patients is receiving more careful attention of late, and consistent results are being harvested, with promise of a greater future yield, while the principles of non-restraint, parole, and outdoor care have made such strides that the public mind is being rapidly educated into a more healthy and natural view of insanity. Faith in drugs, excepting those of a stimulating and tonic nature, or as are directly indicated by disordered bodily function is perhaps less universal than in Europe and one finds less general use made of hypnotics and sedatives—even of those numerous and much lauded modern preparations.

But this was to be a letter containing a plain statement of facts and must not be allowed to degenerate into such a listing of virtues as would lay the writer open to the charge of indulging in that "spread eagleism" already too often detected among our American traits. If the above shall have served the purpose of demonstrating an honest attempt on the part of American psychiatrists to develop a science and a profession of psychiatry within the borders of their own big land, and if it shall have justified a modest claim to a verdict of *progress*, the writer will remain content with his humble message to the *confrères* across the sea.

DENMARK.

By Dr. A. Friis.

In Denmark little of note has happened to mark the progress of psychiatry during the year 1904.

The House of Parliament has decided that the Viborg Asylum, for chronic cases, shall be enlarged to accommodate 700 patients, a measure calculated to relieve the congestion at present felt with accommodation for only 350.

There is also under consideration a proposal to build another asylum for the helpless feeble-minded, who require only general care and supervision.

Literature on psychological subjects has been scanty, only one book having appeared. It is entitled *Slägter, Iagttagelser fra en Sindssyge, Anstalt* ("Families: Observations from an Asylum for the Insane"), by Dr. F. Lange, Medical Superintendent of the Middlefart Asylum. It is an excellent work in which the author, in his usual lucid style, puts forward his experiences of degeneration.

FRANCE.

By Dr. René Semelaigne.

Dementia præcox.—An interesting discussion on Dementia præcox took place at the annual meeting of French alienists held at Pau last August. Dr. Deny of Paris, in a Report on that subject, made the following statement: Dementia præcox is a psychosis essentially charac-

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terised by an especial and progressive weakening of the intellectual faculties. It attacks young and previously normal people, and gives rise to various psychical disorders, as excitement, depression, confusion, hallucinations, delusions, etc., while it generally terminates in an abolition of every kind of psychical and physical activity. Generally the onset is indicated by certain diverse neuropathic disorders, these being in turn followed by delirious convulsions of varied type.

Dementia præcox exhibits both physical and psychical disorders, the latter being either constant, uniform, and essential, and constituting a weakening of the intellectual faculties, or variable and accidental, *viz.*, delirious manifestations, disorders of the senses, excitement, depression, and stupor.

This weakening of the intellectual faculties is one of the main features of dementia præcox, and differs from all other demential states, constituting a distinct type. It is a primary or universal dementia, being at first general and affecting the great psychical faculties of emotion, intellect, and will. In the early stages, there are only some slight indications of abnormality, such as uncertainty of temper, irritability, desire for solitude and loneliness, while later on apathy, moral anæsthesia, and emotional indifference, as indicated by carelessness in dress, uncleanliness, disappearance of family affections, and loss of sense of decency, make their appearance

As symptoms of katatonia are negativism, *e.g.*, slowness and hesitation in movements from a psychical restraint, a passive opposition to all motor impulses, inertia, and stupor; abnormal suggestibility [excessive docility, imitative activity, cataleptic attitudes, automatic repetition of some act, rotatory automatism, echolalia, etc.]; repetitive activity, *i.e.*, the continuous repetition of some movement, phrase, etc.; and an excessive automatism characterised by a continual restless activity, by extravagant gesticulations, irresistible *fugues*, sudden impulses, fits of laughter or tears, etc. The disorders of intellect especially concern the attention, the sequence of ideas and the memory, the defect in which is characterised by inability to fix recent images, written or spoken, verbigeration, neologisms, etc. A mild but atypical form of dementia præcox is met with in cases where the dementia is unaccompanied by genuine delirious ideas, hallucinations, or symptoms of excitement; while some other clinical varieties of the disease, as katatonia, hebephrenia, paranoic dementia, arise from an association of this weakening of the intellectual faculties with other psychical disorders such as delirious manifestations, disorders of the senses, states of excitement, depression, and katatonic stupor. The delirious manifestations generally take the form of exalted ideas of wealth and power, ideas of persecution, hypochondriacal, mystic and erotic ideas, but they are always peculiarly complex and systematised, and often equal in multiplicity, silliness and extravagance the conceptions of a general paralytic. In some forms of paranoic dementia, however, one finds more coherent and fixed delusions, as, for example, ideas of persecution and ambition, and accompanying these, as a rule, are certain sense disorders, such as hallucinations of hearing, sight and general sensibility. In hebephrenia and paranoic dementia the predominant features are delirium and

