idiocy, but that a long continued and difficult labour without artificial aid may certainly be looked upon as a cause.

Examinations in Nursing for Attendants. ("Psych. Bladen," D. x., Afl. 2, 1892).

We are pleased to observe that examinations for attendants have been instituted in Holland. The committee appointed by the Dutch Psychological Association for drawing up a scheme for these examinations has issued the following syllabus:—

The examination demands—1. A knowledge of the first principles of the physiological functions and structures of the human body. 2. A knowledge of the elementary principles of hygiene. 3. A knowledge of the fundamental principles of sick nursing. 4. A knowledge of the nursing and care of the insane. The examination is to be both theoretical and practical, and the regulations require candidates to be of good address, to produce certificates of good moral character, and to be in the possession of good bodily health. Age to be not less than 22 at the time of examination; evidence must be given that the office of attendant has been filled for two years in some asylum for the insane, or in an institution for nervous affections. Those already in possession of nursing certificates may with the consent of the committee be excused sections 1, 2 and 3 in the above scheme. The committee consists of Drs. van Deventer, Tellegen, and Ruysch, the last-named acting as secretary.

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2. *American Retrospect.*

By Fletcher Beach, M.B., F.R.C.P.

American Journal of Insanity, October, 1891, and April, 1892.

Alienist and Neurologist, January and April, 1892.

Journal of Nervous and Mental Diseases, January and April, 1892.

The first paper in the "Journal of Insanity" is "The New York Law for the State Care of the Insane," and is written by Oscar Craig, President of the State Board of Charities of New York, who, owing to his position, is fully conversant with the subject. At first the dependent insane were sent to the New York Hospital, and even in 1843, although the State Lunatic Asylum at Utica was opened, yet the great mass of the indigent insane remained in the poor-houses. This was partly remedied by the opening of the Willard Asylum for the Chronic Insane, which received patients from all the counties of the State except Albany and Jefferson, New York, Kings and Monroe. Then arose this difficulty, that the insane in the exempted counties were four times as many as

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those accommodated in the asylum. To remove this scandal the Legislature in 1871 delegated the State Board of Charities authority to grant to county superintendents of the poor exemption from the Willard Asylum Act and to issue instructions for the removal of the insane from county poor-houses to State institutions. For nineteen years the Board carried on the work and effected many improvements, but in 1889 it was decided to petition the Legislature to provide State care for the insane, or county care so reformed as to be governed by trustees appointed by the Supreme Court. As a result a statute was passed which put the four hospitals for the acute insane, the new St. Lawrence Hospital, and the two asylums for the chronic insane upon the same basis. They are all hospitals for the dependent insane, and are State institutions. A Bill embodying these and other recommendations was brought before the Legislature and finally enacted in 1890. The syllabus of the law prepared and published by the Charities Aid Association is appended, from which we learn that the chief reasons for the insane being entrusted to State as distinguished from county care are medical supervision, beautiful environment, adequate means of classification, and individual care; there is also the advantage of transferring cases from the acute to the chronic asylums, and *vice versâ*. "New York's new law is a development from first principles of State care in the Willard Asylum Act; it is an evolution or growth and not a special contrivance or creation."

"The Mechanism of Insanity," by Edward Cowles, M.D., is the continuation of an article which was noticed by us in the "Journal of Mental Science" for January, 1892. The mental elements in normal fatigue and in pathological fatigue, or neurasthenia, are now discussed. The author wishes "to show how it is that the mental symptoms furnish a ready index of the fatigue and auto-intoxication of nerve and muscle tissues as a guide for diagnosis, prophylaxis, and treatment; and also to show how the general symptoms of nervous exhaustion can be better understood by a proper interpretation of the mental symptoms." All mental activities have to deal with sensations, for they are the primary data of their operations. In the study of the mental mechanism it has been shown that there are two groups of these sensations, viz., the general organic sensations and those of which we are conscious as presented through the special senses. Among the first are a sense of well-being and a sense of ill-being; the latter is no doubt due to auto-intoxication, for in all forms of functional activity, besides the fatigue, there is the toxic influence of self-produced waste products. The author then studies the sensations from the special senses—perceptions, ideas, etc., and disorders of intellect and will. The faculty of attention is considered, and it is shown that when the higher control power is lessened there is a gradual reduction of power of voluntary attention, as is seen in fatigue, neurasthenia, and melancholia. The mental symptoms

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which appear in normal fatigue and in pathological fatigue are described, and it is seen that there is a correspondence in the train of mental and physical events in neurasthenia. The symptoms, diagnosis, and treatment of this condition are fully described, as the author considers the disorders that constitute insanity are, in their initial stages, varied manifestations of this disease.

