

ing accommodation for convalescents, and explained his estimate of the annual expense of a home at £300.

Dr. HACK TUKE said that he was not particularly fond of the Scotch system of boarding-out, but some of the objections which weighed with him adversely would certainly not apply to convalescent patients being placed in families. Boarding-out might, therefore, be worthy of consideration, seeing that a home involves such serious outlay, not for once only, but every year.

Dr. NORMAN KERR declared himself to be dead against the boarding-out system. The risk of relapse would be a serious difficulty. There was need of a home for convalescents, but he considered that the estimate of £300 per annum was insufficient. He suggested drawing-room meetings, and considered that a sum of £1,000 should be aimed at.

Surgeon-General C. R. FRANCIS spoke decidedly in favour of a home.

It was proposed by Dr. NORMAN KERR, and seconded by Surgeon-General FRANCIS, "That the Committee be authorised to take steps to raise funds for the equipment and subsequent conduct of the projected home by means of drawing-room meetings and otherwise; two funds to be opened: (1) one of donations for equipment; (2) the other of annual subscriptions."

Mrs ELLIS CAMERON referred to the movement of 1815 for the improvement of the condition of lunatics, and the corresponding effort to better the position of convalescents; to the progress of the Association since the formation of the Ladies' Committee; to the interest taken in the subject by the late Earl of Shaftesbury; to the want of a specific home; and to the reception she had given to applicants. She also proposed that sub-Committee meetings should be held at intervals of two or three months.

Proposed by Dr. NORMAN KERR, seconded by Dr. HACK TUKE, "That Lord Brabazon be requested to accept the office of President; that, failing Lord Brabazon, Mr. S. Morley be similarly invited," the Hon. Secretary to communicate the invitations.

The TREASURER, in assenting to the meeting of the Association at Bethlem (on 29th January), observed that reference should previously be made to Dr. Savage.

With thanks to the Chairman, the meeting separated.

#### CONGRESS OF PSYCHIATRY AND NEURO-PATHOLOGY AT ANTWERP.

We briefly noted in the last number of the Journal the assembling of an International Congress of Psychiatry and Neuro-Pathology, initiated by the *Société de Médecine Mentale de Belgique*, and presided over by M. Desguin, to whose admirable fairness and courtesy we bore witness. We propose now to give an abstract of the proceedings which will serve to indicate the principal subjects of deliberation. These proceedings are contained in a report of the Congress which has been issued by the secretaries, who notify their intention of presenting a more detailed statement at a subsequent time. Among our Original Articles appears one of the papers which was read at the Congress, for permission to publish which, we have to thank the author, as well as the Secretary of the Congress, M. Ingels. We hope to be able to present in a future number at least one more of the valuable papers which were read at the meetings of the Congress.

MONDAY. SEPTEMBER 7TH, 10 P.M.

M. DESGUIN opened the first meeting by making the following speech:—Gentlemen and dear Colleagues—The first magistrate of the city of Antwerp gave expression just now to the interest he takes in the work of the Congress which is about to commence; he also assured you of the cordial feeling that awaits you in our city, and bade you welcome in the name of the Administration of the Commune.

XXXI.

42

It is now my turn, as President of the Organizing Committee of this assembly, to welcome you on behalf of the Belgian Society of Mental Medicine. I say to you, therefore—to you especially, learned colleagues from other countries—we are proud to receive you, and we thank you for your response to our call; your knowledge and experience will illuminate our discussions, and render our debates fruitful. For our part we will strive to uphold the ancient fame of the city of Antwerp for hospitality; we extend to you the hand of friendship, desirous of being as agreeable to you as possible, and useful if we can.

I thank, too, the magistrates and jurists, and the medical men, who, forming no part of our Association, have come to meet with us, for their presence; together will we seek for the solution of the important problems on our programme, and if we do not attain to complete success, if the difficulties are beyond our strength, we will at least do all in our power to triumph over them.

We appreciate your presence the more, gentlemen, because in calling you to this assembly, the Society of Mental Medicine has, perhaps, acted rashly.

Still a young member of the family of scientific societies, and necessarily limited in its action by the restricted area within which it moves, our Society, though anxious to follow in the paths marked out for it by its elder brethren, can render profitable the discussion of the questions which it places before you only by calling upon your enlightened minds, and by relying on your authority.

Then, too, it counted on the attraction of the Universal Exhibition, which is daily bringing a crowd of strangers within our walls, adding to the interest of our gathering, and perhaps assuring us of the presence of some amongst you. If, then, we have committed the sin of pride, we hope you will be kind enough to accord to us the benefit of extenuating circumstances.

The Organizing Committee thought that, for profitable work to be done, it ought not to multiply the questions submitted for your examination. It has chosen two, which, from their general nature and international character, seem best adapted for discussion by an assembly composed, like ours, of cosmopolitan elements.

The first of these questions, "An Inquiry into the Bases of a good International System of Statistics of Insanity," forms the subject of a report by Professor Lefebvre, of the University of Louvain. This report, which has been distributed to you, has been discussed at length, and unanimously approved of, by the Society of Mental Medicine; you may therefore regard it as representative of the ideas of our Association. Satisfactory statistics of mental diseases, whence may be drawn rigorous conclusions with regard to pathogeny, etiology, termination, &c., can evidently be of value only if based on a good classification. Now it is well known what disagreement there is over the various classifications of mental diseases, however great may be the authority of those who have elaborated them. But if no one classification succeeds in rallying round it the various alienists of even that country in which it originated, the difficulty is increased when it is proposed to be made the basis of an international statistical system. The main point, at any rate at the outset, is to lay down some incontestable principles on which all may agree, and within the limits of which may be included comparable facts collected in different countries.

