is more hygienic than painted walls and more durable. The coldness and lack of comfort which these tiled walls usually give is neutralized by a happy choice of colour—a warm reddish brown. Obviously the patients were better qualified for indoor and outdoor work than is the case in Sweden. For example, I was told that there were 100 patients occupied in farming, and the hospital laundry employed five laundresses and 36 female patients—a considerable number when one realizes that the total number was not more than 1,350 patients. Probably some of these patients could have lived outside the hospital, and earned their own living. In Sweden we usually follow the principle that a patient should be discharged as soon as he can live outside the hospital and earn a living. Work in the hospital will never be for the individual the same as earning his or her own living outside, and only outside the hospital can the improving patient recover his full self-confidence.

The paper gave rise to a lengthy discussion, in which the majority of the members took part.

Dr. GAVIN and Dr. DONELAN disagreed with the writer's statement that alcoholism played any considerable part in the production of insanity in Ireland.

Dr. MARTIN stated that in Donegal cases attributable to alcoholism had become comparatively rare.

Dr. GREENE and Dr. FITZGERALD agreed with Dr. Loberg's view that mental nurses and attendants might be allowed, under proper supervision, to give hypodermic injections and to conduct similar nursing operations with which hospital trained nurses were familiar.

This view was opposed by Dr. DONELAN, Dr. MILLS and Dr. DWYER, who pointed out the dangers of abuse.

Dr. DOROTHY GARDNER stated that epileptic patients were segregated in the ward of which Dr. LOBERG spoke. She also stated that during the past few years an unusually large number of extremely exhausted patients had been admitted to Purdysburn Mental Hospital, and that, had these patients been sent in earlier, the death-rate would undoubtedly have been lower.

Dr. GAVIN and Dr. MILLS disagreed with Dr. LOBERG's suggestion that patients were kept in mental hospitals who might be able to make a living in the outside world.

Dr. NOLAN, Dr. GREENE and several other members expressed their disappointment that Dr. LOBERG's itinerary should have been so restricted, and hoped that he would find an opportunity to pay a more extended visit.

The meeting expressed its indebtedness to Dr. Dwyer, who was largely responsible for Dr. Loberg's visit, and to Herr Ericksson, the Swedish Consul, for his kind assistance in many matters connected therewith.

This terminated the proceedings.

A PSYCHIATRIC VISIT TO BERLIN.

By HENRY HARRIS, M.D., D.P.M.

1. INTRODUCTION.

AFTER a visit to Berlin I submit a number of facts and impressions about matters of psychiatric interest. My observations extend beyond the confines of clinics and hospitals, just as psychiatry itself does, but I hope they will be none the less suggestive and helpful to psychiatrists whose ambitions, purse or ingenuity allow them to visit this city.

I offer—

(*a*) A few suggestions on travel and language.

(*b*) My impressions of—

(i) Clinics, institutions and institutes of psychiatric interest.

(ii) Schools and other arrangements for mental defectives.

(iii) Speech clinics and speech psychiatry.

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(iv) Sexological matters, birth control and marriage advice clinics, the Institute for Sexual Sciences, also a note on homosexuality, which in its overt form is more easily observed and studied in Berlin than in any other European city.

(*c*) Some random suggestions on the art of living in Berlin and on its amenities and customs.

2. Travel Tips.

The most convenient route is the overnight one *vid* Harwich and the Hook of Holland. Leaving Liverpool Street at 8 p.m. you get a night's sleep and arrive in Berlin at 5.30 p.m. the next day. Incidentally, for sea-sickness I can recommend eight lumps of sugar in hot coffee—before the event. For travel anxiety—or as an additional reinforcement against sea-sickness—try one crushed sandoptal tablet before the sweetened coffee. Being on holiday I varied the journey by travelling from Southampton to Bremenhaven on the "Bremen." At a cost of £6 10*s*. I was able to travel first class and to live for 20 hours like a millionaire.

As to language I found the linguaphone set useful, and played the entire set once over on the night before I left for Berlin.