"The Dream State and its Psychic Correlatives," by Henry Smith Williams, M.D., is an attempt to show that the dream state is closely allied to certain delusional insanities. The mind follows the same laws and lines of actions in dreams as during waking hours, and the associations of ideas are the same in both conditions, but the reason why the most grotesque changes occur, with apparently no connecting link, when endeavouring to recollect the dream, is that the minor vibrations, which constantly introduce new subjects and carry the mind hither and thither, are so feeble that they are not reproduced by the waking mind, and hence are lost. No doubt this is due to the fact that the supply of blood to the brain during sleep is limited. The author considers the dream state as a perfectly normal condition, because he thinks it impossible to pass from the condition of waking to that of sleep without dreaming, but a vivid dream he regards as an abnormal mental phenomenon. Cases of melancholia characterized by painful delusions place the patient in a condition very little removed from the dreamer. The patient is usually anæmic, and there is insufficient blood to furnish the brain with the stimulus to active vibration. He does not appreciate his condition any more than the dreamer does, and the creations of his fancy seem as real as the vagaries of a dream. Just as the dream may be suggested by some objective appearance which it does not resemble, so the mind, when in a state of delusion, may invent a train of grotesque conceptions from some insignificant object in its environment, and, not being able to note the connecting links, will "retain the same personality for the entire line of concepts." In this way an insane person may develop illusions out of perceptions that in themselves were not perverted. A similar condition sometimes comes on during the depressed stage of general paralysis, when the subject is not robust; in such a case there is a history of syphilis, and the patient probably suffers from endarteritis, which shuts off the blood in part and produces a condition similar to the cachectic melancholiac patient. In the general paralytic, when the condition of arterial dilatation supervenes, a sense of well-being supplants the depressed condition; and in the melancholiac, as there is a return to physical health, the delusions fade away, and the period of depression and delusion is remembered as a kind of terror, which the patient likens to a hideous, half-forgotten dream. The most eminently sane mind is that which keeps constantly in view a wide field of observations, and so is able to test its thoughts by wide comparisons; "while it

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is the essence of the insane mind to think in imperative concepts and ignore the broad fields of association."

The well-worn subject of "Mechanical Restraint in the Treatment of the Insane" is treated by Dr. Worcester. He had been reading an article on the subject in the "Medico-Legal Journal," and was struck with what he had noticed before in discussions on restraint, viz., a tendency to deal entirely in generalities. He is of opinion that histories of concrete cases are far superior to discussions of abstract principles, and his object in writing this article is to give his experience of fourteen years among the insane and to illustrate his conclusions by giving some of the facts which led to them. He had seen both systems, viz., restraint and non-restraint, faithfully tried, and had arrived at the opinion held by very many physicians in England, viz., that while restraint can usually be dispensed with in most cases, yet there still remain some where its use is beneficial as a means of promoting the comfort and well-being of the patients. Cases of persistent violence and destructiveness and of filthy habits are related in which restraint was found useful, as being the most humane means of preventing injury and of curing disgusting habits. The alternatives to mechanical restraint, viz., manual restraint, seclusion, and the administration of sedatives, are severally considered, and the author concludes that mechanical restraint in properly selected cases is the most beneficial of all.

"Relations between Chorea and Epilepsy" is the title of a paper by Dr. Trowbridge in the "Alienist and Neurologist." The author is of opinion that there is a very close connection between certain forms of the two neuroses, and confines himself to considering the relations between idiopathic chorea and epilepsy. Both are no doubt due to disordered nerve centres, but the opinion of Dr. Trowbridge that "in nearly every case of chorea there is more or less mental impairment" is rather too strong to be generally accepted. The co-existence of the two diseases is rare, as is also the existence of chorea, then epilepsy and finally chorea again in the same individual. There is no doubt that epilepsy may be present in one generation and chorea in the next, for this is only an example of the alternation of neuroses which has been treated by various writers and its existence generally acknowledged. The author believes that in all cases of chorea, especially those of long standing and accompanied by mental disturbance, the lesion is in the brain, though many consider that the mental strain in a choreic patient who knows his case to be hopeless is the cause of mental disturbance. When first the author thought of writing on the subject he addressed several questions to the superintendents of various asylums, and the results are given in a clearly drawn up table.

