criminal who, during a period of eight years, had been prosecuted and sentenced some ten times for robbery, injuries to policemen, begging, &c. Medical examination showed that the woman was nearly imbecile, and very dangerous. She was sent to an asylum.

On the Use of Serum in Nervous and Mental Diseases.—Mariet and Vires have used either the serum of an insane person on the point of recovery, with which they inject a patient affected with the same variety of mental disorder; or artificial serum, which they inject pure or mixed with a medical substance; or pure serum taken from rabbit's or dog's blood. Serum of human blood seems to have produced a slight and short acalmy. Injections of artificial serum were of no appreciable value. The pure animal serums seem more useful for the depressed forms of mental disease. The use of these was followed by a notable physical improvement.

BELGIUM.

By Dr. Jules Morel.

Psychological Methods for the Examination of the Insane.—Dr. Sommer, Professor of Psychiatry in Giessen, desires the adoption of rational methods for the examination of the insane, and in order to obtain these results he tries to determine the knowledge of the patient by means that allow of the measurement and analysis of some of the phenomena. For instance, perception of sight is reproduced and analysed by optical, photographic, stereoscopic, and cinematographic processes. The motor senses, *e. g.* the reflexes, may be fixed and measured by appropriate apparatus, and the same may be done for voice production by means of the phonograph. Next to these elementary, motor, and vocal acts, it is also very important to take notice of and fix in a durable manner the nature of the psychical processes of the patient, for the sake of diagnosis and prognosis. The usual subjective method is replaced by a more exact one, in order to determine the exact measurement of certain phenomena of mental diseases, and to explore the reactions of a patient always subjected to the same stimulus—in other words, psycho-physical reaction. The old descriptions of these diseases are subject to so many variations that they need to be scientifically developed by physiological factors, *e. g.*—

1. The competency of the patient to solve the four elementary rules of arithmetic.
2. His competency to solve various problems.
3. The time taken for their solution, *i. e.* the duration of the psycho-physical reaction.
4. By noting down the concomitant phenomena which allow us to draw conclusions as to the mode of the psychical process.

https://doi.org/10.1192/bjp.44.185.412 Published online by Cambridge University Press

In accordance with this scheme Sommer made a series of investigations, and in comparing the results he discussed certain important indications for diagnosis.

1. Normal type. An attendant examined for six minutes made three mistakes in the easy exercises (multiplication), while the more difficult exercises (subtraction and division) were done easily. The psychical capacity, therefore, increases with the effort required.

2. An imbecile acquainted only with the most simple processes. In arithmetic she could only multiply by ten. She could do nothing else. Her multiplication does not seem to be a real ciphering, but rather a repetition of words learnt by heart.

3. Imbecile of a medium degree, with very marked lapses of memory, required half an hour to answer the questions of the author's scheme, and in this time made twenty-six mistakes. She had no notion of division. Instead of dividing the numbers she added them.

4. Epileptic, well educated, has had epilepsy since her twelfth year, with occasional epileptic mania. The patient answered in a well-defined automatic way all the questions by the word "nine." Consequently there is a loss of the faculty of ciphering, with automatic phenomena.

5. Epileptic with intermittent mania. There are periodical oscillations in the faculty of ciphering. At the first examination she calculated without a fault the exercises of multiplication, addition, and subtraction. The day following her ciphering knowledge greatly diminished for multiplication, the reaction time very long, and with false results; for addition the results false, and she did not answer the subtraction exercises. This examination was made thirteen hours after an epileptic fit. In a third trial ciphering was possible again, the patient could sum up everything asked; the answers in multiplication were incomplete.

6. This case resembles the foregoing one. The first examination in multiplication showed a loss of every notion of ciphering. The patient repeated some answers automatically. For the first question the word "three" is repeated at different times, then the word "once." The other questions were answered either by repeating the whole question, or by repeating the last word, *e.g.* "Three multiplied by ten?" Answer, "Three multiplied by is five." "Four multiplied by six?" Answer, "Is six." Four days afterwards the patient could solve certain sums in multiplication, and even in addition. In the third trial, made the day following, the patient showed phenomena of total automatism, *e. g.* "Two multiplied by four?" Answer, "Is four." "Two multiplied by six?" Answer, "Is six." In a fourth experiment the patient seemed more lucid, but made mistakes after a few questions, consequently showing periodical oscillations, combined with automatic phenomena—an important combination for the differential diagnosis of epilepsy.

https://doi.org/10.1192/bjp.44.185.412 Published online by Cambridge University Press

By the foregoing processes we can study a given function, namely ciphering, and by a comparison of the results a series of important postulates can be made. The scheme permits of the solution of the following questions:—1. Has the patient received education at school? 2. Is he suffering from congenital imbecility? 3. Does he exhibit slowness of mentalisation in the course of psychical processes? 4. Do symptoms or phenomena of automatism exist? 5. Is the disease continuous, intermittent, or periodical?