For finding one's way in Berlin, the most convenient pocket guide is Griebens', obtainable for 4*s* 6*d*. at "Geographia," 55, Fleet Street. *How to be Happy in Berlin*, by John Chancellor, published by Arrowsmith at 3*s*. 6*d*., helps one to appreciate the amenities of Berlin.

Hotels are somewhat cheaper than in London but dearer than in Paris or Vienna. For a short stay I am inclined to recommend a hotel. I myself stopped at the Pension Monopol, Berlin W. 15, Kurfürstendamm 67, where I had bed, bath, breakfast and telephone for 7*s*. a day in what is now the most elegant and important street in Berlin.

3. Clinics and Institutions.

Post-graduate work is organized at the Kaiserin Friedrich-Haus, N.W. 6, Luisenplatz 2–4. This is near the Charité, the great teaching hospital of Berlin. All courses are held in German and a yearly handbook is issued free. To work in Berlin one must know some German—unlike Vienna, where one requires little or none.

This building contains a number of permanent exhibitions. There is an interesting exhibition of diagrams and pictures designed for health propaganda. Especially valuable to general practitioners is a permanent exhibition of drugs and appliances—an idea which we might well copy in this country. Here are exhibited the pharmaceutical preparations of all the German firms, and on ledges underneath one finds relevant advertising literature, so that in a few moments one can collect literature on all the drugs that happen to interest one.

Two of the most important mental hospitals in Berlin are those at Dalldorf and at Berlin-Buch. The Dalldorf hospital is one of a group of institutions supervised by Dr. Bratz, and known collectively as the Wittenauer Colony. The vast majority of the patients are contained in this central institution, which is an old but solid building built on the square with its courts inside. There are three subsidiary institutions, *i.e.*, a home for mentally defective children, a home for inebriates and drug addicts and a home for male psychoneurotics. In all there are about 1,800 patients to 16 doctors. The optimum number of patients to each doctor is considered to be 100.

Over 400 patients—about one-fifth of the hospital population—are boarded out under a system which was founded in Dalldorf about forty years ago. This has been extended recently, and it is hoped that in a few years a quarter of the total number will benefit by it. Patients are boarded out in their own homes, with strange families, and in special homes accommodating from 4 to 18 patients, some with members of the staff. A doctor assisted by a social worker is detailed to visit them regularly. The hospital pays up to half of the institutional cost per head. The home contributes the rest in return for work done, and it has been found that a considerable saving of money has been made.

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The types that have done best are:

(1) Defectives who have been either unstable or psychotic, comprising about 50% of the total number.
(2) Mild chronic schizophrenics.
(3) Cases of malaria-treated G.P.I.

Alcoholics do not seem to do so well. The possibility of founding a colony of homes boarding mental patients somewhat after the Gheel pattern has also been considered.

My visit to the large mental hospital at Berlin-Buch was rendered ineffective owing to an unfortunate misunderstanding. After making arrangements a week before, I found on arrival that I must produce either an official permit to visit or else my passport. Incidentally, to be completely safe in Germany one ought to carry one's passport with one. I was cordially invited to visit next day, but a flying visit to Hamburg prevented acceptance.

However, I was fortunate enough to be passed on to the Kaiser Wilhelm Institute for Brain Research, which is closely associated with the asylum and is near by. It is here, I believe, that Lenin's brain has been sectioned. It contains certainly the most remarkable laboratories that I have ever had the opportunity of visiting. It was founded in 1928, and is directed by Prof. Vogt, assisted by his wife, and by Prof. Bielschowsky. It accommodates twenty research workers, each with his own department, assistants, technical workers, etc., and new departments are still being added. The building and everything in it is the last word in modernity.

Dr. Eberhard Zwirner, psychologist, is doing important research on speech. This I propose to discuss later. Dr. Riegele showed me through the section-cutting rooms with its elaborate microtomes and numerous technical assistants, each doing with infinite precision a minute part of the work of making a section. This infinite precision is typically German—and rather awe-inspiring. No compromise is made. The work is done either well or not at all, but one feels that perhaps occasionally "ils se noient dans un puits"—the wood is not seen for the trees. There is a printing press in the basement, and here is printed the *Journal für Neurologie und Psychologie*, the official publication of the Institute. Frau Vogt was particularly courteous to me, made many illuminating remarks and seemed keenly interested in English work.