No doubt such statistics will be incomplete, if insanity be regarded from a general point of view; but they will be complete and exact on the various points which may have been adopted, and that result is attractive enough to merit being put to the test.

And, after all, as soon as the progress of psychological science permits, there will be nothing to prevent additions being made to the number of species on which statistics may bear. Such are the views which have inspired Professor Lefebvre, and led him to the conclusions which will be submitted to the Congress.

"The Relations between Criminality and Insanity" form the subject of the second question, on which M. Semal, medical superintendent of the lunatic asylum at Mons, has been instructed to draw up a report, which also is in members' hands. This report, gentlemen, the author expressly tells you in his

introduction, is a personal work. The view which he took of the task entrusted to him compelled him to state the most recent philosophical doctrines on human liberty and responsibility—doctrines which, far from being universally accepted, are, on the contrary, strenuously opposed by a great school of philosophy. They could not, therefore, be submitted to the deliberation of the Society of Mental Medicine, still less to its vote. Nor could they form the subject of your discussions, for these discussions would most certainly have been barren. But, whatever be the doctrines which we may uphold, one incontestable fact remains, viz., that insanity often leads to crime, and that crime is often a manifestation of insanity; in short, that crime and madness are frequently related. Are not delinquents and criminals, condemned as such, often shut up in prisons, who would be more suitably placed in a lunatic asylum? If it be urged that well-defined physical and moral symptoms often betray insanity even before the first manifestations of mental disturbance—and nobody doubts that it is so—are we not bound to inquire whether similar signs may not be met with in delinquents and criminals? An inquiry is then demanded, on parallel lines, in asylums and in prisons.

Such is the conclusion to which (without in any way prejudging its results) M. Semal comes. If you agree with him in recognising the need for these comparative researches, you will have to decide in what direction they should be conducted; you will draw up the scheme of this inquiry, and will find the means for making it fruitful by determining the way in which its elements are to be collected and co-ordinated.

I am not afraid, gentlemen, that any one in this assembly will be alarmed at the possible consequences of these inquiries; medical men are not used to recoil before a problem, however formidable it may appear at first sight; strong in conscience, we shall regard it calmly, and shall advance resolutely, with Science for our sure guide, towards our common goal, which is Truth.

The PRESIDENT then declared the session of the Congress of Mental Medicine open. After the election of officers (see Journal for October, 1885), and the transaction of some minor business, the meeting adjourned.

#### AFTERNOON MEETING.

M. GIRAUD, medical superintendent of the lunatic asylum at Fains, read on behalf of M. Foville, inspector-general of the department for the insane in Paris, who was absent, an article "On the Right of the Insane to appear before the Civil Tribunals to claim their Discharge."

Among laws relating to the insane, those of France and Belgium are distinguished by a common tendency which gives both of them a character of liberality such as would be sought in vain in other special legislations. By virtue of these laws every one placed in a lunatic asylum has the right of claiming his discharge before the civil tribunal, as often as he likes, and at any time. There are, however, points of difference between the practice of France and that of Belgium.

From the comparative study of the laws of the two countries, and discussion of those practical points in which differences exist, M. Foville thinks the following considerations may be deduced:—

(1) The right of claiming discharge should be allowed indifferently to all persons placed in asylums; consequently, there ought to be no exception in the case of minors and of persons declared incapable of managing their own affairs.

(2) Persons ought to be allowed to make their claim in as simple and inexpensive a way as possible; to wit, an ordinary letter addressed direct to the president of the tribunal, or to the *chef du parquet*, without the intervention of a solicitor.

(3) The persons responsible for the admission should be notified of the demand for discharge made by the patient, so that they may, if there be occasion, state their case.

(4) The right of making this claim should be free from any pecuniary liability.

(5) Decisions taken to the Council Chamber by the civil tribunals on the subject of the discharge of patients in an asylum ought not to be subject to appeal.

M. OUDART, inspector-general of the insane institutions of Belgium, read a paper on "The Colonisation of the Insane." The overcrowding which exists in the asylums of the kingdom, and the impossibility of meeting it by the incessant erection of new asylums, make the plan of establishing colonies undeniably opportune.

M. Oudart considered colonisation in three aspects: (1) The welfare of the patient; (2) the interest which should be taken in the question by the communes, the provinces, and the State; and (3) the advantages which the inhabitants of the commune in which a colony might be established would derive from this mode of assisting the insane.

Patients were benefited by the family life and the comparative liberty which colonisation secures for them. M. Oudart thought that one-third of the insane at present confined in the asylums of the kingdom, *i.e.*, 2,000 souls, might benefit by it.

From a pecuniary point of view, the saving effected by placing these patients in cottages would be more than £4,000. If the 2,000 insane had to be placed in new institutions it would cost more than £280,000.

As for the financial advantages which would be reaped by the inhabitants of the locality transformed into a colony—that their importance may be appreciated, it is enough to recall the fact that the accounts of the Colony of Gheel show an annual receipt of more than £28,000. In consequence of these humanitarian and economic considerations a second colony, Lierneux, has just been founded. There is another reason which called for the erection of a new colony. Gheel is a Flemish colony; and as the language, living, manners, and customs are not those of the Walloon people, Lierneux will be reserved for the Walloon insane.

M. Oudart next recounted various objections and hindrances it had been necessary to overcome before the erection of the new colony, of which he gave a short topographical description. The remarkable results already produced by this new organization augur well for the future of this method of colonisation.

