kind, full of clinical facts and of deductions therefrom. The amount of careful observation is very great, and the original character of the communications is sustained. The persevering application of morbid anatomy to mental and nervous diseases by our French *confrères* has been rewarded by valuable results, and many more may be expected.

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2. *German Retrospect.*

By William W. Ireland, M.D.

Ueber Zwangsrorstellungen bei Nervenkranken von Professor v. Krafft-Ebing. Wien, 1884.

Ein Criminal-Psychologisch Denkwürdiger Gerichtsfall. Wien, 1884.

Zwei Fälle von Vieljähriger Verkennung Geistiger Krankheit (Verfolgungs-querulantenirrsinn) bei Sträflingen, mitgetheilt von Professor v. Krafft-Ebing.

Gerichtsärztliche Gutachten mitgetheilt von Professor v. Krafft-Ebing.

Die Geisteskranke Bevölkerungen im Grossherzogthum Oldenburg nach den Ergebnissen der Volkszählung vom 1 *December*, 1880.

Die Zählung der Epileptischen in Mecklenburg-Schwerin. Ib.

Dominant Ideas.—In the first of these contributions Professor Krafft-Ebing defines a Zwangsvorstellung as an impairment in the succession of ideas, so that a concrete idea takes possession of the mind with morbid intensity, and refuses to go away, remaining fixed in consciousness. The patient cannot dismiss the notion, although he does not exaggerate its importance. Such a dominant idea generally appears suddenly, and may occupy the mind for hours and even days, when it disappears perhaps to give place to another. The fixed idea generally is annoying or painful, sometimes prompting to words or actions of an immoral or disgusting character. The import of these dominant ideas is, in the manifold nature of our mental life, very various. Many patients have a feeling that they are losing their understanding, that their thinking power is deserting them. These generally suffer from neurasthenia cerebralis; others are haunted by the fear of apoplexy or some form of sudden death. These patients are generally suffering from hysteria or neurasthenia with irritable heart. They experience a feeling of distress, oppression in the throat, and palpitations of the heart. Others are afraid to venture into closed rooms, fearing fire, or that the roof should fall in on them; some have a feeling of danger on the approach of storms; others receive persistent ideas at the sight of metals, poisons, or animals, or have a morbid horror at the contact of dirt.

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The first of Krafft-Ebing's instances was a woman of 35, whose father had suffered from mental derangement and her mother from nervous affections. She was soon exhausted, easily fell asleep, and had sometimes a feeling of tightness in the head. She had been troubled with unquiet thoughts for three years, which deprived her of all rest. Five weeks after her confinement, when she was anæmic and had a feeling of exhaustion, some one spoke to her about mad dogs. During the night she awoke under the persistent idea that her husband might meet a furious dog which might bite him, and so destroy the happiness of her family. She could not get rid of this fearful notion, and was compelled to think out all the likelihood and consequences of such a possible misfortune. The most remote things and facts had for her an association, leading to her dominant idea. Under its influence she was afflicted with the greatest anxiety, despair, and disinclination to fulfil her household duties, everything becoming indifferent to her in the face of such a possible misfortune. In quieter hours she herself saw the folly of these thoughts, but could not persuade herself that such an event was not likely to happen. The dominant idea came abruptly, sometimes remaining for a day. For a week she would have rest, then if she read about a man who had been bitten by a dog, the idea returned with frightful intensity; sometimes the mere sight of a dog would bring it on. The house physician diagnosed disease of the imagination, another physician treated her for anæmia, and gave bromide of potassium, but without result. Dr. Krafft-Ebing prescribed

Valerianate of zinc	0·3	grammes.
Sulphate of quinine	0·5	„
Aqueous extract of opium ...	0·3	„

to be made into 60 pills, of which eight were taken daily. This was followed by some improvement, when she ceased to come to consult the learned physician.

Another instance given was that of a priest, 38 years of age, of temperate habits. In 1861 he was much distressed by the fear of cholera. For several years while celebrating the mass he has been seized with the idea that he is unworthy to perform so sacred an office. He has then a feeling of distress, palpitation, warmth in the head, with profuse perspiration, so that he can scarcely carry through the service. This sense of his own unworthiness, which, when given in smaller measure, our own preachers are apt to make a flourish about, the Austrian priest regards as a stupid fancy. He thinks that if he could take a glass of wine he would not be so troubled; but this, we suppose, the rules of the church forbid.