I also visited a three-storey block in which is housed the pathological service to the Berlin-Buch group of hospitals, of which the asylum was only one part, the entire group comprising about 7,000 in-patients. There also I was struck by the extraordinary precision in everything, from the reception of the corpse to the mounting of the section. I had a fascinating chat with Dr. Ostertag on the political situation in Germany.

The University psychiatric clinic is at the Charité under Prof. Bonhoeffer, and has its own self-contained block, including a ward for children.

Prof. Bonhoeffer was at the moment ill, but I had an interesting conversation with his assistant, Prof. Creutzfeldt. His own view-point is predominantly that of neurology and pathology. He explained that psychiatry in Germany has many schools, each radiating its own view-point. That of Berlin derives from Wernicke, a pathologist and intuitive psychologist, and from Kraepelin, a clinical psychiatrist, and is now manifest in Bonhoeffer, whose interest is predominantly that of the pathologist.

4. A Word on the Arrangements Made for Mental Defectives.

These I have discussed in greater detail in *Mental Welfare*, January, 1931.

There are 49 self-contained special schools in Greater Berlin, which accommodate about 2¼% of the total school population. They are mixed schools and each comprises six grades. Most of the teachers I saw were men of a fatherly type. There are also "Sammelklassen," or occupation centres, for imbeciles of low grade. In addition there are in some of the ordinary schools special classes for "Schwererziehbare," or "difficult" and psychopathic children—nine schools in all Berlin.

The methods of intelligence-testing employed are—that of Rossolimo of Moscow, the modification of Rossolimo's method, by Bartsch of Leipzig, and lastly the German variation of the Binet-Simon tests by Bobertag.

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Certifiable defectives are distributed throughout the mental hospitals. The only institutional accommodation specifically reserved for them that I learned of was the "Erziehungsheim" at the Wittenauer colony, where accommodation is provided for 160 defective children. Here the occupational treatment is particularly good.

I am specially indebted to Herr Schulrat Arno Fuchs, the leading authority on special schools, for his courtesy and helpfulness.

5. Speech Psychiatry.

A few words on speech clinics and laboratories, and on speech psychiatry generally, a subject which is lamentably neglected in this country.

I visited the following places:

(*a*) The University Clinic for Speech Disorders at the Charité, where I met Prof. Flatau and Dr. Gutzmann.

(*b*) The Kaiser Wilhelm Institute for Brain Research, where Dr. Zwirner, head of the Psychological Department, is doing important work on speech.

(*c*) The phonetic laboratories at the University of Hamburg, where I met Prof. Panconcelli-Calzia.

The clinic for Speech Disorders at the Charité is under the direction of Prof. Flatau, and is a department of the Ear, Nose and Throat Clinic. Flatau is now over seventy years of age, and unites a Gallic wit with German stolidity and balance. He has an hypnotic personality and an irresistible way with children and even with adults, whom he treats like children. For the children he always keeps a bottle of boiled sweets near at hand, and he has to a marked degree the knack of distracting those who are anxious.

As a voice specialist the emphasis in his work is perhaps more laryngological than psychological. He has invented a series of well-known instruments for investigating the various aspects of voice and speech, and has recently devised a "strobo-endoscope," which he proposed demonstrating, to my regret, the week after I was due to leave Berlin.

His clinic is held every day and is always full. Many of the patients come daily, and the aim is apparently to establish a social milieu where they are continuously observed and influenced. One room is devoted to children of all ages, who form a howling, happy mob; another to young adults, mainly stammerers; another to patients with special defects requiring individual rather than group training; another section is for new cases, and for those who are having direct treatment of the mouth or larynx.

