attention to the fact that forty-two to forty-four distinct forms of insanity are known to science, while but two forms, the natural and acquired, are mentioned in the laws of Texas. In New Hampshire, New Jersey, and Texas, the knowledge of right and wrong determines responsibility, and, in the latter State, is the test dividing the sane from the insane. Dr. Daniels also points out the absurdity of a situation in which, where experts disagree as to the mental state of an individual, "twelve farmers, mechanics, tinkers, and tailors, and candlestick makers, day labourers, and what not," are called in to give the final decision.

In America, the work of the alienist and psychiatrist has but just begun, and enormous fields of labour remain scarcely touched. A fair estimate of the work here would grant, however, that there has been marked progress in the year that is past, and that there will be progress in the future as well. The same estimate, however, must admit that the advance is none too rapid, and that there is much to be accomplished. It is unquestionably true, as Dr. Farrar (7) says, that in multitudes of hospitals and asylums psychiatry is a dead letter, and that "the number of staff physicians is small and composed perhaps largely of men who have no aptitude nor liking for laborious research. A meagre routine examination recorded, possibly on a stereotyped printed sheet, together with the subsequent treatment of symptoms which arise, may constitute the entire history of the case. Under such circumstances it is useless to expect illuminating psychiatric investigations to be carried through. We have thus to do with the lamentable situation of *the most difficult problems which science has to present being left in the hands of men the least able to solve them.*" But the picture is not so black as might seem to be indicated in this quotation. The writer quoted is not one of the men least able to solve such problems, and, fortunately, our American psychiatry in the last few years has been able to raise up a number of similar workers whose heart is in their labour and who *have* both an aptitude and a liking for laborious research.

(1) "The Insane in Canada," *American Journal of Insanity*, July, 1905.—(2) Dr. G. F. Blandford, Presidential Address at meeting of the Psychological Section of the British Medical Association in 1894.—(3) Dr. G. Alder Blumer, Presidential Address at Washington, 1903.—(4) Remarks at a dinner given to Dr. John B. Chapin, Philadelphia, December 1st, 1904, to celebrate the completion of half a century in hospitals for the insane.—*American Journal of Insanity.*—(5) *Psychiatry: A Text-Book for Students and Physicians.* STEWART PATON, M.D. Philadelphia and London: J. P. LIPPINCOTT Co. 1905.—(6) Address of Welcome, *American Journal of Insanity*, July, 1905.—(7) "The Methods of Late Psychiatry," *American Journal of Insanity*, January, 1905.

DENMARK.

By Dr. A. FRIIS.

The progress of psychiatry has not been marked by any event of great note during the past year.

The asylum at Viborg has been enlarged, and has now accommoda-

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tion for 700 patients, 320 males and 380 females—all chronic cases. The new part of the asylum consists of six buildings, two larger ones for 100 patients each, and four smaller ones accommodating 40 patients in each.

The total accommodation in Denmark is now about 4,200 beds, almost the total number of insane according to the census of 1901.

FRANCE.

By Dr. René Semelaigne.

Dr. Regis, of Bordeaux, recently published a third edition of his *Précis de Psychiatrie*, which, revised, corrected and augmented, is quite a new work.

After an historical sketch, the first part is devoted to general pathology. The author studies predisposing causes, general or individual; occasional causes, psychical, physiological, and pathologic; and he successively reviews evolution, duration, terminations, complications, and prognosis. Before undertaking a full description of every variety of psychopathics, he makes a study of the morbid elements of which they are constituted and divides such elements in two categories: (1) elements contributing to form the *psychopathies maladies* or psychoses, which are functional; (2) elements contributing to form the *psychopathies infirmités*. In the first class are psychical and somatic disorders. The psychical are disorders of ideation, perception, affectivity, consciousness, and personality-activity. (A) Disorders of ideation include: (1) delirious ideas and delusions, acute or chronic, absurd or possible, coherent or incoherent, generalised and diffuse or circumscribed and systematised; (2) affections of memory and attention. (B) Disorders of perception include every kind of hallucination and illusion. (C) Amongst the disorders of affectivity are morbid emotionalism, anxiety, and obsessions. There are three groups: (1) disorders of general activity, such as excitement, depression, etc.; (2) disorders of language, either spoken or written; (3) disorders of action, such as impulsiveness. The somatic disorders concern: (1) the functions of the nervous system; (2) sleep; (3) the organic functions. The disorders of the nervous system affect: (1) sensibility (external sensibility, either general or especial, and internal or organic sensibility); (2) motivity; (3) trophic and vasomotor functions.

The *psychopathies infirmités*, or psychical infirmities, include all defects of organisation or stigmata of degeneracy, either physical or psychical.

The second part is devoted to special pathology. Psychoses are generalised or essential. Generalised psychoses are mania, melancholia, lypemania, *folie à double forme*, mental confusion. Essential psychoses or systematised insanities include insanity of persecution, ambitious insanity, religious insanity, erotic insanity, etc. Psychical infirmities show two varieties: (1) psychical infirmities of evolution or degeneracy which arrest and impair the body in its organisation and its develop-

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