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disordered sensation, whereas in katatonic dementia, on the other hand, one meets with the most varied psychomotor phenomena. Some cases exhibit a state of intellectual and motor excitement, as evidenced by inexhaustible loquacity, incoherent rambling, neologisms, with the assumption of peculiar attitudes—that of the sphinx, of the athlete, of the Crucifixion; while some, in imitation of the ancient mode of dressing, go about with a blanket over their shoulders, or, pretending to be snakes, wriggle about beneath the bed-clothes, or suddenly begin to gesticulate, to climb, to dance, etc.; a katatonic patient, on the other hand, may remain for a whole day motionless, rigid, and, as it were, congealed in some painful attitude. The most reasonable explanation, perhaps, of these katatonic symptoms in dementia præcox is that they are due to a progressive weakening of all intellectual processes.

Physical manifestations are, on the other hand, much less characteristic in dementia præcox than in general paralysis, the commonest being as follows: increased knee-jerk in 92·3 *per cent.*, diminished plantar reflex in 71·4 *per cent.*; of eye changes there are abnormally sluggish reactions to light in 58·3 *per cent.*, diminution of accommodation reflex in 41·6 *per cent.*, inequality of the pupils in 60 *per cent.*, mydriasis in 76·9 *per cent.*, and myosis in 5 *per cent.*; while other changes are—lessening of pharyngeal reflex in 40 *per cent.*, diminished conjunctival reflex in 18·3 *per cent.*, disorders of menstruation in 60 *per cent.*, and vaso-motor disturbance in 60·4 *per cent.*

Pathologically, dementia præcox constitutes a clinical entity, without, however, an incontestable anatomical basis. The membranes are unaltered, and there are no naked-eye changes in the convolutions and sulci of the brain, though Klippel and Thermitte have observed two cases of asymmetric cerebellum occurring in this disease. The same observers have concluded, from histological examinations that there is no inflammatory reaction, or any evidence of diapedesis, in the coats of the vessels of the brain and spinal cord, the changes being entirely confined to the neurones of the association centres, and consisting of atrophy of the large pyramidal cells, with the exception of those in the motor zones; and a granulo-pigmentary degeneration of the same cells, with a diffuse chromatolysis. In the other forms of dementia, on the contrary—the paralytic, senile, toxico-infections, etc.—all the different elements of the brain—neurone, neuroglia, leucocytes, vascular endothelium and conjunctival cells—afford evidence of reaction to the pathogenic influence.

The time of life at which this disease most commonly makes its appearance is between 15 and 30, but in some cases the onset may be delayed till a later adult life, or even till the menopause. The two sexes are equally liable. The neuro-psychopathic heredity, as being a general ætiological factor governing all mental and nervous pathology, is seen in about 70 *per cent.* of the cases of dementia præcox, whereas physical stigmata of disease are but infrequently observed. All the causes of over-exertion and of physical and moral exhaustion, as puberty, menstrual disorders, and the puerperium, have an unquestionable influence—a fact which goes to support the theory of an auto-intoxication.

Dr. Deny concludes that dementia præcox, although subject, like

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general paralysis, to the unavoidable law of heredity and acquired predisposition, nevertheless remains, just like general paralysis, a fortuitous and accidental disease.

Dr. Parant of Toulouse, speaking on this subject, said that as some people, and more especially the young, consecutively to various causes and even without hereditary predisposition, become insane and rapidly fall into dementia, such dementia may, in very rare cases, be a primary one. In the great majority of cases, however, the delirious disorders which mark the onset of the disease and often constitute its most salient feature, far from being merely accessories, are really causative of the dementia. The dementia, accordingly, is not primary but secondary.

Dr. Ballet of Paris expressed the opinion that dementia præcox is not an accidental psychosis, but one depending on constitutional predisposition. In seventeen cases of this disease he was able to trace either an hereditary predisposition, such as eccentricity in the father, strange behaviour of some relations, etc., or personal peculiarities in the patients themselves, as deformity of skull or ears, eccentricity of conduct, etc.; while in some of the cases both classes of predisposition co-existed.