Professor BENEDIKT, of Vienna, read a communication on "The Specific Effects of Static Electricity."

The eminent professor has resumed the use of static electricity, after having abandoned it for several years.

If it were true, as was formerly written, that static electricity had a direct salutary influence on the inflammatory processes of the auditory apparatus, it was expedient to try these experiments again with the new appliances at our disposal: inflammatory affections of the ear occasion cerebral disorders, on which static electricity exerts its influence by combating the disorders of the intracranial circulation. M. Benedikt has subjected these patients to static electricity, insulating them and applying the electro-static douche; this method of procedure caused, in a considerable number of cases, the disappearance of cerebral disorders following affections of the ear; after a certain number of applications, the result, which was at first only transient, became permanent.

A curious observation confirmed his opinion. A lady, under treatment by static electricity for a sort of neuralgia of the legs, lost her memory for several days in succession, through the use of the electric douche.

In another case, one of amnesia, the electro-static douche had at first a transient success; but after its repeated use recovery was lasting.

Epileptics may benefit by the use of the electro-static douche; Dr. Benedikt gave instances of this.

M. MAGNAN desired some additional information about the patients treated by M. Benedikt. He was utterly unable to express his surprise at hearing of the positive cure of a paralytic.

M. BENEDIKT did not claim to have cured the patient. He had alleviated the symptoms ; he had applied a calmative ; but the patient remained paralysed. But, for patients suffering from that sort of psychosis which accompanies inflammatory conditions of the ear, there is no remedy more certain than the electric douche.

M. MIERZEJEWSKI had observed that this method, so far from benefiting epileptics, brought on their attacks.

M. BENEDIKT had, it was true, treated only one epileptic successfully. He, too, was of the opinion that this treatment was not suitable for general use in epileptics.

M. VERRIEST, professor in the University of Louvain, made a communication on a particular class of paralyzes, which he christens "Paralyzes through Unconsciousness." The patient, whose pathological condition he described, was paralysed in the right hand as soon as she averted her eyes from it. When she again looked at her hand its power of motion instantly returned, and it executed the most complex and delicate movements. This form of paralysis, of which two or three instances are recorded in the annals of science, was analysed by M. Verriest in the light of its physiological mechanism.

From inductions based on the genesis of these phenomena, M. Verriest was led to conclude that there was a morbid torpor of those cerebral regions on which the image of the paralysed arm was projected, a torpor dissipated under the influence of stimuli coming from the optic centres by way of the associated fibres.

Starting from this hypothesis, it occurred to him that stimuli coming along other associated tracks might perhaps be of equal service in removing the paralysis. He stated that, in fact, motility returned to the affected limb equally well through the sense of touch ; it was enough to make the left hand feel the paralysed right hand, in order to restore motion to the latter. The same result was obtained by means of the faradic brush applied with intensity sufficient to cause pain, and therefore consciousness—the notion of the existence of the paralysed hand.

In M. Verriest's opinion, a good number of paralyzes in hysterical subjects belong to this category of "paralyzes through unconsciousness," with this difference, that the cerebral torpor is not dissipated under the influence of stimuli coming along associated fibres.

Possibly there is a similar production of "paralyzes through unconsciousness" in general paralysis, but depending in this case on anatomical changes.

M. GARNIER, inspector of the asylums of the Seine department, and physician of the special infirmary for the insane in connection with the *préfecture de police*, read a "Medico-legal Report on a Case of Morphinism, with hystero-epileptic attacks resulting from abstinence from the habitual dose of the drug."

H., female, had for several years been addicted to the use of subcutaneous injections of morphia, more because of an incessant need for allaying attacks of pain than through any morbid craving for the narcotic ; she had not fallen into that condition of marasmus, of physical and intellectual alteration, which result therefrom. She could not be regarded as irresponsible for the crime she had just committed. But she was seized with hystero-epileptic attacks, developed by the abrupt deprivation of her habitual dose of morphia.

M. Garnier proceeded to make some observations on the effects of morphia. Insanity directly caused by injections of morphia is comparatively rare. There is no clearly defined morphia-madness, such as has been spoken of, to compare with alcoholic insanity. But it is impossible to reject absolutely the morphinic psychosis described by Laehr and F Adler ; its existence must be admitted in those cases which display an impulsive tendency, a neuropathic or hereditary morbid craving.

Dr. BROSIUS, superintendent and proprietor of the private asylums at Ben-

dorf and Sayn, made some observations on "The Use of Alcohol in the Treatment of Mental Diseases." The effects of alcohol are many, and vary according to individual constitution, and the dose and chemical composition of the alcohol used. Diluted, and in small doses, it is a stomachic, a cardiac and circulatory excitant, and a brain-stimulant. It facilitates ideation, and induces a feeling of comfort. This cerebral stimulation is followed by sleep, the duration of which depends on the dose of alcohol. Alcohol also dilates the cutaneous vessels and increases perspiration, in this way also promoting rest. In large doses and undiluted, it produces contrary results, leading to complete paralysis of body and mind. It improves general nutrition, as an indirect nutritive agent, because it promotes digestion, and is burnt in the organism instead of albumen. It diminishes the formation of urea, and by retarding the breaking down of tissue it favours *embonpoint*. In certain diseases, if food is badly digested or insufficient, alcohol diluted is an excellent digestive remedy. From his own personal observations, made during a practice of thirty years, Dr. Brosius was led to the conclusion that alcohol, diluted and in small doses, in the shape of a good Rhine wine, Bordeaux, or sherry, is never injurious to merely neurotic or insane patients. In many cases of mental disturbance with restlessness and insomnia, it is sedative and hypnotic. Some glasses of sherry at night, or half a litre of Rudesheimer or some other good wine, or beer, immediately cause quiet or sleep, even in cases where morphia was powerless. It benefits dyspeptic melancholiacs, and all insane patients who are losing flesh in consequence of defective digestion. It should be given to paralytics even when excited. It is the best alternative to bromide and morphia, to which remedies the organism tends to become habituated. Dr. Brosius asked how medical men who use paraldehyde, the formula of which is  $C_2H_4O$ , could refuse to give alcohol, when its formula is almost the same, viz.,  $C_2H_6O$ . He had, it was true, cured patients without the use of either alcohol or beer; *time* being still the great remedy in our specialty.

