done in special institutions, such as the very ably manned New York Pathological Institute, the Shepherd-Pratt Asylum, and others; but space forbids. There is more intelligent psychiatric work, I believe, being done by asylum officers at the present time than at any former period, though their contributions are often widely scattered through various publications.

(1) See digest by Dr. Wilcox, vol. xlix, p. 727.

DENMARK.

By Dr. A. Friis.

At the general census in 1901, in Denmark, there was also taken the number of insane and feeble-minded. The result has been recently published, and shows that the total number of insane has increased from 3794 to 4197, or 10·6 *per cent.*, during the past eleven years, whilst the number of feeble-minded has increased from 2712 to 3203, or 18·1 *per cent.* Since the increase of total population during this period has been 12·8 *per cent.*, the relative increase of insanity has been somewhat less; this, however, is made up by the great increase in feeble-minded. As regards the insane, the number of females was much greater than the males; four fifths of the whole number were living in asylums, and only a small number could support themselves outside. The male predominated somewhat in the feeble-minded; two thirds of the whole number were housed in asylums, and about 400 could support themselves by private employment, especially in agricultural work.

The need for more accommodation for the insane continues to be felt. To meet it the asylum at Oringe has been enlarged by the addition of an agricultural colony for twenty-five male patients. At Aarhus some of the chronic insane have been sent to the workhouse, which is near enough to allow of their supervision by the asylum superintendent. There is also a scheme to enlarge the St. Hans Hospital near Copenhagen.

The same need for accommodation is felt as regards the feeble-minded, and the directors have to refuse admission to a great many cases.

The care of the criminal lunatic and the criminal feeble-minded has again been the subject of discussion at the meeting of the Danish Association of Criminologists in Copenhagen, April, 1903, and also at the fifth meeting for the Care of the Abnormal in the Northern Countries in Stockholm, 1903, where I read a paper on the latter subject. The discussion has not so far led to any practical results.

In Denmark there are now three asylums for epileptics, all private institutions. The chief is at Terslose, which has been enlarged several times, and has now accommodation for about 100 patients. The two others are only intended for children—the Nyborg Asylum for twenty boys, and the Rudo-Vedby Asylum for twelve girls.

Literature has almost been confined to papers in the journals discussing the accommodation and care of the insane, to some extent in

https://doi.org/10.1192/bjp.50.208.142 Published online by Cambridge University Press

relation to the paper by Dr. Pontoppidan mentioned in a former number of the JOURNAL (1902). Dr. Thalbitzer has written on the "Manu-depressive Psychoses," and Dr. Wimmer on "Evolutive Paranoia."

FRANCE.

By Dr. RENÉ SEMELAIGNE.

Constitutional Psychoses.—Dr. Arnaud, of Paris, contributed to the *Traité de Pathologie mentale*, recently edited by Dr. Gilbert Ballet, a study of constitutional psychoses, which he successively considers among patients with a latent and an apparent predisposition to insanity.

In the first group there may appear primary systematised delusions, acute or chronic, and periodic or circular insanity. The second group produces obsessions and impulses, moral and reasoning insanity, and various delusions, *e. g.*, reasoning mania, melancholia, and persecutory delusions.

In the first group are found—

1. Acute systematised delusions presenting various forms.
   (*a*) Simple and single attacks, sudden and unforeseen, which soon disappear.
   (*b*) Successive attacks of delusions with essentially polymorphous manifestations.
   (*c*) Attacks similar or dissimilar to one another in character, and separated by intervals of complete calmness.
   (*d*) Accidental attacks during the evolution of a chronic delusion.
2. Chronic systematised delusions due to depression. This variety includes—
   (*a*) Delusions of persecution with a systematised evolution.
   (*b*) Delusions of persecution with self-accusation.
   (*c*) Hypochondriacal systematised delusions or nosomania.
3. The expansive variety. This includes—
   (*a*) Systematised delusions of ambition, or megalomania.
   (*b*) Systematised religious delusions.
   (*c*) Systematised erotic delusions, or erotomania.
   (*d*) Systematised senile delusions.
4. Periodic or intermittent psychoses. These show, as a characteristic, more or less frequent and regular attacks of mania or melancholia, separated by intervals of normal or nearly normal mental health. Such psychoses include two quite opposite varieties:
   (*a*) A genuine intermittent variety with attacks of a similar nature to one another, *i. e.* mania or melancholia.
   (*b*) A circular variety without any lucid interval.

The psychoses among those with an apparent predisposition to insanity are characterised by disorders of the feelings, will, and power of self-control, more than by true intellectual disorders. Such patients often present physical stigmata, and generally have shown from childhood or puberty psychic signs of morbid heredity or degeneration. One

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