Dr. Regis, of Bordeaux, described two great types of this disease: (1) the classical dementia præcox, with rapid and progressive degeneration of intellect; and (2) a psychosis, due to toxic causes, and marked by a form of mental confusion and katatonic symptoms. This form, he said, may either terminate in recovery or be followed by secondary dementia. According to Dr. Pactet, of Villejuif, dementia præcox occurs only in cases where the brain has already been injuriously affected either from hereditary predisposition or from some accident sustained during intra-uterine life. The exciting cause may be either some infection or auto-infection resulting from an acute disease or sensational excitement or over-exertion. Dr. Pactet holds that dementia præcox is exclusively a disease of puberty and early adult life, and is incurable.

On anatomical, physiological, and psychical disorders of degeneration studied in animals, and especially in the horse.—MM. Rudler and Chomel, who had previously described physical and psychical stigmata as seen in horses, presented at the Congress of Pau a clinical study of degenerations occurring in certain animals, and especially in the horse. An animal, just like a man, may present certain malformations, functional and intellectual, as follows:

(1) Physical or anatomical stigmata; anomalies of size and shape of the skull and of the face; asymmetry of the teeth; abnormalities occurring in the organs of sensation and in the trunk and limbs. (2) Physiological stigmata (*a*) in the nervous system, disorders of motility, of reflex action, of sensibility, and trophic disorders; (*b*) disorders of the generative functions; (*c*) digestive disorders, aerophagia, meteorism, digestive perversions. (3) Psychical stigmata, as indicated by mimetic disorders, impulsions, disorders of will and temper, phobias, hallucinations.

Such clinical signs, presented either in a man or in a horse, only acquire significance when several are found co-existing in the same individual, and the same rule applies also to their diagnostic and prognostic import.

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Crime and general paralysis.—Dr. Pactet reported a case of a general paralytic in the Villejuif Asylum who killed an attendant on March 20th of the present year. He has observed several other cases of murder and assault perpetrated by individuals suffering from this disease, and he considers that there are many general paralytics who do not deserve the good reputation that such patients at present enjoy.

Judging from these cases, therefore, Dr. Briand and Dr. Christian think that general paralytics may be considered to be dangerous lunatics.

Dr. Marie reported the case of a female general paralytic who used to strike violently with a small sock full of sand the idiots and dements for snoring in her dormitory. He has also observed many attempts at suicide on the part of these patients, and accordingly he concludes that general paralytics are dangerous and ought to be carefully watched.

Dr. Gimbal also reported the case of a midwife, now presenting well-marked signs of general paralysis, who, eighteen months ago, perpetrated a crime at a time when no one suspected that she was not in the full enjoyment of all her faculties. Called to a woman in labour, she delivered the patient and afterwards perforated the uterus and dragged the intestines out of the abdomen.

GERMANY.

By Dr. J. Bresler.

In my last Annual Report I drew attention to the efforts that were being made to erect *sanatoria for nervous disorders* occurring in patients of the lower classes. These efforts are being continued. The Rhenish Society for Public Sanatoria having received a grant of 100 acres has already completed one of the several institutions it proposes to erect. The city of Essen also is about to build such a house, having received a large donation for this purpose from one of its citizens. A Society for building *nerve-sanatoria* has been formed in the Grand Duchy of Baden, which, with the already promised aid of the Government, will shortly begin work. I would here emphasise the importance of early treatment as a prophylactic measure in nervous cases, and point out that it is the duty of alienist physicians to enlist the interest of the charitable, that those afflicted may be able to take advantage of institutional treatment.

At the Annual Meeting of the German Society of Psychiatry, held at Göttingen, April, 1904, the *relation of psychiatry to neurology* was fully discussed by Prof. Fürstner of Strassburg. He mentioned that as long as forty years ago the great psychiatrist Griesinger urged the amalgamation of these two branches of medical science, whilst to-day there were many who were opposed to this union. Many nervous diseases, such as the traumatic neuroses, hypochondriasis, hysteria, epilepsy, etc., come within the province of the psychiatrist. The separation of psychiatry and neurology is an artificial one. In many nerve cases the anomalies of temper, intellect, and volition are the leading charac-

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