M. MAGNAN was surprised to hear alcohol spoken of as a good remedy in insanity—in melancholia. If M. Brosius referred only to vinic alcohol, he would agree with him. In the asylums of the department of the Seine, more wine was given than bromide. But the alcohol of rum and cognac is an amylic alcohol, which is injurious and poisonous. He suggested that, in order to avoid confusion, M. Brosius should alter the title of his communication to "The Use of Wine and Tonics in Mental Diseases."

Dr. GARNIER, of Paris, fully agreed with what M. Magnan had just said.

M. BROSIUS consented to the modification suggested. It had been his intention to speak of the use of alcohol in the form of wine or beer.

Dr. REY, physician at Ville-Evrard, read a "Note on General Paralysis in Females, and on Hysteria in Females suffering from General Paralysis." Dr. Rey stated that, out of 30 women suffering from general paralysis, whose histories he had collected, seven had had attacks of hysteria at a longer or shorter interval before the onset of the cerebral disease. The hysterical attacks varied in duration, and were characterised by disorderly movements, shedding of tears, and occasionally contractures of the extremities. All the seven patients had hereditary antecedents, neurotic or congestive. Menstruation had, as usual, been frequently irregular. Among intellectual disturbances at the onset of the disease, there have been observed enfeeblement of the intellectual faculties, especially of memory, or some change in the character, or unconscious acts. Insanity develops insidiously; it is often melancholia with suicidal ideas; in two cases it was erotic and accompanied by maniacal excitement. Only one out of the seven cases had had hysterical attacks during the course of the general paralysis. All had presented the typical symptoms of the cerebral affection. One patient had had a remission, two had died, four were still under observation. To sum up, the following conclusions may be drawn from the facts observed:—"General paralysis, developing in women suffering from hysteria

is by no means exceptional; most frequently, in these cases, the hysterical manifestations diminish or disappear; the insanity sometimes takes on a special character, which should give rise to the suspicion of neurotic antecedents. Finally, the course and duration of the general paralysis present nothing unusual."

M. CLOSSET, of Liège, read a paper on "Acute Mania and its Treatment based on Pathogeny." Malnutrition of the nerve-cells usually leads to their increased activity, whence results a period of excitement. Malnutrition is succeeded by cellular degeneration; to this stage corresponds the occurrence of dementia, anæsthesia, and paralysis. Attacks of mania must then be treated by agents capable of rousing the vitality of the nerve-elements, by reflex stimulants in preference to reflex sedatives.

Dr. HACK TUKE next made some observations on "Sleep-walking." He had had distributed among the members of the Congress a set of questions similar to those which had been published by the British Medical Association, having for its object the facilitation of inquiry into this affection, which he wished to see henceforth ranking among the neuroses. He inquired into the relations existing between this and other diseases of the nervous system, especially epilepsy, chorea, and mental disease. He asked for the assistance of his fellow-members to define the symptomatology of this affection, and concluded by relating a case of spontaneous somnambulism which had lasted for three days without intermission. If the patient were roused he fell into a condition of almost complete catalepsy; there was also complete analgesia, and external stimuli had not the least effect on the organs of the senses. The knee-reflexes were exaggerated, the eyelids closed, the eyeballs turned upwards and outwards. When pushed forwards he kept on running till he came to some obstacle. This condition of somnambulism was obstinate; only a few moments after the patient was aroused he fell off again.

#### TUESDAY, SEPTEMBER 8TH, 10 A.M.

The meeting entered upon the discussion of M. Lefebvre's report on the "Inquiry into the Bases of a good International System of Statistics of Insanity."

M. LEFEBVRE, professor in the University of Louvain, after some observations on the end aimed at by the Belgian Society of Mental Medicine, said that, though the question on the programme was one of considerable difficulty, its solution would be very much facilitated if alienist physicians could agree upon a classification. This was the preliminary and indispensable condition of a good statistical system. M. Lefebvre demonstrated the possibility of forming some great groups of morbid types, and proved that most of the systems of classification hitherto proposed mentioned these groups. These types were idiocy, cretinism, general paralysis, dementia, toxic forms of insanity, mania, melancholia, and circular insanity. It was not M. Lefebvre's desire to impose the adoption of these types on the Congress, but he hoped that this important question would be thoroughly studied. By grouping the total numbers around these types, we should succeed in collecting, for the future, interesting elements for an international statistical system, especially on the following points:—

- (1) *The number of insane in a given area, preferably in an entire country, such as France, England, &c.* At the same time, statistical tables prepared for a single locality, or even one particular establishment, would not be without their value.
- (2) *The causes of insanity in general, and, as far as possible, of its various species.*
- (3) *The duration of the disease.*
- (4) *Its termination, by cure or otherwise.*
- (5) *Its mortality.*

