will desire by his half-dozen pages and references to standard writers like **Maudsley, Mercier, Bevan Lewis, and Ribot.**

The appendices will be valued in particular by the academic student. Many topics of mental science cannot be properly understood without some knowledge of the history of their investigation, while such information in the text is apt to be distracting and tiresome. Accordingly the various classifications of mental functions adopted at different times, various renderings of the laws of association, theories of time and space, of pleasure and pain, are well relegated to an appendix. And even more is this advisable in the case of certain great philosophical questions, the relationship of which to ordinary mental activities is of the closest, and which cannot be passed over without leaving an uneasy feeling in the mind of the reader that a psychological treatise which ignores them is a mutilated one. This applies to such subjects as external perception, nominalism and realism, objective knowledge, free-will, duty, and the problem in which empirical doctrine culminates—mind and body. In most of these appendices Dr. Sully has been particularly happy in seizing upon the salient points, and presenting important differences of view clearly and impartially. Readers with a speculative bent will be at no loss where to seek for further light, as the references to authorities are both abundant and well chosen.

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2. *German Retrospect.*

By W. W. IRELAND, M.D.

Deceptions of Memory in the Insanity of Multiple Neuritis.

Dr. S. S. Korsakow has already described a form of amnesia in insanity following upon multiple neuritis, or, as he styles it, polyneuritic psychosis, and in the present paper ("Allgemeine Zeitschrift für Psychiatrie," xlvii. Band, 3tes and 4tes Heft) he describes a particular kind of delusion of memory which sometimes accompanies this form of insanity. It consists in the patient believing that he bore a share in some actions with which he never had anything to do. He will relate what he did in events which have happened in past times or distant places, and of which he has only heard or read.

Such delusions, Dr. Korsakow observes, sometimes are met with in paranoia, in melancholia, in periodical mania, in general

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paralysis, and in senile dementia; but he has found them most frequently in polyneuritic psychosis. Sometimes the delusions of memory are fixed, at other times they will substitute one narration for another, covering the same period. In the cases which Dr. Korsakow met with, the patients were apt to have these false reminiscences connected with their favourite pursuits, such as hunting or drinking. In many cases the delusions of memory were connected with deaths or burials. Dr. Korsakow describes at length one patient 53 years old, affected with valvular disease of the heart, who had suffered from a severe attack of typhoid fever. He had remained for days comatose, and when consciousness returned the memory was found to be deeply impaired. There was also great prostration of strength, and recovery was slow. Pain was felt on pressure upon the nerve trunks, and the patellar reflex was diminished. On a slight examination there was no appearance of mental derangement, but it was observed that his memory was full of false reminiscences, which mingled with those of real events. One delusion especially had strong possession of his mind. He remembered that a young man, to whom he owed a debt of gratitude, had died in the house, and he felt it was his duty to bury him. On being assured that there was no dead person in the house, he asked to be allowed to look through it. On being shown that there was no dead body anywhere, he said that the body must be in another house in Moscow, which he indicated. He was taken to the house and asked the porter, who said that no person had died there. On returning home, he remained for a time sunk in thought, and then modified his delusion. He said that the young man must now be buried, and wished to pay his rent and the cost of his funeral. He remembered distinctly hiring the house for the young man, and the other circumstances. In the hope of satisfying his mind, it was arranged that the porter should say that the occupier of the house had changed to another in the same street, where lived a doctor who had agreed to receive payment for these imaginary transactions. The man's conscience being eased in this way, he was quieter for a time, but soon afterwards wanted to go back to inquire about some articles belonging to the young man. At last he went to the door of the house, rang the bell, and asked to see the gentleman, but was told he had gone abroad. About the same time the man's intelligence had so far returned that he was able to go back to his employment. He ceased to talk about his delusions, though it seemed doubtful whether he had lost faith in them. Sometimes he speaks about going to travel, and mentions the name of the town where he was told the gentleman had gone. It appears that the patient's children had been ill, and that he had been afraid of losing them, and that he had lodged them in the neighbourhood of the street where he had placed the death of the young man for whose lodgings and burial he had paid. Dr. Korsakow

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describes another case of a similar character occurring in a woman who had also suffered from typhoid fever. At the end of his paper he presents the following conclusions:—