Dr. Pershing writes on "Traumatic Neuroses in Damage Suits." This term he thinks will finally replace those which were formerly

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known as concussion of the spine, railway spine, nervous shock, and railway brain. Many writers appear to be of opinion that the prospect of damages is the main cause of the trouble, and that those whose claims are paid disappear from view or rapidly recover, but this opinion is not in harmony with the facts as now known. Most of the controversies on the subject have been due to a wrong method and lack of thoroughness in examining the patient, as well as to the imperfections of neurological knowledge, which were greater years ago than they are now. The examination must be made on the neurological standpoint, and be rigorously conducted. General and localized weakness, paralysis of a single limb, local spasm, a reeling gait, tremor, pain, especially in the spine and head, perverted sensation, loss of sensibility, deafness, dulness of taste and smell, hurried nervous action of the heart, and many other, including mental symptoms, if thoroughly tested, will leave little doubt whether the claimant has really been injured or not. Then comes the question, What is the nature of the malady? and light will often be thrown upon the matter by comparing the symptoms with those of hysteria and neurasthenia. The most difficult question to answer is with reference to the ultimate result; it is best to err on the side of caution, and let it be known that the future is doubtful.

"Is Genius a Neurosis?" is the title of an interesting paper by Dr. Kiernan, of Chicago. Dryden and Shakespeare have both in their writings re-enunciated a doctrine which early obtained dominance in consequence of an evolution of arts, sciences, and religions from superstition. The supernatural influences which were supposed to underlie epilepsy were thought to be malignant or benign. Later on the demon-possession theory gained dominance, and finally the demon was replaced by disease. Throughout this evolution the belief in an affinity between insanity and genius persisted. The disease notion was becoming known in the time of Aristotle, yet he, Plato, and Seneca all thought that insanity was allied to genius. Coming to later times we find that Lord Beaconsfield and Ouida are of the same opinion. Moreau of Tours, Lombroso, and Nisbit all insist that genius is a neurosis, and Huxley considers, from a biological point of view, that genius among men is of the same nature as a "sport" among animals. The moral and physical stigmata of degeneracy are found in men of genius; smallness of body, cerebral and cranial lesions, submicrocephaly, stammering, left-handedness, precocity, and tardy development have been present in many cases. The faculty of attention is more important than any other for intellectual progress, and as the amount of attention depends to a great extent upon the power of association, and this power is greatest in the genius, so the power of attention is greatest in him. After considering the psychiatrical and biological as well as the pyschological evidence, the author concludes that "genius is not a product

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of morbid mind. In the exceptional instances, where the two co-exist, the genius is evidence of a healthy, conservative element, struggling with the incubus of disease."

"Art in the Insane" is another paper by the same author. There is no doubt that art was an early acquirement of mankind, for even at the time when the cave-dwellers of the Dordogne appeared, art had passed beyond the figures of the primeval age. These figures were arabesques and geometrical forms, and were produced by chipping stone in the late palæolithic age. Symbolism controlled in no small degree the evolution of art, and commingling of symbols soon became a canon of art. The Egyptian, Chinese, and Chaldean types are characterized by mingling of inscriptions and drawings, and in the latter an abundance of symbols and hieroglyphics appear. Imitation, undue minuteness, and repetition were especially noticeable then, and these qualities are now noticeable in the art of the insane. In the early races the sense of colour and its contrasts were deficient. Primeval and mediæval art exhibit the same peculiarities, and they appear in the insane, who also have a tendency to attach occult significance to trivial analogies. According to Lombroso the chief characteristic of art in lunatics is absurdity in drawing and colouring; this is supposed to be due to an exaggerated association of ideas, so that the connecting links which would explain the author's meaning are lost. According to Ruskin the difference between the higher and lower artists is that "all great men *see* what they paint before they paint it, not daring to alter one jot or tittle of it as they paint it down." The greater the power of association the more vivid the picture, and the more vivid the picture the greater the need of manual inhibition to symbolize the clearness and rid it of an injurious subjective element. On this principle turn the differences in the products of the imbecile and dement from those of other insane artists. In the insane there is a conservative factor which is absent in congenital paranoiacs who are further advanced in degeneracy. The author considers that "in the art, as in the literature of the insane, evidence is found that insanity mars, but does not make genius."

