council give an annual grant for every pauper lunatic admitted into an asylum. This grant for the future can be used to assist in defraying the maintenance of patients who are boarded out. Such insane must have been inmates of an asylum for six months, the inspectors must approve of the house selected, and the asylum can board out only one tenth of its inmates, while the necessary accommodation must be reserved for one tenth of those out, should it prove necessary to send them back to the asylum.

It is a pity that this system should not be more extensively applied;

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it seems a far better plan than that of enlarging existing asylums, several of which are already far too large. At the present moment the board of governors of the Meerenberg Asylum are contemplating a plan of extension. As it is, Meerenberg contains more than 1300 patients, and it is probable that the extensions will enable 300 more to be received. It is to be, as they style it, a *cité médicale*, but it will only prove of temporary benefit, since, as the population of the province increases, so will the number of lunatics.

ITALY.

By Dr. GIULIO CESARE FERRARI.

Last year, in my epitome of the work accomplished in the fields of psychiatry and neurology, I endeavoured to give a general idea of the geographical distribution of the more important centres of study and work, showing their chief characteristics, their diverse tendencies, and the nature of their publications and journals. I thought that once having accomplished this, I would be enabled, in following years, to deal systematically with the work done, but I feared that in doing so my production would run the risk of being incomplete and not sufficiently precise. I am obliged, therefore, again to follow the plan I adopted last year, but in place of noting mere general tendencies and characteristics, I propose to note the real progress in these branches of science.

I start my review at the north of Italy, and progress to the south.

At Turin, the psychiatrical clinique is presided over by Lombroso, but this year he has been largely engaged in the organisation of the Fifth Congress of Criminal Anthropology, where his teachings first found favour. One of his assistants, now third at the asylum at Turin, which is directed by Marro, Dr. Marco Trèves has done some interesting work—I allude to his interesting investigations regarding the malformations of the nails in cases of periodic insanity, as significant of great metabolic changes, and on the functional stigmata of degeneracy in epileptics; further, he has constructed an apparatus which ensures the constancy of thermic applications at any temperature from 5° C. to 80° C., and maintains this temperature for any desired length of time, or varies it with the greatest readiness when the temperatures are of wider range. These thermic applications, which can be used internally, or better externally, have a great future before them in the treatment of nervous diseases, and in the field of experimental science.

Marro, this year, has been engaged on the second edition of his clinical, anthropological, and social studies on puberty, which are now to be published in French, and which are a veritable mine of interesting facts and original observations. Pellizzi has continued his studies on idiocy, trying to determine an anatomico-clinical basis for his two great classes. By original observation he has studied the pathogenetic conditions of cerebral diseases. Martinotti and Tirelli, with the aid of the microphotograph, have worked on the nerve-cells of the spinal ganglia. In the field of neuropathology there is at Turin, besides Silva and

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