Prof. Flatau also allowed me to accompany him on a visit to one of the special speech schools. This particular school in the Neukölln suburb had been founded at his instigation some years before. One of the specialities of the school was instruction in the mouth-organ, and the school orchestra had given a number of public performances. This has proved an interesting way of training breath control and a sense of rhythm, giving the individual child at the same time a social interest. In addition to the very systematic curriculum the children are encouraged to indulge in spontaneous activities of every kind. While I was there a Punch and Judy show was erected in a class-room, and one of the children gave a remarkably witty exhibition, while the other members of the class spontaneously heckled and joined in the dialogue.

If I were to be hypercritical I might suggest that the danger in speech classes or schools of any kind is that too much direct attention may be paid to speech. It seems to me that speech defectives should not be allowed to become too speech-conscious.

Leaving the school, Prof. Flatau drove me ambitiously in an asthmatical two-seater to a fashionable riding-school. There he rode his daily hour, while I drank coffee on the balcony at one end of the large hall. At the other end of the hall was a colossal mirror in which riders could see how they shaped.

Dr. Eberhard Zwirner, in charge of the Psychological Department of the Institute for Brain Research, is an immaculately groomed, broad-shouldered, fair-haired young Nordic, obviously alert and efficient though self-depreciating in manner. Zwirner is probably one of the most promising and brilliant of the younger men working on the scientific aspects of speech. He has devised a valuable method by which speech can be objectively recorded without the knowledge of

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the subject who is being tested. With this method he has already made a preliminary study of the speech of depressives.

The principle is roughly this: The patient is interviewed in a cosy, seemingly ordinary room, but it is a sound-proof one, with a microphone ingeniously concealed under an ornamental bracket in the wall and wired to a registering apparatus in another room. Electrical changes in the microphone are amplified and produce changes in a magnetic field in which are thirty fine strings tuned to intervals of half a tone. The vibration of these strings is photographed on a paper strip by means of a torsion milliampère meter to which is attached a concave mirror, and this forms a pitch curve. On the same strip is recorded an intensity curve obtained from the automatic registration of currents in the microphone. Simultaneously an electrical record of the actual speech is made on a cylinder or metal strip and this can be subsequently reproduced.

We have thus a record of pitch, intensity and actual voice obtained in such a way that the taking of the record does not influence the form and content of the speech in any way. As speech is a significant form of behaviour, the method promises to be of value.

I paid a flying visit to Hamburg in order to visit Prof. Panconcelli-Calzia, Director of the Phonetic Laboratories, whose reputation in speech investigation is world-wide.

Dr. Calzia—slim, with iron-grey hair and a sharp Italian profile—speaks in enthusiastic gusts and torrents, and showed me the various devices and instruments which he has used in his famous researches. I was shown a method of taking ordinary and stroboscopic films of the larynx and vocal cords in action. I was also shown a binocular head mirror, a method of autolaryngoscopy, and a film, partly stroboscopic, of the vocal cords in action. In order to get the necessary degree of illumination for his work, Dr. Calzia uses small arc lamps as his source of reflected light.

Dr. Calzia is inclined modestly to depreciate his own work and to praise that of others. He considers Zwirner to be one of the coming men on the purely experimental side of work on speech. In the realm of therapy he called my attention to Schwerdtner, of Vienna, whose work has been somewhat neglected, and seems to offer interesting possibilities in the psychotherapy not only of stammering but of the psychoneuroses generally. So much so that I hope shortly to publish a short note on the matter.

There is no doubt that the study of speech, from both the scientific and the therapeutic viewpoint, has been grossly neglected in this country, especially when one realizes that there are more children with speech defects than there are mentally defective. All of these are heavily handicapped socially, and being usually of superior intelligence are wasted to the community. When treatment is delayed their cure becomes increasingly difficult to such a degree that a complete cure of stammering is comparatively rare even with the most optimistic therapists. As the commoner speech defects are undoubtedly vocal manifestations of the psychoneuroses they enter into the field of the psycho-therapist, though indeed many psycho-therapists have hardly realized this.