1. In polyneuritic psychoses deceptions of memory, based upon the same delusion, are not infrequent.
2. Under this delusion the patient may relate things of an incongruous character, but sometimes his remarks are quite coherent.
3. One of the most frequent characteristics of the delusion, and of deceptions of memory in polyneuritic psychoses, is the idea of someone's death, of the dead person, and of the funeral.
4. Sometimes the false reminiscences and the insane ideas obtain such great power over the attention of the patient as to give the appearance of partial insanity.
5. The false reminiscences in polyneuritic psychoses are generally firmly rooted in the memory of some real event.
6. These traces of memory may be held to indicate the continuance of nerve function, though in a feeble degree.
7. We may, therefore, assume that these latent traces unite themselves to a healthy group of associated ideas.
8. False reminiscences most probably arise owing to the union of the traces in the unconscious sphere of the mind with the already existing groups of association. These associations thus formed may enter into consciousness, and, presenting themselves as reminiscences, delude the mind.
9. In all probability defects in the processes of idea association are necessary for the existence of such groups of association causing deceptive memories. In this way union becomes possible with lapse of some links in the chain of association which does not fail in the normal conditions of the mind. On this account deceptive reminiscences are most frequent in psychoses in which there is an alteration of the conjunction of ideas.

Insanity Treated by Hypnotism.

At the meeting of German physicians at Weimar in last September ("Centralblatt für Nervenheilkunde und Psychiatrie," October, 1891) Dr. Binswanger reported upon his trials of the therapeutic value of hypnotism. He strongly deprecated hypnotizing by the attendants in asylums. As a therapeutic agency he had hitherto found suggestion often fail, but it is most likely to be useful in hysterical cases. By too frequently repeating hypnotic experiments, he had in some patients seen the symptoms aggravated instead of improved. Dr. Krafft-Ebing agreed in general with his colleague. Hypnotism should be used only as a means of subjecting patients to suggestion. He observed that many insane persons could not be hypnotized. In general it was only those who retained a certain amount of lucidity, attention, and concentration of thought who could be hypnotized. Suggestion

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might be used to combat insane feelings, and trains of thought, and abnormal longings and propensities, and especially sleeplessness. It might be used against imperative ideas, but did not appear to promise much against delusions and hallucinations. He had no great faith in the remedy, and had been induced to make experiments, mainly from the importunity of relations or of the patients themselves. His most favourable results were in melancholia without delusions, and alcoholic and hysterical insanity. Drunkards and dipsomaniacs were in general easily hypnotized. The evil effects Dr. Krafft-Ebing had noticed from hypnotism were the tendency to fall spontaneously into the hypnotic state, and increased susceptibility of the nervous system. Against the first disadvantage suggestion might be used and hypnotism should be suspended. The physical method of hypnotizing (Charcot's) seems the most liable to produce bad effects. On this account Krafft-Ebing prefers Bernheim's method.

An Asylum in Japan.

Dr. Hasime Sakaki gives in the "Allgemeine Zeitschrift für Psychiatrie" (xlviii. Band, 1 and 2 Heft) some statistics from the asylum at Tokio. The number of patients treated during the year 1888 and 1889 was 423 males and 238 females = 661. Of these there were discharged recovered 121 males, 55 females = 176. Improvement was observed in 187 males and 115 females. There died 74 males, 42 females = 116. The cases of general paralysis were two per cent. of the whole.

The disease called kakke beriberi, akin to multiple neuritis, is common in Japan. It appeared as a complication of insanity in 7·5 per cent. of the cases, and was a cause of 19 deaths, that is 16·4 per cent. of the whole mortality. Of those affected in the asylum with beriberi 59·3 per cent. died.

Dr. Sakaki shows that insanity in Japan is much more prevalent amongst married people than the unmarried. This he supports by comparing the number in his asylum to the statistics of the general population. He says it would take too long to explain the causes of this surprising result.

Some of the patients admitted were taken from the Buddhist temples, for there are many people in Japan who still believe that insanity is sent as a punishment for some great sin, or the effect of possession by animals such as the fox or the dog. On this account they go to the temples to be cured by readings from the Buddhist Scriptures.

Legal Provision for Epileptics in Prussia.

We learn from the "Centralblatt für Nervenheilkunde und Psychiatrie" (October, 1891) that an important change is imminent in the condition of epileptics in Prussia. In the law of 1875 the

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care of lunatics was committed to the provincial unions, but neither epilepsy nor idiocy was provided for. Pastor Bodelschwingh, to relieve necessitous cases, formed the asylum at Bielefeld, in which he showed great zeal and power of organization. As many as 1,300 epileptics were collected and cared for; but insufficient provision was made for medical treatment. Other institutions for the cure of epileptics sprang into existence in different parts of Germany, principally supported by private contributions. In May, 1890, a law was introduced by the ministry into the Prussian Parliament to secure the aid of the State for such epileptics as were in a condition to need assistance, and it is decreed that by the 1st of April, 1893, asylums should be erected for such patients. It is, therefore, very desirable that the provincial councils should have some idea of the number of epileptics likely to demand such assistance; but for this purpose the available statistics are by no means to be trusted. In the projected asylum it will be found necessary to have training schools for young epileptics whether idiotic or not. Of course, separate classes would be required for those whose intelligence had not suffered much. These should be like open hospitals and be under medical superintendence. Chronic insane epileptics might be either sent to ordinary asylums or special institutions erected for them.