Dr. GUTTSTADT, of Berlin, suggested that the Congress should first decide whether statistics should include only the insane in asylums, or the whole number of insane. The results obtained in these inquiries were modified by the particular method employed. German physicians formerly had recourse to a classification similar to that mentioned in M. Lefebvre's report; but they have since adopted a much simpler system, the results of which are decidedly more trustworthy and constant. These inquiries had proved that in Germany there were 24 insane in 10,000 inhabitants, or 1 in 440. They also facilitated the calculation of the number of asylums necessary in each country. In the list of questions on which these inquiries were based, the following types of mental disease were distinguished:

- (a) Uncomplicated insanity.
- (b) General paralysis of the insane.
- (c) Insanity complicated with epilepsy or hystero-epilepsy.
- (d) Congenital imbecility, idiocy, cretinism.
- (e) Mania a potu.
- (f) Non-insane patients under observation.

Professor LEFEBVRE admitted the justice of M. Guttstadt's remarks. He thought it was advisable to separate statistical inquiries made on the insane in asylums from those on lunatics living at home. As to the difference between the two categories of types of insanity suggested by M. Guttstadt and himself, it was inconsiderable.

Dr. RAMAER, inspector-general of the lunatic asylums of Holland, rose to repeat what he had already said at a meeting of the Belgian Society of Mental Medicine, on the difficulty met with in the first part of the question—"The Classification of Mental Diseases." He laid stress on the fact that it was advisable to choose, as a basis of classification, as limited a number of types as possible. Many so-called types were only varieties or successive stages of one and the same form. Mania, for instance, may supervene in all forms of insanity; and almost all end in dementia. He thought, from the way in which Professor Lefebvre had treated the question, that there would be a prospect of attaining the end aimed at, if the Congress would accept his proposition "to appoint an International Commission to deliberate on the formation of a classification of mental diseases, forming the basis of all future statistics in the domain of psychology."

Dr. HACK TUKE, of London, reminded the members of the Congress that some years ago, the Medico-Psychological Association had drawn up a complete series of tables for the preparation of statistics. This had been extremely successful, and at the present time most of the English alienist physicians made use of it in preparing their statistical tables. He therefore, naturally, supported Dr. Ramaer's proposition, and recommended to the attention of the Congress the set of tables to which he had referred.

Dr. MOREL, of Ghent, said that the Secretary of the Belgian Society of Mental Medicine had published a translation of these tables in the Society's Bulletin, in 1882. He read the titles of the various tables.

Dr. CHRISTIAN, physician to the National Institution at Charenton, thought the inquiry must be limited to lunatics in asylums. It was impossible to get correct information about those not in asylums. The lunatic's relations were too much in the habit of dissimulation regarding his illness; and, if they could manage it, they sent him away, and spoke of his mental affection as a mere nervous malady. Regarding the probable cause of insanity, the public are not able to supply physicians with information of any value; often, indeed, notwithstanding the best information, the ætiology remains unknown. Again, the patient frequently appears to his family, and the public, to be cured, when he is not so at all, from a medical point of view. Thence arises a great difficulty in the way of a good international system of statistics of insanity. M. Christian supported the classification advocated by M. Guttstadt, on account of its great simplicity.

Dr. SEMAL, of Mons, remarked that hereditary insanity, which was a well-



defined morbid entity, had not been mentioned by M. Lefebvre. He supported M. Ramaer's proposition to appoint an International Commission; he, too, thought the inquiry should be limited to lunatics in asylums.

Dr. MAGNAN, of Paris, made some remarks on hereditary insanity, and thought that intermittent and chronic mania should be placed beside it, as types of psychoses.

President DESGUIN having asked M. Ramaer to formulate his proposition,

M. SCHLEICHER opposed the remitting of the questions on the programme to an International Commission. He believed it was possible at once to define some fundamental types on which all were agreed. The Society of Mental Medicine ought not to postpone till the Greek Calends a question on the consideration of which it had entered, and which it was able to settle.

Professor LEFEBVRE did not think we should wait for science to become perfect before we undertook an inquiry which might be commenced at once. Statistics would always be defective in every branch of human knowledge. He nevertheless supported M. Ramaer's proposition.

The Congress decided to proceed to the nomination of an International Commission, empowered to prepare a classification of mental diseases. The members appointed on this Commission were Drs. Hack Tuke for England, Guttstadt for Germany, Benedikt for Austria, Magnan for France, Steenberg for Norway and Sweden, Mierzejewski for Russia, Ramaer for Holland, Sola for South America, Clark Bell for the United States, Professor Wille (of Basle) for Switzerland, Professor Andrea Verga, senator (of Milan), for Italy. The Belgian Society of Mental Medicine would subsequently appoint representatives for those countries which had not sent delegates to the Congress.

The members of the Congress promised to communicate with the Psychological Societies of their respective countries, and to do all in their power to aid the Society of Mental Medicine to attain the end in view.

#### TUESDAY, SEPTEMBER 8TH, 3 P.M.

The PRESIDENT announced to the meeting that he had just received the sad intelligence of Dr. Lunier's death. He was sure he expressed the feeling of the entire assembly when he said that the loss of this eminent man would be deeply felt.

A letter of condolence in the name of the Congress was sent to Madame Lunier.

M. RICHARD BODDAERT, professor in the University of Ghent, gave an account of a new process which he had discovered in the course of his investigations on *cerebral softening*. It consists of the introduction into the vascular system, and more especially the arterial system, of liquids having the property of coagulating the albumen of the blood, or holding in suspension minute solid particles; this is done in such a way, by momentarily interrupting the circulation and then re-establishing it under normal conditions, as to determine the progress of coagula or foreign bodies just as in the ordinary mechanism of embolism.