Germany has large clinics under men of professorial status devoted to speech study and therapy. It is a commentary on our ignorance in these matters that venerable English-teaching hospitals still employ elocutionists, dance teachers and advertising laymen to treat their speech cases for them. The only good work that I know of in this country is done by Miss McLeod, who works at King's College Hospital under the guidance of a laryngologist. Trained phonetically and gifted with a naturally strong therapeutic personality, Miss McLeod accomplishes work of an unusual quality.

It seems reasonable to treat such disorders by a team containing under the best conditions—

(1) A psychiatrist for preliminary active treatment;
(2) A laryngologist to eliminate, assist and treat any organic defect present and to devise exercises for such disorders.
(3) A phonetically trained worker to devise and supervise whatever speech or relaxation drill is necessary.
(4) Lastly, a social worker to supplement the work of the psychiatrist and his phonetically trained assistant.

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Perhaps the more practical plan is to have a psychiatrist aided by a phonetically trained worker, his own social workers and a sympathetic laryngologist to whom he may refer cases.

It seems to me that the emphasis should rest on the psychiatric side. German work, so far almost the only work done, rests too heavily on the laryngological side, and speech clinics in Germany still form a part of the ear, nose and throat departments rather than of the psychiatric departments. American work, I understand, is paying more attention to the social and psychological aspects, but the psychiatrists have not yet gained full charge of the speech clinics.

6. Sexology.

I am treating matters of sexological interest under two headings:

(1) Birth control, marriage and advice clinics, and Dr. Hirschfeld's Institute of Sexual Science.

(2) Overt homosexuality as a social phenomenon among presumably non-neurotic individuals.

Dr. Norman Haire kindly furnished me with some invaluable letters of introduction. One was to Dr. Kurt Bendix, chief medical officer of the Berlin national insurance arrangements, a leader in matters of birth control and the organizer of post-graduate courses in the subject. Five clinics are held under his auspices, and the one I visited was beautifully equipped. The clinics are staffed by women doctors helped by social workers. Although most of the work is contraceptive, the clinics also act as marriage advice clinics. Contraceptive advice is given to both married and unmarried women.

Another letter brought me to Dr. Hans Lehfeldt, whose varied experience in contraceptive matters makes his opinions especially valuable. It was interesting to find that in his experience the Graefenberg ring is not quite the almost miraculous solution of contraceptive problems that it was at one time expected, and that the technique still has a number of disadvantages.

I am tempted to digress a few moments from sexological matters to discuss a trend in modern medicine which Lehfeldt represents in Berlin. Lehfeldt is a pupil and co-worker of Aschner of Vienna, a copy of whose book, *Die Krisen der Medizin*, is now in the Library of the Royal Society of Medicine. Aschner is one of a widespread group of German and Austrian physicians who are indicating what is slowly becoming manifest as a strong swing of the pendulum in medicine from the trends of the last half-century. They lay emphasis on the individual and individual types of constitution and reaction.

Dr. Lehfeldt demonstrated to me on several of his patients a technique of bloodletting by means of a specially thick needle which he has devised, which is thrust into the vein and enables one to draw off a pint of blood in a few minutes. Also at my request he demonstrated the technique of the leech—a technique which was not taught me in my student years. It seems to me that these and similar methods of influencing blood content and reflex processes generally may become of increasing interest to the physician.

To return to sexological matters, another letter brought me to the Institute of Sexual Science—the only one so far as I know in the world. Unfortunately Dr. Magnus Hirschfeld, the Director, to whom my letter was addressed, was away from town, but I had the pleasure of meeting Dr. Abraham and Dr. Giese, who with one other doctor work under the direction of Dr. Hirschfeld and constitute the medical staff of the Institute. The Institute advises patients in every aspect of sex, both medical and legal. It arranges public lectures on sexual matters, does considerable propaganda and educational work, and also, as I understand, allows opportunities for inverts to meet in the Institute and discuss their problems.

Dr. Giese showed me round a museum of articles, pictures and documents of sexual, erotic and pornographic character. These have been collected from all parts of the world, and are of priceless value and of extreme interest.

