ance with the rules of ordinary life: the dirty, those who refuse their food, or have a tendency to suicide, destructiveness, etc.

4. All patients affected with somatic ailments of sufficient gravity.

III.—To effectually obtain the object of treatment in bed it is necessary:

1. That the asylum should possess a competent medical staff, sufficient for the needs of the service.

2. That the various physicians attached to the asylum should live therein, and should have each his own special task in the observation and treatment of the patients.

3. That no means of restraint should be used except in very rare and exceptional cases.

4. That the medical staff should undertake the professional instruction of the attendants, and that all members of the latter body who do not show satisfactory progress should be dismissed.

5. That the attendants should be intelligent, of high character, sufficiently paid, and entitled to a pension after a certain number of years' service.

6. That the buildings and arrangements of the institution should meet all requirements for the comfort of patients and staff.

Because of the superiority of the majority of foreign asylums over those of Belgium, whether as to buildings, manner of administration, or medical staff, Dr. Morel has formed the opinion that indispensable reforms in Belgium must be urgently demanded.

FRANCE.

By Dr. RENÉ SEMELAIGNE.

Family Mental Diseases.—According to Dr. Trenel, of Rouen, family mental diseases have not been sufficiently described, saving insanity in twins, and hereditary tendency to suicide in the same family. He has observed that cases of systematised insanity, dementia, periodic insanity, acute mania, general paralysis, and especially juvenile general paralysis, might assume the "family" form.

He thinks that a classification of such types would be very interesting and useful from a practical point of view; but it is necessary to avoid a confusion between two terms which are quite different, *i. e.* hereditary and "family," and for this purpose one must exclusively keep to the cases of patients belonging to the same generation.

Dr. Arnaud, of Paris, proposes the following definition, "a disease of a similar clinical character which invades two or more members of a family belonging to the same generation." According to him (Dr. Arnaud) all the family diseases are hereditary, all the hereditary diseases are not family diseases, consequently the questions are quite distinct.

Dr. Doutrebante, of Blois, thinks that these diseases are rare, he having observed only such cases as suicide or *folie gémellaire.*

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Dr. Caquet, of Paris, has published observations on the cases of three boys and two girls with religious insanity, who were admitted to the Asylum on the same day.

Dr. Briard, of Paris, knew a family in which the brothers and sisters alternately suffered recurrent mania. When well they could foresee the development of the insane periods.

According to Dr. Magnan, all the members of the same family do not present similar mental diseases, but similar disorders are frequent.

Dr. Brunet, of Paris, thinks more statistics on the question are necessary, and every asylum might give information as to this group of patients. Of twelve families that he had the opportunity of observing, idiocy in five cases was of the family type, melancholia in three; general paralysis, epilepsy, mania, secondary dementia, in one each.

According to Dr. Ferugua, the genuine family mental disease, without any change in the form, attacks several children of the same generation, being identical in mode of outset, progress, and evolution. Periodic insanity seems to be the most frequent of this group of mental disease.

The Psychoses of Puberty.—Dr. Jules Voisin, of Paris, includes under this heading all mental diseases making their appearance during the period of puberty, from twelve to twenty-two, that period being characterised by sexual maturity and physical and intellectual development. All varieties of psychoses may occur, for hebephrenia does not exist as a morbid entity, this term being reserved for cases of dementia. The mental states which appear at the beginning of puberty are not so serious as those occurring towards the end of that period. The first might be called the psychoses of puberty, and the second psychoses of adolescence. Hereditary predisposition seems to be the predominating cause, and this, with incomplete intellectual development, gives the hebephrenic stamp to the disease.

Melancholia frequently assumes the aspect of stupor, with impulsiveness, obsessions, and imperative hallucinations directed against the patient himself or the people surrounding him. Mania rarely presents mild features.

Dementia occurring early in the period (hebephrenia), described by Kahlbaum and Hecker, has two forms, the severer one presenting symptoms of stupor, dementia, catatonia, and mental confusion, (diagnosis often difficult), the milder one being a simple dementia, having to be distinguished from general paralysis and the dementia of epilepsy.

The mental confusion is of a dreamy or visionary type, and presents a great analogy to that associated with alcholism.

Visionary mania characterises all the psychoses of auto-intoxication, the nutritional disorder associated with adolescence apparently being the cause. In juvenile general paralysis ideas of grandeur do not occur, and its course is slower than in the adult form.

Degenerative and neuro-psychoses are the most common forms of alienation associated with puberty, and they generally recur in adult life.

Psychical Hallucinations.—Dr. Séglas, of Paris, classifies psychical hallucinations into two principal groups. The hallucinations of the first group (sight, hearing, taste, and smell) are phenomena intermediate between ideas and hallucinations, mental productions which are living

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and precise, but do not present an external character, as do the genuine hallucinations.

He divides the second group as follows:—

1. *Hallucinations verbales motrices*, which are genuine hallucinations.

2. *Pseudo-hallucinations verbales*, in which the interior voice remains a mental representation which is living and precise, but does not succeed in becoming a genuine and external hallucination.

He thinks that the expression "psychical hallucination," designating, as it does, dissimilar phenomena, which are for the most part not true hallucinations, is misleading and should not be used.

Mania of Visionary Origin in General Paralysis.—Dr. Regis and Labanne observe that the mental state in some cases of general paralysis has a visionary origin. They both observed four patients whose delirium followed dreams, and who remained conscious of that origin. Delirium of this nature is not exactly the same as that proceeding from acute intoxication; it is less hallucinatory, less living, less intimately associated with the personality. The psychical dissociation which constitutes the basis of the disease, does not permit of a complete formation and incorporation of the outlines of the mental synthesis created in the dream.

Fragility of Bone in General Paralysis.—Dr. Labanne, of Bordeaux, has studied the spontaneous fracture of bones in general paralysis, proving that it might occur as the primary and sole manifestation of that disease.

GERMANY.

By Dr. J. Bresler.

The progress of psychiatry in Germany during the past year has been marked rather by steady advance of a permanent nature than by any unusual or startling event.

Dr. Wattenberg, of the State Asylum at Lübeck, published a short communication regarding the treatment of lunatics by isolation in side-rooms. He points out that for six years this procedure has not been necessary at his asylum—an abolition which has had a good effect on his patients, and which has not entailed an increase in the quantity of drugs used.

The system of "boarding out" of patients has extended in Saxony, where, mainly by the efforts of Dr. Alt, of Uchtspringe, two small asylums, each for 150 cases, are to be built for the temporary reception of patients who eventually are to be boarded out with families dwelling in the neighbourhood. One has already been commenced at Ferishow.

The number of "After-Care" associations has increased, one having been formed for the Rhine Province.

It is satisfactory to record the completion of the Psychiatric Klinik at Kiel, and the appointment thereto of Professor Siemerling; and also that there is now no medical centre in Germany without an institution of this character.

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