M. Boddart had caused facial paralysis in animals by the injection of a small quantity of alcohol into the common carotid; the paralysis was on the same side as the injection.

He showed three rabbits, two with facial paralysis, the third exhibiting the phenomena of paresis of the left fore-leg, following the penetration of solid particles into the left internal carotid, the external carotid of the same side having been closed for a brief interval.

Dr. VERRIEST, professor in the University of Louvain, showed a "patient with double consciousness." The patient was brought into the room in the *second state*, which is the usual one. In this state she was bright and lively, and expressed herself with exceptional facility in clear and well-chosen language. On

the mere *order* being given by M. Verriest, she fell into a sort of cataleptic condition, from which she awoke after a minute or two in a new state of consciousness—the *first state*. On opening her eyes, she was astonished and confused to find herself among so many people; she tried to slip away, and hid her face and eyes. In this new state she, like Dr. Azam's patient, was more serious and melancholy. She had no recollection of anything that had taken place while she was in the "second state," nor did she recognise any one unless she had previously seen him in the same "first state." She did not know where she was, how she came to be in that room, how or when she had left her native village, &c. In the "first state" she was dumb, but communicated with facility in writing; her writing did not differ from that in the "second state." In the "first state" she could drink, but could not swallow any solid food; in the "second state" the reverse was the case.

The "first state" lasted not more than 15 or 20 minutes, at the end of which the patient fell asleep *spontaneously*, subsequently awaking in the "second state." In this state she then remained indefinitely, until in obedience to *order*—never spontaneously—she returned to the "first state." Only five or six persons had this power over her; the commands of all others were ineffectual.

By means of hypnotic passes, the patient was thrown into a *third state*, differing from the ordinary hypnotic condition in this, that the patient retained her intelligence and her integrity of judgment completely, and that no suggestion had any effect on her.

On the hypnotic influence being removed, she invariably returned to the "second state," and had no recollection whatever of the pseudo-hypnotic third state. In the first state she had no more recollection of the third state than of the second.

Thus she could be made to pass successively, and at will, through three different states of consciousness, in each of which she displayed a clear and well-balanced intelligence. "In such a case as this," asked M. Verriest, "what becomes of Luys' hypothesis of the functional alternation of the two cerebral hemispheres?"

Dr. CHRISTIAN, physician to the Charenton Asylum, read a paper "On the so-called Fragility of the Bones in General Paralytics." (See Original Articles.)

Dr. B. INGELS, of the Hospice-Guislain at Ghent, confirmed Dr. Christian's observations on every point. During 30 years' practice in an establishment containing 500 patients, he had only seen three cases of fractured ribs, none of which were in paralytics; they were satisfactorily accounted for as the result of external violence.

Dr. MARIQUE, of Brussels, next made a communication on "Cerebral Localisation." He recapitulated the various proofs which have established the existence of cortical motor regions: experimental proofs by *galvanic excitation* (Fritz and Hitzig) and *faradic* (Ferrier), of the existence of excitable and non-excitable regions; by *destruction* or enucleation of a portion of the cerebral cortex, giving rise to various paralyses: by *pathological observations*, demonstrating the existence in man of motor disorders (epilepsy and paralysis) depending on certain lesions of the cerebral cortex.

M. Marique gave a brief description of the brain of the dog. In this animal the different cortico-motor centres are collected in a well-defined region, the sigmoid gyrus, the cells in which are attached to those of other parts of the cortex by associated fibres running in three directions. In different experiments, M. Marique completely enucleated the gyrus, or divided the three sets of fibres (in both these cases the result was the same), or divided one or other of these three sets. He came to the conclusion that these motor centres do not possess spontaneous activity, but that their activity is the result of numerous excitations coming from neighbouring so-called sensory regions, along associated fibres. It followed that voluntary acts (so-called) were only ordinary

reflexes, and that the reflex act was the general law of the nervous system. This physiological fact was one of the greatest importance, especially in its bearing on the question of responsibility, and the relations between insanity and crime.

Dr. Marique then laid on the table his work, entitled, "Experimental Researches on the Functional Mechanism of the Psycho-motor Centres of the Brain."

Professor BENEDIKT remarked that, however interesting and well-performed such experiments might be, any one who made use of them in order to raise the question of responsibility was very likely to fall into error. He was surprised to hear psycho-motor centres still spoken of as existing on the surface of the brain; Hitzig had proved that there were none. Paralysis caused by mutilation of these centres was only a result of the shock of the operation, and was not permanent. It was in a sub-cortical centre that conceptions were concentrated, and no one knew what were the relations existing between the superficial centres and those at a greater depth.

Dr. MARIQUE observed that if paralysis caused by mutilation of psycho-motor centres disappeared, it was owing to some compensatory arrangement. This had been proved by experiment. He regarded the motor centres as thoroughfares; they were the points of confluence of all the sensory paths in the brain. If paralysis caused in this way were to be attributed to shock, how was it that a section made a little further away did not cause paralysis?

Professor BENEDIKT did not wish to discuss M. Marique's experiments. He was only anxious that no premature conclusions should be adopted.

