Paris, and President for 1912 of the Société Médico-Psychologique, has recently proposed to our colleagues the following programme of discussion: (1) Care and caution to be exercised by physicians with respect to declarations of incurability, especially in the case of psychoses not organic. (2) The possibility of an action being taken against a physician in the case of controvertible prognosis. (3) Prolongation of the period of time allowed to elapse abroad before stating the great probability of the incurability of any insane person. (4) A study of the conditions of observation indispensable to any physician in order to give his opinion on incurability within a space of four or five years. If he had not an opportunity of examining the patient previously to that period, he might evidently be in difficulty with respect to some cases which, otherwise, would not leave any doubt as regards the prognosis. It might also be necessary to observe not only the present condition, but the complete evolution of the disease. (5) The most suitable demeanour for a physician to adopt towards a patient during an action for divorce. In such a case the various formalities are often a cause of anxiety and emotional disturbance highly prejudicial to a patient at a time when incurability is not yet beyond doubt. If some day or other insanity is admitted in France as a plea for divorce, let us hope that everyone will call to mind, on all occasions, the words of Pinel, "that an insane person is not a culprit deserving punishment but a patient worthy of compassion."

GERMANY.

By Dr. J. BRESLER.

F. SIEMENS (Lauenburg in Pomerania), at the annual meeting of the German Society for Psychiatry at Kiel, in May, 1912, made the proposition, which received unanimous support, that the Empire might be called on to establish a biological institution for the investigation of the physical basis of mental diseases. He said that the building of expensive establishments and the discovery of new methods of accommodation cannot in the long run satisfy either physician or people. Neither was it of any value to continue the diligent grouping of mental symptoms into types according to the fancy of the alienist. There were only two kinds of symptoms in mental disease: (*a*) The *elementary*, caused by physical disease such as anxiety, hallucinations, emotionalism, stupor, catatonia, and delirium; (*b*) *symptoms of a purely mental kind, arising out of the misinterpretation of those elementary derangements by the psyche.* The study of the action of the internal secretion of glands encouraged the hope that in the investigation of mental diseases much also will be gained by this means. The individual provincial asylums were not in a position to accomplish the task of so comprehensive an inquiry, nor were the individual clinics at the universities, but the Empire must establish an institution on a large scale for this purpose.

At the same meeting Hoche (Freiburg i, Br.), in his report about the importance of the groups of symptoms in psychiatry, urged at the same time that the search for pure forms of disease is a fruitless one; he

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thinks that in future mental disorders must be divided into derangements in which by toxic agencies and coarse anatomical changes in the brain new groupings of symptoms are effected, and those in which already existing abnormalities (having relation to the normal mechanisms of the brain) reveal their presence. To the latter belong mania, melancholia, and periodic insanity.

The *treatment of progressive paralysis* was also discussed at the same meeting. With the reservation that the decision as to therapeutic successes is rendered difficult by spontaneous remissions and the very uncertain course of the malady, and that none of the means recommended are able permanently to hinder the progressive advance of the disease, and its fatal termination, Meyer (Königsberg) admits the possibility of a favourable influence being exercised by treatment. The best results up to now have followed the treatment with tuberculin, which has been introduced by Wagner and by Pilcz in Vienna. The combination of an antisyphilitic with the tuberculin treatment he thinks justified.

Friedländer (Hohe-Mark) also recommends the tuberculin treatment. He contends that, if in different cases, as observed by him, in more or less direct connection with the fever produced by the tuberculin, the pupil or tendon reflexes, till then absent, or greatly diminished, return, this improvement may have been effected solely by the treatment.

Cramer (Güttingen) and others stated that the treatment of paralysis with salvarsan had not met with any success in their hands.

Fischer (*Psych.-Neur. Wochensch.*, 1913. No. 43) gives the preference to nuclein over tuberculin in the treatment of paralysis. Latterly he employs injections of a combination of mercury with nuclein.

Weygandt, at the meeting, made communications about the projected complete reorganisation of the State asylum of Hamburg. On this occasion the old theme—*the most suitable size for an asylum*—was again touched upon, and it was maintained by several speakers that the maintenance of small establishments is lower, and that they have several other advantages as contrasted with the larger. This important question has again recently been very thoroughly treated in a study, "Working Cost and Size of Asylums," by Dr. Starlinger (Mauer-Oehling) in *Psych.-Neur. Wochensch.*, November 16th, 1912, No. 33, p. 381, *vide* also p. 417. He states that there is at present absolutely no evidence forthcoming that the expenses of the large and extra large establishments (those with 1,500 insane and upwards) in similar circumstances are less on an average than those of the medium-sized and small; on the contrary, there exists a great probability that the asylums with about 1,000 beds represent an optimum as regards economy, the dogma of the cheaper management of larger establishments being unproved and improbable.