"The Epidemic Inflammatory Neurosis, or Neurotic Influenza," by C. H. Hughes, M.D., is a contribution to a subject which of late has excited considerable attention, not only in England, but on the continent. All authorities both at home and abroad are of opinion "that the toxic matter of the influenza has an injurious effect upon the whole nervous system, and that it acts most powerfully upon those who already have an hereditary tendency to insanity." Professor Kirn, of Freiburg, concludes that influenza is a more frequent exciting cause of insanity than any other febrile affection, and classifies the cases which pass into insanity under two heads:—1st, where delirium occurs during the febrile condition; and 2ndly, where insanity supervenes after the cessation of the fever.

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The opinions of various authorities on the question are quoted, and the author observes that in his practice the marked feature of the disease was to bring out latent morbid predispositions, such as neurasthenia, neuralgia and syphilis of the nervous system. The poison so weakens the nutrition of the nerve-centres that there is no resistance to agencies which interfere with this nutrition, and nervous instability shows itself in an acute form. The author then relates several cases which occurred in his practice, and mentions certain conclusions which he has come to by observation on his own patients. These are that it is a toxic neurosis, adneural in its effects upon the central nervous system, its sequences acting more like post-diphtheritic nervous diseases as regards curability; and that it brings into activity "latent neuropathic and other organic morbific aptitudes."

There are several other short papers in the "Alienist and Neurologist," including one by Dr. Ireland on "Pessimism in its Relation to Suicide."

"The Journal of Nervous and Mental Disease" contains several interesting articles. Among these is one by Dr. Tomlinson, being "A Study of the Indications for, and Application of, Physical Culture in the Treatment of Insanity and Allied Diseases." The author first studies the changes which take place in the processes of nutrition and the nature of the perversions of functional activity of the brain and nervous system in the class of cases to which this form of treatment seems applicable. In all forms of primary insanity, except the degenerative, there is impaired vitality produced by excitement and motor disturbance, or auto-intoxication occurring in states of depression.

The special characteristic of nervous protoplasm is its excessive irritability, and anything that interferes with the general organism impairs the functional activity of the nervous system. Where a strong, persistent exciting cause brings on maniacal excitement, the continuance of the excessive activity produces general impairment of nutrition and failure of power, so that the patient either dies of exhaustion, or mental annihilation supervenes. In states of depression from auto-intoxication the same results ensue, but the mechanism is different. Having these conditions in view, we shall find that all means that improve general nutrition should be brought to bear upon the treatment. Even when the plan of treatment by drugs is apparently efficient, we find physical culture a successful adjuvant. "The tendency towards recovery is at the subsidence of a wave, or the completion of a cycle," and anything which prevents the commencement of a new wave or cycle accelerates recovery. In this way physical culture acts, as well as by stimulating the circulation and causing muscular movement. In addition, it has an effect upon the mental processes of the patient, and last, but not least, there is brought to bear the attitude of expectant attention. Under physical culture Dr. Tomlinson

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includes massage, passive and resistive muscular movements, galvanic and faradic muscular stimulation, systematic voluntary muscular movements, and light gymnastics. He does not claim for physical culture a place except as an adjuvant, but he is of opinion that under its influence a great many patients will be restored to mental soundness who would otherwise become chronically insane, and finally pass into a state of dementia.