Dr. Sommer has formulated many other schemes for the study of innervation, the processes of association, the faculty of orientation, &c., which may lead to the solution of doubtful points of psycho-pathology.

Du Patronage familial des Aliénés à Lierneux en 1897.—Dr. Deperon describes the new Walloon colony. It was inaugurated in 1884, and is managed in the same manner as that of Gheel, Lierneux, has a territory of 6325 hectares, with a population of 2500 inhabitants, and at the present time can receive 1000 patients. Dr. Deperon hopes that later on, when the buildings exist in a sufficient number, the colony will be enabled to receive 2000 patients. The number at the end of December was 419. There were several escapes, but, with the exception of eight, all were recovered in one or two days.

Official Classification of Mental Diseases.—Professor Francotte, after a close study of the classification of mental diseases, still maintains the classification of the International Congress of 1889 in Paris, with this difference, that he desires to add the "Délire Généralisé," which is the "Confusion Mentale" of the French, the "Verwirrtheit" of the Germans, and the "Amentia" of Meynert. He prefers to substitute the term "Paranoia" for "Folie Systematisié progressive," or "Délire Chronique" of Magnan. Next to Moral Insanity he places the "Parapsychies," a new word given by Dornblutt to specify "Déséquilibration Mentale," *i. e.* constitutional anomalies and eccentricities of all sorts; and "Folie Dégénérative proprement dite," *i. e.* mental diseases specially characterised by phobias, either intellectual obsessions or impulses. I believe that in the future there will be no difficulty in admitting the "Délire Généralisé;" but I think that there is as yet no sufficient reason to separate neurasthenic insanity from the neurotic insanities (epilepsy and hysteria), many cases of hysterical insanity being similar to those mental troubles characterised by phobias, obsessions, &c. It is at present very difficult to settle the boundaries of this pathological form of insanity.

Abnormal Children and their Education.—Dr. John Demoor, Physician to the Special School for Education of Abnormal Children in Brussels, has written an excellent paper on this important question, in which he proves himself well acquainted with the views of Baldwin, Bourneville, Fernwald, Hammarberg, Perek,

https://doi.org/10.1192/bjp.44.185.412 Published online by Cambridge University Press

Seguin, Shuttleworth, Sollier, Voisin, &c. He studies the relation between idiocy and its causes, and consequently its symptoms, and concludes, as Hammarberg has already demonstrated, that every idiot constitutes a special type. He shows the difference between the intellectual development of the normal child and that of the idiot, some of whose different sensations are growing and improving, whilst others are absent or rudimentary. Those differences have to be examined, registered and considered from a therapeutic point of view. The author also refers to the discoveries of Hammarberg, both macro- and microscopic, and to the work of Flechsig, and rightly comes to the conclusion that idiots should not be inmates of lunatic asylums, but of special schools, considering the brilliant results obtained in the special schools in England, the United States, Scandinavia, and France.

As regards treatment, he is of opinion that little can be done in the way of surgical treatment, but much may be expected of rational teaching. He reviews what has been attained by physical and intellectual education, and is of opinion that both should be combined with social education. He advises when to begin the education, states what results are to be obtained by the exercise of the different senses, and what may be expected after a certain number of years' work. Next to Sollier's work (*The Psychology of the Idiot*) that of Dr. J. Demoor deserves to be known by every one who takes the education of the idiot into consideration.

The Nursing of the Insane.—The question of attendants was again brought before the Société de Médecine Mentale, although the discussions have lasted since 1894, and the *conclusions were approved of in other countries after one or two meetings.* The necessity of teaching attendants being evident, we are still awaiting results; and we shall have to wait somewhat longer, as the greater number of the Belgian asylums belong to proprietors who, directly or indirectly, superintend their own institutions, while the physicians have no authority over the attendants, who are appointed by most of the proprietors without the advice of their physicians, who ignore the qualities of the attendants. Some of the principal proprietors have been informed of the necessity for instructing their attendants, but they will remain indifferent as long as they are not obliged to alter their way of nursing the insane. Dr. Maere, physician to one of the numerous asylums superintended by the Brothers of Charity, did not hesitate to say, "We have to deplore the instability of our attendants. It is useless to give professional teaching, for we should have to begin teaching again the day the attendants leave the asylum. We must try to avoid these frequent changes in the staff of the attendants." And Dr. Lentz added that at the present moment the difficulties were insurmountable.