M. INGELS, superintendent physician of the Hospice-Guislain at Ghent, communicated some clinical observations on "The Relations between Epilepsy and Idiocy." These observations were based on the study of the children in the special section at the Hospice-Guislain. Out of 79 children then in the hospital, 25 were epileptic; out of 398 children who had been received as patients between the opening of the hospital in 1857 and August, 1885, there were 125 epileptics, or about one-third. Epileptic idiots and imbeciles were divisible into two classes; the first consisting of those in whom epilepsy and idiocy were both congenital; the second, of those in whom epilepsy had caused a sort of premature dementia. Epilepsy did not always exert the same influence on intellectual degradation; its action was sometimes abrupt and rapid, sometimes slow and gradual. Occasionally there was a period of arrest, extending over some years. It was these very children who seemed to derive such profit from the education given them. M. Ingels had been too busy with arrangements for the Congress to find time for grouping and interpreting these practical facts in a suitable way; it would be useless to weary the Congress with a monotonous reading of mere details, but he hoped that their publication would be authorised *in extenso* in the report of the proceedings of the Congress.

WEDNESDAY, SEPTEMBER 9TH, 10 A.M.

M. SEMAL entered on the consideration of his report on "The Relations between Crime and Insanity," which had been distributed among the members of the Congress. In studying the relation between crime and insanity, it had not been his purpose to create particular varieties of the species *homo*, and to admit the existence of a normal type, an insane type, or a criminal type. Nor did he wish utterly to overturn the prevailing views regarding criminality and the penal law. It was generally agreed that there were points of undeniable resemblance between certain criminals and certain classes of insane. He desired that that should be done in the case of criminals which had been done for lunatics, and that the question should be asked whether, in a case in which there seemed to be so much perversity, there might not be reason to admit the existence of disease. He therefore proposed that the Congress should declare that the necessity for holding an inquiry in prisons, on the physical, moral, and

mental condition of certain classes of criminals, had been proved by clinical, pathological, and anatomical facts.

Professor BENEDIKT discussed the subject of criminality at considerable length; he put on one side the theological aspect, and only took into account anatomical and physiological facts. He thus arrived at the following conclusions:—

(1.) Nothing justifies, or demonstrates the utility of the indiscriminate mixture of professional criminals with lunatics.

(2.) The psychical qualities of professional criminals are very limited; it follows that their minds are ill-balanced, and that the superiority of one of their normal qualities is injurious, because they have few (if any) compensating qualities.

(3.) The experience that all repression and all education fail to correct a certain number of persons, proves that these so-called incorrigible cases are really diathetic, either born so or have become so in early infancy.

(4.) The decisions of justice will be more just and more efficacious if, for the future, magistrates give more consideration to the question of responsibility and punishment as a philosophical hypothesis; on one hand, the question of an individual dangerous to order and to the institutions of society as well as to his own intellectual, moral, and material progress; on the other hand, the question of how far such an individual is capable of improvement, or whether recourse should be had to special precautions to prevent him from doing harm.

(5.) A series of accidental crimes connects the psychology of criminality with normal psychology.

(6.) If crimes are committed in a state of disease or of intoxication, they should still be classed among accidental crimes. Such a criminal is a pathological case, and should be judged as such; he might even be classed with epileptics or with lunatics suffering from some pathological process.

(7.) Other crimes, especially a large number of murders, are committed under the influence of marked degeneration, either congenital or acquired in early infancy. This degeneration arrests the development of that moral and intellectual nature which should preserve psychological equilibrium in critical situations. Criminals of this sort ought also to be classed with epileptics and lunatics, admitting an epileptic or insane diathesis.

(8.) Criminals should be divided into four classes: the first including those individuals who, once typical, have become criminals by accident; the second, ordinary diathetic cases; the third, insane criminals; and the fourth, degenerated diathetic cases.

Criminals should be judged and treated according to the results furnished by descriptive psychology. Science requires that each case be studied as regards its physiological mechanism; it is on science that the duty devolves of considering what is the treatment best adapted to each case. When science has accurate data to go upon, public opinion, and consequently legislation, will follow it. That this end may be attained, the academic education of magistrates and lawyers must be reformed. Their education at present might be compared to that of medical men before clinical hospitals were established, when the spirit of observation was almost entirely wanting. Dr. Benedikt did not deny that there were some magistrates who had an exact knowledge of criminal psychology; but unfortunately they only acquired it after long experience. He proposed that the Congress should resolve that it was desirable to establish in prisons (and especially in Antwerp, where there was a university) criminal clinics—*i.e.*, practical courses for the study of criminal psychology.

Dr. WARNOTS, prosecutor to the University of Brussels, read a work in which he contrasted alienist with anthropological criminalists who plead for the irresponsibility of certain delinquents, but not their insanity. His work was essentially based on the views of Lombroso, Maudsley, &c., who admitted the existence of a distinct class of persons predestined to crime, and sure to become criminals "*by profession*," because their physical constitution is of a low

type, and they are either uneducated, imperfectly educated, or else incapable of being educated by reason of the unfavourable conditions in which they live.

Dr. SEMAL readily granted that anthropological studies might aid in the attainment of the end at which he aimed. Still, he had not wished to absolve the criminal of responsibility; he maintained that there was another class of criminals besides that which M. Warnots had described. He returned to his subject, the institution of an inquiry comprehending at one and the same time anthropological study, and also—the one is the consequence of the other—the study of the moral sense, of the mental condition of the criminal. M. Semal pointed out an instance of divergence between himself and M. Warnots. Degenerated patients and insane patients could not be confounded together. Hereditary insane are degenerated individuals who have displayed from infancy the character which later on becomes permanent.