One aspect of sex that can be studied in Berlin as it can be nowhere else is overhomosexuality and transvestitism, or eonism as Havelock Ellis calls it. Transvestitism—or the perverse need to dress in clothes of the opposite sex—though often associated with homosexuality, is not always so.

In France the law, as I understand, does not penalize homosexuality, but public

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opinion does, and so it is not much in evidence. In England both the law and public opinion oppose homosexuality, consequently it is more difficult to find it, and only with psychiatric training can one perceive its commoner manifestations. In Germany, however, although the law opposes it, public opinion is more tolerant. This is partly due to the fact that the average Berliner is better informed about scientific matters, and there is a larger number of people who know something of sex psychology. Like the fewer cultured people in this country who are in a similar transition stage between ignorance and knowledge of these matters, they are apt, however, to see perversion in others with little or no evidence to go on and without any knowledge other than that gained in books.

The German attitude has also been considerably influenced by Dr. Magnus Hirschfeld and his Institute. Dr. Hirschfeld has done extremely valuable work in securing tolerance for homosexuals, but I am inclined to agree with Stekel that the propagation of his views as to the innateness of homosexuality and its resistance to treatment has also done a certain amount of harm in encouraging homosexuals to glorify their homosexuality. There seems to be little point in putting a premium on homosexuality any more than, say, on anxiety neurosis, or in regarding them as among the higher achievements of culture. Complications, no doubt, of civilization, but not achievements.

Stekel believes that milder cases can often be made sufficiently heterosexual to marry, and it is a matter of everyday observation that such homosexuals do often marry and at times achieve a reasonable amount of happiness.

The first step in the observation of homosexuals in Berlin is to buy their journals. These are prohibited by law, but can be obtained at most bookstalls in the centre of the town although they are not put on view. At the other end of the arcade near Cook's on Unter den Linden is a bookstall, and here they can be bought. It is advisable to buy a newspaper in which the journals may be wrapped.

The following are some of the journals:

For homosexual men: *Das Freundschaftsblatt; Die Insel; Blätter für Menschenrecht.*

For homosexual women: *Die Freundin; Frauenliebe; Garçonne.*

In these journals will be found the addresses of the numerous homosexual cafés and particulars of the weekly dances. At these dances one sees what seem to be both men and women; actually they are either men or women, but not both. The transvestites, too, have their own journal, *Das 3te Geschlecht* (*The Third Sex.*)

The cafés range from the better-class places where only respectable homosexuals resort as they would to an ordinary café down to the very low-class places where homosexual prostitutes are to be found. In one of the former one saw only men, who danced together to a small jazz orchestra. At a low-class place I and a companion were accosted by a hoarse-voiced, repulsive-looking male transvestite in a dress of pillar-box red and with long peroxide-fair marcelled hair. Under the flap of the woman's purse he carried he showed us photographs of himself dressed both as a man and as a woman.

One well-known cabaret is patronized by ordinary heterosexuals who go to see dances executed by male homosexuals, and to hear soprano songs sung by heavy-bosomed males, all in women's dress. Other male transvestites act as managers, dancing partners and as master of ceremonies, others in male clothing as barmen. The entrance hall is lined with pictures of very obviously homosexual content. The place is disliked by the more respectable homosexuals, who consider it rightly as a degrading exploitation of popular curiosity.

There are also a number of female homosexual cafés.

One cannot conclude, however, that the proportion of homosexuals and transvestites is greater in Berlin than elsewhere, but only that in Berlin it expresses itself more completely and more directly. In Anglo-Saxon countries perverse trends are more likely to express themselves in neurosis, psychosis, eccentricity or even along the socially acceptable lines of conventional conviviality in men.

The Germans have tackled these problems in a characteristically "objective" way, but my own feeling is that in the process, and especially under the influence of Dr. Hirschfeld, the homosexual has been led to think too highly of his defect. There is no need for humility, self-pity or a feeling of inferiority in the homosexual, but neither is there any justification for self-glorification. Homosexuals must be treated in the few cases where treatment is possible and tolerated where it is not

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possible. Essentially the matter is one of prevention, and that is only possible where a normal and healthy sex ethic is prevalent, and where there are ample opportunities to lead a heterosexual life. The first step in the prevention of perversion is the treatment of sexual maladjustments in the parents.