A common kind of dominant idea is the feeling that they are objects of attention to other people. Another of Dr. Krafft-Ebing's patients was haunted by profane thoughts while saying her prayers, and had sometimes a feeling that she had a stone instead of a heart.

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He considers that these sudden dominant ideas are sometimes the cause of suicides and of homicides.

He cites the case of Katharina Olhaver. Her mother had puerperal insanity at her birth. She herself, when 21 years of age, had a still-born child. She was deeply grieved, and had one epileptic fit, which did not return. In the sixth week she took a child to nurse, and had a mother's care for it. In the thirty-second week the menses returned, after which her nursling ceased to thrive. One evening when she was alone with the child, she saw a knife lying on the table, when the thoughts came into her head to cut the child's throat with it. In horror she fled to the kitchen and asked the cook to stay with her, for she had such bad thoughts. The cook, however, went away and left her alone with the infant. In order to get rid of her fixed idea, she began to sing and to dance round the room with the child. She went to sleep with it, but awakened with the same horrid thoughts. The return of her mistress somewhat calmed her, when apparently the child was given to the mother. At three o'clock in the morning she waked the household complaining of illness and bad thoughts ; and the day after she confessed their nature. The idea disappeared after some days. The child was still entrusted to her care, a fine proof of the phlegmatic philosophic German nature. She often caressed the child with tears, saying, " Did I wish to kill you, my little angel. How could the bad enemy put such a thought into my mind ? " In the end the idea totally passed away.

Dr. Krafft-Ebing puts the question, Do these homicidal or suicidal ideas ever pass into action? He seems satisfied that he can make a distinction between the fixed ideas with which the balance of the mind is not overcome, and those in melancholia. As far as I can follow the author, it amounts to this: the subject of the dominant idea preserves reasonable relations with other people unaltered, whereas the melancholiac is indifferent to everything but his own distress. In another place the professor recommends the patients not to be left alone, as it is possible that they might carry some of their ideas into action, and also because the presence of another person is a great relief to them.

Those who suffer from this form of derangement may be considered as all suffering from neurasthenia. They are hypochondriacs, hysterical, or epileptics. Naturally he recommends a tonic treatment, the patient to be much out of doors, and to try sea or mountain air, hydropathic treatment, rubbing, river or sea bathing, and general electrisation. The medicines which he has found beneficial are quinine, ergotine, zinc, arsenic, the phosphates, and opium. Anæmia is to be treated with iron ; where hysteria prevails he uses valerianate of zinc or bromide of zinc. For a hypnotic he recommends opio-quinine and paraldehyde. He thinks it not advisable to try to conquer the idea by accustoming the patient to the things of which he has a dread. This only aggravates the hyperæsthesia.

In the second paper Dr. Krafft-Ebing gives an account of a neurotic

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family, three of whose members got within the grasp of the law for scattering anonymous papers about full of threats of murder and arson, and shameful accusations against different people in the neighbourhood.

After a good deal of mischief, the mother Kr, her daughter Josefa Kr, twenty-one years of age, and John Kr, fifteen years of age, and a young man called Senek, who had, at John Kr's instigation, accused some one of shooting at him, were arrested and accused of deceit and calumny. They were condemned and sentenced, the boy John Kr to eight months, the mother to six months, the daughter to four months' imprisonment, and Senek to a year's imprisonment. As the mental condition of John Kr excited attention, Dr. Krafft-Ebing was sent to examine him. He found him an ill-grown, cowardly, nervous boy, who took no interest in play, avoided companions, and could learn no work. He suffered from headache, and was easily wearied. The head was rather small and defective in its occipital development. The papers which he wrote were gross, stupid, obscene, and abusive productions. He evidently belonged to the class of people who deface public monuments and tombs, throw vitriol on women's dresses, get up ghost stories, write anonymous letters, and make false accusations against their neighbours; such people are at once cowardly and aggressive, lying and credulous. Their success in making mischief is a perpetual proof of the stupidity of human beings.