Provision for the Insane in Belgium.—Dr. Peeters insists on the necessity for a better classification of the insane in Belgium. Some patients whose mental state is incompatible with the usual condi-

https://doi.org/10.1192/bjp.44.185.412 Published online by Cambridge University Press

tions of the insane in Gheel are, notwithstanding, sent to that colony by superintendents of asylums, while others fit for the colony remain in the institution; and others again are sent direct, whether fit or not. Dr. Peeters makes comparison with what is more logically done in other countries, and especially in Scotland. Dr. Peeters would like to see the rules existing for Scotland adopted in Belgium, but I fear that he will not have his wish fulfilled for many years, although I agree with him.

Belgian Asylums and the Belgian Government.—One of the members of Parliament availed himself of the last official report to give his views concerning the situation of affairs, *i. e.* that the private asylums are far inferior to the public as regards scientific organisation and medical service, besides being superintended by incompetent men who are mercenarily inclined. Following the Belgian law the medical staff is appointed by Government, but as the proprietor may present his candidates, they are always appointed. Any doctor, whether he has studied mental disease or not, can become physician to a lunatic asylum. Moreover in most asylums, as the doctors are paid according to the number of patients, they are allowed to engage in private practice. The Minister of Justice pointed out that although some alienists are really working as alienists, many are quite indifferent to their asylums and to the progress of mental diseases. Dr. Lentz stated at a meeting of the Société de Médecine Mentale that six of the largest private asylums, containing the greatest number of lunatics in the country, had twelve physicians during thirty years, and not one of these had done any scientific work whatever, whilst the majority of the papers published in the *Bulletin* were contributed by doctors of public asylums. It was resolved in Parliament to adopt the conclusions arrived at last year at one of the meetings of the Société de Médecine Mentale:

1. For medical students a compulsory course of clinical psychiatric instruction in the four Belgian universities.
2. An increased rate of salaries in asylums, the salaries to be fixed and in proportion to the number of patients.
3. In large asylums the doctor should not be allowed to engage in general practice.
4. Inspection of all asylums by a board composed of alienists.

Special attention was also given to the education of idiots and the formation of classes for feeble-minded children.

The same questions were brought before the Senate by his Excellency M. Lejeune, Minister of State, ex-Minister of Justice. He also showed the necessity of appointing only competent alienists to the asylums, and warmly recommended the teaching of psychiatry in the universities.

Two Cases of Délire Généralisé (Verwirrtheit, Confusion Mentale).—In order to prove the necessity for introducing this morbid form of insanity into the actual classification of mental

https://doi.org/10.1192/bjp.44.185.412 Published online by Cambridge University Press

diseases, Professor Francotte describes two cases. There is loss or diminution of the consciousness, consequently the patient has no notion of time, place, or persons. Ideation is more or less affected because of the absence of conscious attention. The speech is unconnected, mixed with nonsense, or actually incoherent, *i. e.* the words do not represent ideas. The patient being in a dreamy state, he may have delusions or hallucinations.

Reflexes in General Paralysis.—Regarding the comparative evolutions of the cremasteric, pharyngeal, and patellar affections of the reflexes in the same patient at the three periods of progressive paralysis, Dr. Marandon de Montyel in two different papers has described these troubles in progressive paralysis. He has found important modifications in one, two, or three reflexes. These modifications may be permanent or temporary. The conclusions of the author are numerous. From a practical point of view there is nothing to aid in the diagnosis or prognosis of the disease.

The Provision and Classification of the Insane in Foreign Countries.—Dr. Peeters describes what has been done concerning home treatment in Dalldorf since 1884, in Luchtpringe by Dr. Alt, in Bunzlau, near Breslau, in Dun-sur-Auran (France), in Russia, and in the State of Massachusetts. His paper is only a sketch of what has been accomplished. Many smaller colonies exist, and many are annexed to public asylums. However, the report of Dr. Peeters is sufficient to prove that much more can be done in nearly every country.

ITALY.

By Professor Bianchi.

Dr. Cesare Colucci has published an interesting work entitled *A Contribution to the Pathological Histology of the Nerve-cell in certain Mental Disorders* (from the Clinical Institute of Professor Bianchi). It contains the result of the examination of four cases of epileptic dementia, and of five cases of progressive paralysis. In order to exclude the doubt that certain alterations in the cells might be post-mortem changes, the author refers to certain researches made by him upon nerve tissue at various stages after death, from which it appears that such changes consist in a diffuse granular disintegration, especially of the elements of the second and fourth cortical layer. With Marchi's method these cadaveric changes are found to consist especially in the formation of large black droplets originating from nerve-fibres; or there is a diffuse black coloration of the whole cell body.

The author passes on to discuss the various methods of staining most suitable to the varied constitution of the cell, and to the nature of the change it presents. As regards hardening reagents, reference is made to alcohol, sublimate, picric acid, pyridin, chromic

https://doi.org/10.1192/bjp.44.185.412 Published online by Cambridge University Press