7. Customs and Amenities.

Berlin prides itself on being a city of workers. The Berliner keeps on until the job is finished. There is no interruption of work to have a cup of tea, no knocking off at 5 p.m. promptly. He tends to laugh at the Englishman's cavalier manners and casual attitude. But there is some ambivalence in this attitude, for the next moment he will deprecate his own seriousness and praise the English "week-end," the English sporting spirit and English practicality. Perhaps it is because he feels that he is so often being objective in a very subjective way.

In German academic circles there is an exaggerated cult of impersonality and an unreasonable disrespect for "façade" and wit, which are, after all, the indications of a leavening imagination.

Berlin leans towards America rather than towards England. It is a city of strident young men—intense, uncharitable perhaps, but efficient; men who are sometimes only sufficiently cultivated to be intolerant. The Berliner is reasonable, and therefore at times brusque and uncharitable.

Berlin has two central areas, two "West Ends." On the one hand, there is the area which includes Unter den Linden, crossed by Friedrichstrasse; on the other hand in the far west the Americanized "Kurfürstendamm," Berlin's "Broadway." Berlin itself is architecturally dull except in spots, but in its suburbs experiments in modern architecture have been made on a large scale.

As to the amenities of Berlin, the cafés are not as cosy as in Vienna, but the music is generally good and the prices and customers democratic. Very many of them specialize in a unique "*décor*" and look like coloured slices out of a very modern revue, always vivid but not always attractive. The Romanisches Café, a centre for artistic and literary folk, the Café des Westens, the Adlon or the Bristol Hotel for tea—these are only a few of many places worth visiting. And no tourist is ever allowed to leave Berlin without visiting the famous "Haus Vaterland," where one can have the food and drink of seven different nationalities under one roof.

Restaurants are many and of all nationalities. The Baltikum, Augsburger-strasse, 13, is a Russian restaurant where one can obtain a middle-sized bottle of vodka and a large meal for a small sum, and at the same time enjoy the music of a Russian balalaika orchestra.

A convenient meal for English visitors is Frühstück, or breakfast, which is served anywhere up to 5 p.m., and consists of eggs, ham, coffee and rolls, all for a shilling or eighteenpence.

With regard to tipping, 10% is automatically added to your bill for service, so do not tip unless you have been given some very small change or the place is very fashionable. Hotel bills likewise include 10% for service. Taxi men do not expect a tip but they deserve one, and anything up to 10% will make them more than happy.

The 'buses have only two tariffs—"einfach" or simple, where for 25 pfennigs one can travel any distance provided one does not change; and "umsteigen," where for 30 pfennigs one is entitled to change once only and that within the hour. Trams and underground railways have a uniform tariff of 25 pfennigs and one can change from the one to the other.

Theatres and operas I had to postpone for another visit. But the wittiest variety theatre in Berlin is the "Kabarett der Komiker," where one can book a table and have a meal in the auditorium.

Pensions have a technique all their own. You are given three keys—one for the door of the house, another for the door of the pension-flat and another for your room. The key of the outer door must be turned twice in the bottom keyhole and once in the top one. After 8 p.m. the lights go out in the entrance hall, but if you press a push they go on for two minutes, giving you time to get to your pension and room. After 8 p.m. the *concierge* goes off duty, and it is impossible to get into any house, flat or pension in Berlin after this time unless your host has

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arranged to come down and open the door for you at a certain time or unless you can ask him by telephone to do so. These details may seem trivial but they are certainly not so, and my ignorance of them was responsible for one or two misadventures, and for a most exciting but miserable evening in Berlin which nearly lost me a good friend.

It is for this reason that I advise an hotel rather than a flat for those who are not staying long in Berlin.