John Kr was not imbecile, having the wish to involve his mother and sister, who were also of a neurotic character, and the young man, Senek, in his silly plots and shallow devices. The Professor does not tell us how to get rid of such personalities.

Religious Melancholy.

Eliza S., 28 years of age, a married woman, tried to poison herself and her daughter, who was seven years of age, with arsenic which her husband had in the house. It caused her to vomit, and both she and the child recovered. The reason she gave was that the priest at confession had reproached her with her negligence to her religious duties, and some other delinquencies. While working in the fields the fixed idea came upon her that the devil would come to carry her away alive. She, to be beforehand with him, determined to take her own life and fall dead into the devil's arms. She determined to kill the little girl at the same time, because the devil would have no power over an innocent child, and she would go to heaven. Her husband said that she was in despair at the idea that she would never get to heaven, and tried to convince him that his fate would be no better. She imagined she saw a red cow running in the meadow, and was afraid of imaginary black dogs. Her little daughter said that her mother prayed before giving her the poison. On the report of Dr. Krafft-Ebing she was sent to an asylum.

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The other reports are principally medico-legal cases of mania of persecution, which, if condensed, would lose their instructive features.

Census of the Insane in the Duchy of Oldenburg.

In a paper of 61 pages ("Zeitschrift für Psychiatrie" xl. Band, 4 Heft.), Dr. Kollmann analyses the statistics of the Duchy of Oldenburg, which consists of the State of that name on the German Ocean, the principality of Lübeck, and that of Birkenfeld on the Nahe, a stream which flows into the Rhine near Bingen. The whole Duchy has a population of 337,478. One advantage of the statistics of these small States is, that they are generally taken with more exactness than in larger communities. By way of comparison he introduces a number of valuable statistical tables from most countries in Europe. On the 1st December, 1880, the whole Duchy of Oldenburg contained 977 insane persons. There are no large towns, and the population is principally rural. The number of idiots and imbeciles was 357, and of insane 620, that is, there were out of every 100 lunatics 36·54 idiots,* and 63·46 insane in the whole population. In the several States the proportion was different; in Birkenfeld there were 66·29 idiots per cent., and 33·71 of the insane, while in Oldenburg the proportions stood as 33·50 and 66·50 insane. It was found that amongst the idiots there were 17 per cent. who were epileptic, and 12 per cent. epileptic amongst the insane.

By the census of 1871 there were in Prussia, out of a population of 24,643,623, as many as 33,740 idiots, and 21,303 insane; in all, 55,043. The statistics of the German census of 1880 are not yet given out in a mature state for comparison. The number of the insane returned in 1880 was 66,345, showing an increase of 11,302. Unfortunately he does not give the total population.

The following statistics of insanity are additions to our knowledge :— Austria (census of 1880), population 22,144,244; insane, 13,116; idiots, 32,413; total, 45,529. Hungary (1881), population, 15,738,468; insane, 12,809; idiots, 20,672; total, 33,481. Denmark (1870), population, 1,784,741; insane, 2,454; idiots, 1,430; total, 3,884. Norway (1865), population, 1,701,756; insane, 3,156; idiots, 2,039; total, 5,195. Italy (1871), population, 26,801,154; total insane, 44,102. Commenting upon his numerous statistical tables, Dr. Kollmann observes that insanity seems most frequent with peoples of Teutonic origin in Germany, in Norway, in the British Islands, but this does not hold good with Holland. He forgets that most of the people of Ireland, Wales, and three-fourths of Scotland are of Celtic origin. The following extracts from his tables will be read with interest.

* I have translated blödsinnig by the word idiotic. It may include some demented cases.

