On the Anxious States in Mental Diseases.

According to Dr. Lalanne, director of the private asylum of Castel d'Andorte, in Bordeaux, the disorders which follow anxiety are physical, affective, and intellectual. We may find disorders of general sensibility and motility; also circulatory, respiratory, gastric, and secretory disorders; anomalies of tendencies and feelings concerning the preservation of the individuality and mankind; psychical and cerebral symptoms.

The principal disorders of general and special sensibility are anæsthesias, hyperæsthesias, and paræsthesias. During violent fits of anxiety some patients are capable of severely mutilating their body without sustaining pain. Hyperæsthesia from an emotional origin brings forth hypochondriasis, and a violent irritability of the nervous system. There are perversions of sensibility (heat or cold, shivering), of special senses (chiefly of hearing, sight, feeling). There are disorders of motility, such as asthenia (muscular weakness, general lassitude), contractures, tremor, absence of co-ordination of voluntary movements, disorders of speech; disorders of circulation, such as spasm of the muscles of the heart; respiratory disorders (difficulty in breathing, dyspnœa); digestive disorders (constipation, gastro-intestinal atony, stomach cramps, sometimes diarrhœa); secretory disorders (polyuria, paralysis of bladder, sialorrhœa, absence of salivation, fits of perspiration); affective and intellectual disorders (anxious expectation, obsession).

Anxiety may be observed in many varieties of psychopathies, such as degeneracy, mania, melancholia, *folie à double forme*, melancholia with ideas of persecution, psychoses from intoxication, and even general paralysis. But there are some anxious psychopathics of a special and common type. It is not apparent at first; the patients suffer anxiety during a very long time. That is the primary and predominant sign in its various aspects. Such diseases are always springing up and growing in a pre-existent soil of anxiety. The genuine type is anxious melancholia. Chronic anxious melancholia, in its typical form, presents the following phases:—1. The phase of primitive melancholia, with ideas of unworthiness, guiltiness, ruin, self-accusation. 2. A period of doubt. 3. A melancholic delirium, with ideas of negation, damnation, possession, which all represent an alteration of personality. 4. The delirium ends in a phase of megalomania.

Professor Brissaud, of Paris, insists on the difference between anguish and anxiety. Anguish has a bulbar, and anxiety a cerebral origin; anguish is a physical disorder (sensation of constriction and suffocation), anxiety is a psychical disorder (sensation of indefinite insecurity).

GERMANY.

By Dr. J. Bresler.

At the annual meeting of the Association of German Alienists (held at Munich on April 14th and 15th, 1902), one of the first items of

https://doi.org/10.1192/bjp.49.204.157 Published online by Cambridge University Press

business was the appointment, at the instance of Professor Hoche, of Friburg, in Baden, of a *statistical committee* to collect information on all occurrences regarding the insane, especially suicides and crimes committed by insane persons, judicial condemnations of the insane and the weak-minded, the admission of sane persons to asylums; in short, all the incidents which go to show the defects of the lunacy law and the need for its reform. In this way it is hoped that they will be in a position to give material help to the State in the framing of new lunacy legislation.

At the same meeting attention was again drawn by Dr. Brosius to the need for the extension of "after-care" societies.

Of general questions which have interested us in the course of the year, I specially mention that of the *suitable size of asylums*, regarding which two opposite views are held. Some maintain that the number of patients should not be more than 600 if the director is to have personal knowledge of all the patients. Others believe that the cost of an asylum for 1000 patients and upwards is much less than that of two asylums for 500 each, and that in large asylums greater independence is secured to the medical superintendents.

The question of abstinence from alcohol in asylums has also been to the fore. Adherents are constantly being gained to the view that alcohol as a beverage should be excluded from asylums, and that it should only be used as a therapeutic agent.

Similarly the problem, "To isolate or not to isolate?" has led to much interesting discussion. The general view is that an absolute prohibition of isolation is not practicable, but that it can be reduced to a minimum; there are asylums in which for many years isolation has been abolished.

In Göttingen a society of Jurists and Alienists (Vereinigung—Juristisch-Psychiatrische) has been formed, having as its object a mutual understanding on moot questions of forensic psychiatry. A similar society has existed for several years past in Dresden under the name of the Association of Forensic Psychiatry (*forensich-psychiatrische Versammlung*); the co-operation of jurists and alienists has had good results here.

Should any of our English colleagues desire a succinct review of lunacy matters in Germany, compiled critically from the official year-books of recent years, I should recommend Dr. Deiter's work, *Stand des deutschen Irrenwesens*, 1900–1901 (Halle, published by C. Marhold).

ITALY.

By Dr. G. Cesare Ferrari.

The Italian scientific production in the domain of psychiatry has been, in 1902, rich, important, and varied; and although our young alienists spread themselves over the whole field, yet they neglect somewhat the practical side—the application of the theoretical views and conclusions to great questions, such as the hospital treatment of the insane, the overcrowding of the asylums, family care, etc. These

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