In the same number of the "Centralblatt" M. Lacour points out the deficient care of epileptics in France. There is a compartment devoted to epileptics in the hospital at Lyons, and three institutions for epileptics under clerical management in other parts of France. Epileptic children are also admitted into the idiot department of the Bicetre, which is conducted with so much spirit and diligence, owing mainly to the incomparable energy of Bourneville.

German Translations of Lombroso's Works.

The new work entitled "Political Criminals and Revolutions in their Relations to Anthropology, Law, and Politics," by C. Lombroso and R. Laschi, has not yet been translated into English. Inquirers who read German better than Italian can take advantage of the translation* which has recently appeared. It has been executed by Dr. Hans Kurella, the editor of the "Centralblatt für Nervenheilkunde," and was published at Hamburg in two volumes octavo, with nine pages of engravings. I have not seen the Italian original, but Dr. Kurella's skill as a linguist is well-known, and the translation is clear and readable. This is a very learned and elaborate work, and it is specially interesting from the information it gives about the mental character of the revolu-

* "Die Politische Verbrecher und die Revolutionen," &c., von C. Lombroso und R. Laschi, unter Mitwirkung der Verfasser, Deutsch herausgegeben, von Dr. H. Kurella. Hamburg, 1892.

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tionary leaders of the present day. It contains the latest views of the well-known Italian professor, which are at present making no little stir in the world.

His other works, "L'Uomo Delinquente" and "L'Uomo di Genio," have also been translated into German.

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital, London, on Thursday, May 19th, 1892, Dr. Whitcombe, President, in the chair.

The PRESIDENT announced that the annual meeting of the Society would be held on July 21st, at York.

The following candidates were unanimously elected:—

Percy Rutherford Adkins, M.B., B.S., Junior Assistant Medical Officer, Burntwood Asylum, Burntwood, near Lichfield.

Cecil F. Beadles, M.R.C.S., L.R.C.P., Assistant Medical Officer, Colney Hatch Asylum.

Matthew Cameron Blair, M.B., C.M.Glasgow, Second Assistant Medical Officer, Leavesden Asylum, near King's Langley, R.S.O., Herts.

Robert Henry Cole, L.R.C.P.Lond., M.R.C.S.Engl., Assistant Medical Officer, Moorcroft House, Hillingdon.

Alexander Charles Farquharson, M.D., M.C., D.P.H.Camb., Senior Assistant Medical Officer, Burntwood Asylum, Burntwood, near Lichfield.

William John Haslett, M.R.C.S., L.R.C.P., Resident Medical Superintendent, Halliford House, Sunbury-on-Thames.

Reginald Harry Noott, M.B., C.M.Edin., Senior Assistant Medical Officer, Broadmoor Criminal Lunatic Asylum, Crowthorne, Wokingham.

Frederick Edward Rainsford, M.B.Dublin, Second Assistant Medical Officer, City and County Lunatic Asylum, Fishponds, near Bristol.

Dr. CONOLLY NORMAN—As you are aware, sir, I have asked your permission, and that of the Council of the Association, to propose a resolution as a matter of urgency. A few months ago the Lord Lieutenant and the Privy Council of Ireland issued a new copy of rules and regulations for the management of District Lunatic Asylums in Ireland, which contained a provision, among others, slightly different from the former rules that had obtained in that country. This altered rule provided for the abolition of the office of consulting and visiting physician in the Irish District Asylums as vacancies should occur in that office. The Lord Lieutenant and Council have been approached by certain medical bodies in Ireland with a view of calling upon his Excellency to reconsider and rescind this altered rule. It would greatly contribute, I believe—and I think I am at one in this respect with the greater number of the members of the Association—to strengthen the hands of the Chief Secretary, if this Association were to adopt a resolution upon the subject. I therefore propose that the following resolution be adopted and forwarded by the Secretary to the Chief Secretary and the Lord Lieutenant of Ireland:—"With reference to the order in council issued by his Excellency the Lord Lieutenant, abolishing the office of visiting physician to District Asylums in Ireland as future vacancies shall occur, this Association desires to approach his Excellency with

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