to 40, and at the top, from left to right, 1 to 26. If intersection of veins takes place beneath, say, the horizontal line 33 at its intersection with the vertical line 8, the formula is written $33 + 8$, and so with each point of intersection of veins ascending in the photograph from left to right. When this is completed, the numbers in the first set of formulæ are added together, where they are in the same horizontal line; thus, if two intersections occur in the horizontal line 33, these two are added together, and in this way $33 + 8$, $33 + 11$ in the first formula appears as 85 in the second formula. Thirdly, all the numbers of the second formula are added together to make a total sum. Individual formulæ made up in the above-noted three divisions, when compared, show at once the difference in the disposition of the vessels in the several persons.

HAMILTON C. MARR.

Alcoholic Insanity in the Turin Asylum during the Period 1903-1905
[*La Frenosi Alcoolica nel Manicomio di Torino nel Triennio 1903-1905*]. (*Ann. di Freniat.*, vol. xviii, fasc. i, March, 1908.)
Margarita.

This brief statistical note is interesting chiefly as showing the extent to which alcoholism has developed in those parts of Italy where modern industrial conditions have become established in the last few years. During the period to which the figures refer the number of cases of alcoholic insanity admitted into the Turin Asylum amounted to 207—182 in men and 25 in women. The total number of patients received during the same period was 2,001 (the author does not mention the sexual distribution), so that the *ratio* of alcoholic insanity works out at 10.34 *per cent.* No figures are given with regard to occupation, but the author remarks on the predominance of factory operatives, liquor-sellers and beggars amongst the alcoholic patients; agricultural labourers were strikingly few. As regards age, the period of maximum incidence in alcoholic cases was found to be between 35 and 45 in men, while in women, on the other hand, in the majority of instances the patients were under 40. Morselli is quoted as attributing the earlier occurrence of alcoholism in women to the influence of prostitution. In discussing the clinical varieties met with, the author adopts the system of classification suggested by the Italian Società Freniatrica, which recognises four categories, *viz.*: (1) Delirium tremens; (2) acute forms (confusional, etc.); (3) chronic delusional forms; and (4) chronic paretic cases. The author does not accept, however, the reality of an alcoholic general paralysis distinct from other forms of that disease, so that no cases appear in the last-named group. And as cases of delirium tremens are generally dealt with in general hospitals, the first category of alcoholic insanities is also unrepresented. The cases are accordingly distributed between the confusional and the chronic delusional groups, 89 being assigned to the former and 116 to the latter.

W. C. SULLIVAN.

On So-called Moral Insanity and its Medico-legal Significance [*Über die sogenannte moral insanity unde ihre forensische Bedeutung*] (*Psych. Neur. Wochens.*, No. 26, September 19th, 1908.) Berze.

This is a summary of a paper read in December, 1907, at the Austrian Kriminalistische Vereinigung and published *in extenso* in Gross's

Archiv für Kriminalanthropologie (vol. xxx). The author starts from the question whether it is possible to differentiate in the general mass of criminals those individuals who suffer from true moral insanity and who ought to benefit by such indulgence as is accorded by the law, to offenders who are mentally diseased. He considers that the problem may be approached in two ways, *viz.*, either by seeking to determine whether in any given case there exists a defect in moral feeling, or on the other hand by directing attention solely to the force of the "intellectual inhibitions" (die intellectuellen Hemmungen.) To proceed by the first way it would be necessary to have some means for fixing the limits of the physiological variation in moral feeling, and no such means are available. There are no direct tests for establishing the pathological character of a defect of moral sensibility; and such indirect evidence as has been suggested, *e.g.*, the detection of co-existing intellectual debility, or of signs of defective physical development, a personal history of precocity in vice, or a family history of nervous taint, and so forth, is necessarily of very doubtful significance, and may—in fact, frequently does—lead competent experts to the most divergent conclusions. On the other hand, the author seems to hold that what he terms the "intellectual moral factors" in the conduct of a criminal are more easily investigated. This part of the paper is very much condensed, but the author indicates that the aim of the medico-legal inquiry should be to ascertain first whether the individual's knowledge of the legal quality of his action is, or is not, defective through any morbid condition, and further whether at the time of the act his power of regulating his conduct in accordance with that knowledge was, or was not, impaired by disease. The author does not make it clear how we are to arrive with the scientific accuracy which he desiderates at this reconstruction of the offender's mental state. The paper is, perhaps, chiefly valuable as a fresh example of the futility of trying to give a psychological meaning to the purely social conception of responsibility.

W. C. SULLIVAN.

The Question of Racial Degeneration [Zur Entartungsfrage]. (Zentralbl. f. Nervenheilk. u. Psychiat., Oct., 1908.) Kraepelin, E.

One of the most disquieting phenomena of modern times is the steady increase in the number of individuals requiring asylum treatment. Does this indicate an actual increase of insanity, or is it merely to be ascribed to such factors as an earlier recognition of insanity, better care of the insane, ease of entry into asylums, and greater difficulty in keeping insane relatives at home under the stress of modern life? Unfortunately, the available statistics are not sufficient to answer this question, but certain factors may be suggested which are probably causes of racial degeneration.

Travellers agree that insanity is rare amongst uncivilised peoples, but these reports are not altogether trustworthy. A better result is obtained if one considers merely the incidence of particular mental diseases in various races. Owing to the lack of agreement concerning nomenclature, however, practically only general paralysis and alcoholism can be so treated. The observations of the author and others indicate that these diseases are of comparatively rare occurrence amongst uncivilised