In recent months a new method of serum research has excited interest also in psychiatry; it is the method of Prof. Abderhalden, at Halle a. S., which this investigator has described in his book, *Protective Ferments of the Animal Organism: A Contribution to the Knowledge of the Defensive Agencies in the Animal Organism against Materials Foreign to the Body, Blood and Cells*, 1912, and which,

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inter alia, is grounded on the fact that a substance which may be homogeneous to the species can be at the same time heterogeneous to the blood and organs. This method, as is known, has already proved effective in the sero-diagnosis of pregnancy. Fauser (Stuttgart) examined the serum of patients with dementia præcox by this method, and believes that he has found that in the majority of cases of dementia præcox a derangement of activity of the sexual glands is observed and in the minority a disturbance of the glandula thyroidea is noticed. These glands deliver to the blood an albuminoid substance which is not sufficiently decomposed. This substance is a heterogeneous albumen to the blood; it stimulates the leucocytes to the formation of a preventive ferment, which splits that albumen further into products which are toxic to the brain. By Abderhalden's method (dialysing method) these specific preventive ferments are detected in the blood by observing if they are able to split the albumen of the respective glands.

To those of our English colleagues who interest themselves in *new German asylums*, it may be notified that such institutions have been opened in 1912 at Bedburg, near Kleve, Rhine province, by the provincial government of the Rhine province, with accommodation for 2,200 beds, at Haar, near Münich, by the government of the district of Upper Bavaria, for more than 1,000 beds, and by the state of Lübeck at Strecknitz, near Lübeck. The description of these establishments will appear in the *International Illustrated Work on Asylums*, edited by me, which will be published in September of this year, and is a continuation of the book mentioned by me in my last epitome.

Under the title, *Advice-Office* ("*Beirat-Stelle*"), *a Method of the Care of the Insane Discharged from Asylums*, just published as No. 2, vol. ii, of *Publications of the Sanitary Administration*, edited by the Medical Department of the Prussian Home Office, Berlin, 1913; R. Schoetz; price stitched, 0.70 M., 24 pages, Prof. Dr. Moeli, Berlin, describes the origin and development of a new organisation for the after-care of discharged insane patients in Berlin. For certain cases of mental illness, such as come for treatment, especially from the population of cities and large towns, there seems a need for improvement in that part of the care for the insane which, in the form of charitable societies for discharged insane patients and for family care, has more and more extended during the last decennia. In many cases of this kind the treatment in asylums is only one of the links in the chain of care, and for many cases even an essential preparatory step to other methods of help. These are the persons with nervous systems predisposed to, or already to a mild extent the subject of, abnormal functioning. Their mental breakdown is due to the influence of external factors, and the chance of cure is not altogether unfavourable, but in their case asylum treatment need be only transitory, though not seldom obliged to be repeated. Under better conditions, if noxious influences can be prevented and the resisting force raised, they are able to maintain themselves outside. So, for instance, in the case of many "alcoholic" persons with psychopathic predispositions or degenerative tendencies, the taking of ardent spirits is often only a gross indication of an abnormal constitution. In the majority of such cases the care of drunkards is successful. The other kind of outside care, the familiar boarding-out

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system for certain insane persons, has not proved a judicious form of necessary after-treatment; these are cases with psychopathic constitution, with epileptoid fits, neurasthenics, traumatic cases, and persons with a certain degree of intelligence and social usefulness. Whereas family-care in the case of weaker patients may have more patriarchal features, it gives to the mentally active not any, or only on a restricted scale, of the necessary opportunities for *voluntary*, *independent activity*, such as are necessary for *getting on* in the world. Only as a temporary measure has family care any importance for some of these psychopathics.

The new institution, which is purely for the purpose of helping the more intelligent and independent among the discharged insane of the kind before-mentioned, is called "advice office." This term is meant distinctly to emphasise the intention that the patient might with greater freedom—without the supervision of a care-station—make use of the opportunities afforded him. From the commencement, therefore, he must be in some degree able to work. The advice and guidance of expert persons will then be available to remove the difficulties resulting primarily, not from his mental condition and diminished capacity, but, for the most part, from outside circumstances.

The former professional task is the most important business of the adviser. He must be able as an expert to judge the working capacity of the person who is to be discharged, and to advise him accordingly.

This advice office was founded about a year ago, as a provisional attempt only, for the *Herzberge* asylum, consequently for the insane in the whole east district of Berlin, the offices being nearly central as regards the area of reception. In these offices, twice a week in the afternoon, an hour for consultation is arranged, in which the patient may obtain medical advice, the adviser making inquiries about his case when the amount of assistance is fixed. A female assistant specially attends to the less important details. It is further assumed that the patients contribute to their maintenance, and the consciousness of having assistance, of itself, makes them abler for work. The amount of help is only gradually reduced, some wages being granted for some time longer. The bureau duties are discharged by a municipal officer. On principle, only such patients are taken notice of as have already been under medical observation; for information as to details the original report must be read. Moeli believes that in towns of smaller dimensions and at establishments which are near towns of not too limited area, the prospects for the further development of the advice stations are still more favourable than in Berlin, and he hopes that the co-operation of non-medical persons with intelligent grasp of the nature of the work will be obtained.

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