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In the following countries there is—

England and Wales	...	1 insane person for every 574 inhabitants.	1 idiot 771	1 of either 329
Scotland	...	495	727	294
Ireland	...	554	803	328
Denmark	..	727	1248	460
Sweden	...	567	2554	464
Norway	...	539	835	328
Oldenburg	...	544	945	345
Prussia	...	1157	730	448
Austria	...	1688	683	486
Hungary	...	1129	761	470
Switzerland	...	—	—	344
Canton of Berne	...	392	335	181
Italy	...	—	—	608
France	...	683	1028	410
Belgium	...	748	2890	594
Holland	...	—	—	656
Bavaria	...	1022	659	401
Wirtemberg	...	465	482	237
Saxony	...	1178	729	450

To anyone who scans this table the diversities must be very striking. Why, for example, should there be such a great preponderance of idiots in Austria and Hungary, whereas in Sweden, Denmark, and Belgium there is such a preponderance of the insane? The most unhappy districts in Europe for insanity seem to be the Canton of Berne, where there is one person either insane or idiotic to every 181 inhabitants, and Schleswig-Holstein where there is one to every 268, while in the neighbouring kingdom of Denmark there is only one to every 460. Saxony has one person idiotic or insane to every 450 inhabitants, and Ireland one to every 328, yet suicide is twenty times as common in Saxony as in Ireland. The number of suicides in Ireland is 17 to the million; in Scotland, 34; in Italy, 38; in England and Wales, 69; in Norway, 72; in Belgium, 78; in Sweden, 91; in Bavaria, 100; in Austria, 130; in Prussia, 152; in France, 160; in Wirtemberg, 169; in Baden, 177; in Thuringia, 305; and in Saxony, 338. These figures refer to the years between 1874 and 1878. In Oldenburg he finds amongst the causes of suicide 27·80 per cent. owing to insanity; tedium vitæ, 23·82; and drunkenness, 16·22. In respect to the increase of insanity, Dr. Kollmann finds that in Oldenburg there was an increase from 1855 to 1871 of from 3·3 in the thousand to 3·47; but by the census of 1880, it was found that there was a diminution alike in the number of the idiots and the insane, both together being 2·89 in the thousand, which brought the proportion lower than in 1855. Notwithstanding this, and allowing for sources of error in the statistics, Dr. Kollman

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agrees with Koch and Cettingen, who have made very laborious inquiries into the question, that it seems probable that there is a progressive increase in the number of the insane in most countries of Europe. His calculations that there are more men idiotic and more women insane, and that the insane are a much longer lived class than the idiotic, only confirms what is generally known; nor does it need a laborious inquiry to let us know that few idiots are married, though it is interesting to learn that any are married at all.

Census of Epileptics in Mecklenburg-Schwerin for 1882.

Dr. Tigges, in the same number of the "Zeitschrift," gives the results of an attempt to count the epileptics in this little State, with the view of gaining information as to the expediency of erecting a training school for children affected with this malady, to be connected with the school for imbecile children at Schwerin. The schedules were entrusted to the clergymen of the different parishes to get filled up. The number of epileptics was found to be nearly the same as the number of idiots, 639 of the former, and 658 of the latter. Taking an average for the town of Schwerin, from which they could not get trustworthy returns, it was estimated that in the Principality there was one epileptic to every 855 inhabitants. In a census of the Rhine Provinces, taken in 1881, it was found that there was one epileptic to every 1,177 inhabitants. Up to 21 years of age there is a greater number of male epileptics, after that of females. The females last longer under this disease, the average duration of epilepsy in males being found to be 13·1 years, and in females to be 15 years.

Amongst 639 epileptics, 167 = 25 per cent. were idiotic or insane; of epileptic children between six and fifteen years, 20 per cent. were weak in mind; of 639 epileptics, 430 were unmarried, ·67 per cent, ; out of 658 idiots, one was married and one was a widower.

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3. *English Retrospect.*

Asylum Reports for 1883.

(*Continued from page* 127.)

Glasgow. Town's Hospital and Asylum.—So far as we can remember, this is the first occasion on which we have noticed this report, for the very good reason that we never saw a copy of it before. It is quite evident that Dr. Robertson possesses most exceptional opportunities for clinical and pathological observation. Relative to his asylum work, he makes a few sensible remarks. These are arranged under the following heads :—1. Individualisation of Cases. 2. Medicinal and other forms of Medical Treatment. 3. Diet and Clothing. 4. Occupation and Exercise. They need not be repro-

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