Dr. Hammond has a paper on "The Bicycle in the Treatment of Nervous Diseases." There is no doubt that exercise, when prescribed for nervous affections, should be taken out-of-doors. The exercise should also be combined with pleasure, so that not only may the muscles be strenghtened, but the thoughts diverted from morbid channels, by which means brain-rest and mental refreshment may be gained. The proper use of the bicycle produces these results, since the exercise of skill in guiding it, the exhilaration coming from rapid motion, the continual change of the panorama, and the exercise of almost every muscle in the body make it an apparatus potent in stimulating healthy cerebral activity and arousing the mind from a lethargic condition. The author prescribed its systematic use in sixteen instances; of these three were cases of paralysis due to anterior poliomyelitis; one was a case of paralysis resulting from multiple neuritis; in one there was hysterical paralysis with slight contracture; six were cases of neurasthenia; in one there was sexual perversion, and in one abnormally-developed sexual appetite. In all these cases there was marked improvement, and Dr. Hammond believes that if physicians would prescribe its use intelligently, the results would be far in excess of their expectations.

Dr. Preston writes on "Tumour of the Cerebellum, with Report of Cases." The subject is important, on account of the frequency with which new growths occur in this situation, and because they can often be sufficiently well localized to warrant an attempt at removal. The relative frequency of tumour of the cerebellum is well shown in the collection of cases reported by Dr. Gowers. In 650 cases of intra-cranial growth, 295 were in the cerebrum and 179 in the cerebellum. The disease may occur at any age, but is more common in early adult life, and certain varieties chiefly are present in the first decade. The growths may be tubercular or syphilitic; less commonly are found glioma, sarcoma, carcinoma, parasitic cysts, and fibroma. Pain is the most common symptom, and in a considerable proportion of cases it is distinctly occipital, and is often felt at the back of the neck. Very early in the disease is noticed the peculiar staggering gait, resembling that of a child learning to walk, or of a person trying to do so after a very exhausting illness. Muscular weakness and loss of the muscular sense are present in some cases, but the deep and superficial reflexes are, as a rule, unaltered. Optic neuritis is a valuable symptom for consideration, and if present with the symptoms

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above mentioned, the diagnosis of cerebellar tumour is reasonably certain. Nystagmus is not common, nor are general convulsions, but rigidity of the muscles of the neck, often drawing the head back upon the shoulders, is very common, and may be said to be characteristic of the disease. Slight mental disturbance is frequently seen, and occasionally there is an outburst of acute mania. Three cases are related in which the diagnosis was proved by the autopsy to be correct, and confirm the author's opinion that it is possible to localize tumours of the cerebellum with some degree of exactness. He discusses the question of removal of these tumours, and is of opinion that operation, offering as it does the sole chance of relief, should be oftener resorted to.

PART IV.—NOTES AND NEWS.

ANNUAL MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

CENTENARY OF THE RETREAT. (1792-1892.)

The members of the Medico-Psychological Association of Great Britain and Ireland held their Fifty-first Annual Meeting at the York Retreat, on Thursday, the 21st day of July last, in honour of the Centenary of the foundation of that Institution. The proceedings commenced at the early hour of 9.15 a.m., when a Council meeting was held in the large Recreation-room of the Retreat, at which several papers were read and discussed, and various resolutions were passed. This was followed at eleven o'clock by a general meeting of members for the receipt of reports, the election of officers, and the transaction of other business. Dr. Baker, Superintendent of the Retreat, presided, and amongst those present were Dr. Jules Morel, from Belgium; Dr. Semelaigne, Paris; Drs. Murray Lindsay, Clouston, Outterson Wood, Savage, Spence, Ireland, Urquhart, Whitcombe, Hack Tuke, S. Tuke, Yellowlees, Rayner, Keay, Campbell-Clark, Bonville Fox, Hayes Newington, Agar, Wiglesworth, Pierce, Rutherford (Dumfries), North, Swanson, McDowall (Menston), Percy Smith, Merson, McDowall (Morpeth), Chambers, Rees Philipps, Kay, Major, Richards, Conolly Norman, Ernest White, Mercier, Paul, Nicholson, Hitchcock, Fletcher Beach, Shuttleworth, Tregelles Hingston, Weatherly, Eastwood, and others.

The election of officers took place as follows:—

Parliamentary Committee re-elected (unchanged).

President	Robert Baker, M.D.
President-Elect	James Murray Lindsay, M.D.
Ex-President	E. B. Whitcombe, M.R.C.S.
Treasurer	John H. Paul, M.D.
Editors of Journal	D. Hack Tuke, M.D. George H. Savage, M.D.
Auditors	Henry Rayner, M.D. *Percy Smith, M.D.

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