I need not enumerate the places that one might visit; Potsdam, Wannsee with its beaches for sun-bathers, etc., all these will be found in the guide-books. I enjoyed the privilege of being shown over the Stadion—where the next Olympic Games are to be held—by Herr Krotki, who is leader of the ju-jitsu movement in Germany and an instructor at the Sportsforum. The Sportsforum, near by, reaches the very peak of Germany's intense physical culture activities and contains the very last word in equipment. The "boxing" room, for instance, contains 18 roped-off rings with punch balls of every conceivable size, weight and type.

With Herr Krotki I visited two of the more prominent ju-jitsu clubs, and was amazed and amused to find that I was able to cope more than adequately with younger and stronger opponents who were in relatively strict training. This of course was not due to my athletic powers, which are very slight. The real reason throws a light on German mentality and reflects only moderate credit on my very limited skill. My own training had been with Japanese wrestlers along orthodox Japanese lines. The Germans, with their characteristically objective approach, have attempted to found a new ju-jitsu on a logical basis and have neglected the empiricism of the Japanese, who have been evolving this art for many years. The result is that the German ju-jitsu of the moment is a highly energetic and acrobatic but somewhat unsubtle method of conflict, which may be an excellent exercise, but is not ju-jitsu. No doubt when they stumble on more correct methods, as they are now on the point of doing, they may well be, with their brains, physique, extraordinary enthusiasm and application, unbeatable.

"Nacktkultur," or the cult of the nude, is a large and increasing movement in Germany, and one by no means confined to the crank element in the population. In Berlin alone there are upwards of 10,000 adherents, in addition to a vast and increasing fringe of theoretical adherents. Germany, generally, wears fewer clothes these days.

Although a believer myself in the physical and psychological values of the movement, I felt rather sceptical of its practical possibilities. However, in Herr Krotki's company I visited one of the many beautiful indoor bathing establishments in Berlin. Most of the public baths in Berlin reserve certain evenings and certain hours for the various nudist organizations.

Herr Krotki introduced me as his guest and vouched for my integrity. I understand there is a careful scrutiny of all who join these organizations or attend their meetings, and those whose motives are considered objectionable or perverse are promptly eliminated. I was provided with soap, borrowed a towel, and proceeded to one of the very sumptuous large dressing-rooms, provided with lockers for each individual. On this occasion no distinction was made between the sexes, and my locker happened to be in the ladies' dressing-room, where my street clothes were locked in by a woman attendant. We were then required to wash and soap under hot and cold sprays before proceeding into the large hall.

There we found 500 to 600 men and women of all ages, sizes and figures. To my surprise all my anxiety disappeared with my last garment. Most of those present were swimming, diving, splashing, some were sitting on marble slabs by the side and chatting; in side balconies there were classes in rhythmic exercises and dancing.

Of the people I saw, all seemed eminently normal. There was none who to my psychiatric eye suggested neurosis, abnormality or crankiness. I must confess that never in my life have I seen so much genuine *joie de vivre* as I saw here, and so completely free from any *arrière-pensee* of pruriency.

The actual experience of partaking in such a meeting seems to have a peculiar psychological effect on one, and one which I must confess I had not been able to predict in myself. My experience convinced me completely that there is really nothing impracticable about the movement. No doubt it will grow even in English soil, but not until a large number of English men and women have had their initiation abroad.

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8. Conclusion.

I must ask to be excused for colloquial, hurried and perhaps careless writing. But I do not apologize at all for dealing with subjects outside the field of institutional or clinic psychiatry. Part of the psychiatrist's job is to avoid confining his interests to "shop." He must be wise at least a little, and wisdom was never built on technicalities. I hope to persuade at least a few psychiatrists to go abroad who might otherwise not do so.

For letters of introduction and practical suggestions which helped me to make most use of my time, I wish to thank Dr. J. R. Lord, Dr. Norman Haire, Mr. Stephen Jones of the Phonetics Department, University College, Mrs. Welfare of the Central Association for Mental Welfare, and Mr. Tricker of the Budokwai Ju-jitsu Club.

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