Dr. HACK TUKE pointed out that M. Semal appeared, in his work, to deny free-will without denying the possibility of criminal responsibility. To deny the existence of free-will was tantamount to the denial of all moral responsibility; and, admitting this principle, the alienist physician found his occupation gone. There existed a definite relation between the mental condition and the cerebral organization of every man; but if this relation existed in the case of criminals, allowance ought also to be made for surrounding circumstances, education, religious feeling, &c. Dr. Tuke supported M. Semal's opinion that, even if certain criminals were insane, others were not, and should be held responsible; they would have acted differently if they had made use of their freedom of will.

Dr. VAN ANDEL, of Zutphen, thought the question had better be abandoned to jurisprudence. He declared himself a dualist, *i.e.*, a believer in the intimate union of soul and body to constitute the human being. He did not agree with M. Semal that scaphocephaly predisposed to insanity, and mentioned in support of his view, that Minchin, Barnard Davis, Calori, and others had met with scaphocephalic men of superior intelligence.

Dr. SEMAL mentioned a case of scaphocephaly in a lunatic; but he disclaimed the view attributed to him by M. Van Anandel, and declared that in his opinion scaphocephaly did not necessarily predispose to insanity.

Dr. HEGGER, professor in the University of Brussels, stated that the most ardent partisans of modern anthropology did not believe that cranial or other deformities were connected with any particular form of insanity, or necessarily involved the development of insanity. In support of this he quoted his own researches on the crania of murderers executed in Belgium, and the authority of Professor Benedikt. There was no special form of cranium to associate with criminality; but it was imperative to study the physical and moral characteristics of criminals.

Dr. HOUZÉ, of Brussels, informed the meeting that the Anthropological Society had published a list of questions on this subject.

Dr. GOFFIN, of Brussels, said that M. Semal's work was on lines similar to those followed by the best modern thought in craniology, physiology, and psychology; it extended judiciously M. Maignan's studies on sexual perversion. He accepted heredity as one of the chief factors of criminality, but still he thought that it was possible to become criminal without the operation of this cause. This distinction was required from the point of view of psychology and sociology, to maintain the integrity of the laws of the Penal Code, and the rights of society. In M. Goffin's opinion, those who became criminals very often owed their condition to vicious education.

After some further remarks from Drs. Benedikt, Semal, Heger, Mierzejewski, Houzé, Garnier, Warnots, &c., the Assembly agreed to the following resolutions:—

The Congress, believing that the utility of an inquiry into the moral and physical condition of criminals has been demonstrated by anatomical, physiological, and clinical facts, expresses the wish:

(1) That the public authorities will support the continuation of the inquiry undertaken under the auspices of the Belgian Society of Mental Medicine.

(2) That a commission, including representatives of the magistracy, the higher penitentiary administration, and the medical element, be empowered to organize this inquiry, having for its objects:—

(a) Accused persons suspected of being insane.

(b) Persons who, being admittedly insane, have committed any crime whatsoever.

(c) Great criminals, and old offenders.

(d) Prisoners who during their imprisonment are found to be insane.

On the proposition of Professor BENEDEKT, the Congress expressed the wish that criminal clinics might be established.

The PRESIDENT, in closing the Congress, thanked the foreign savants for their attendance. He gave a summary of the results of the discussions, and invited the members to take part in the various excursions.

M. BENEDEKT, on behalf of the foreign members, thanked the Organising Committee of the Congress for the trouble they had taken. "We leave Belgium," he added, "convinced that every country which possesses a medical body like that which we have met here may consider itself fortunate."

#### BELGIAN ASYLUMS.

We have already in another section of the Journal related at some length our experience at Gheel, which constitutes for most mental physicians visiting Belgium the main object of interest.

Of the former, we may, however, say that there is much in their management and condition which reflects credit on those who are in charge. Several exist, no doubt, which from their age, the character of their government, and their locality, call for reform and adaptation to modern requirements. At Antwerp itself, the asylum of St. Roch is quite behind the times, and no one disputes that a new asylum ought to be erected outside the town. A praiseworthy attempt is made to employ the patients within the narrow limit which the building affords.

At Bruges there is room for improvement in the asylums, but it should be mentioned to the credit of the Hospice Saint Dominique that there is not only a very fine garden connected with it in the town, but some miles distant a farm to which patients are conveyed daily to work. There is also one associated with the Hospice Saint Julien. At Saint Dominique, the Director, M. Soleil, is active and humane, and the asylum is visited by Dr. Valcke, who obligingly took us to see it. To the Visiting Physicians to Saint Julien, Drs. F. Van den Abeele and Moulart, we are indebted for facilities of visitation.

At Mons, the asylum superintended by the energetic and accomplished physician, M. Semal, was inspected with interest, and every facility afforded for seeing the whole establishment. Here, as in some other Belgian asylums, we might be allowed to doubt whether the influence acquired by the "Sisters" is not greater than it should be, although no doubt less at Mons than in those institutions where there is no resident medical authority. Here, as elsewhere, the contrast is somewhat striking between Belgian and English practice in the matter of non-restraint to which M. Semal has not yet become a convert. The accommodation provided for many of the higher class patients was exceedingly good in this asylum, and the charges would in England be considered very moderate.

M. Lentz superintends with much ability the new asylum at Tournai which has been built at great expense, and with careful consideration in regard to construction. An excellent model of it, as well as of a seclusion room prior and subsequent to 1850, with its unhappy occupant, was exhibited at the Exposition at Antwerp. The asylum at Tournai extorts from the visitor scarcely anything but praise, and if the Belgian authorities are to be congratulated on the care and expenditure lavished upon the building, they are still more so for their choice of so excellent an administrator as M. Lentz. Were we to indulge in any criticism, it would be in a mere point of detail—the arrangement adopted in regard to the