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*On Mental Auto-infection.* By H. KORNFELD, M.D., Corresponding Member of the Medico-Psychological Association, Grottkau, Silesia.

In popular estimation there is no surer relief from itching than by scratching. The lower classes have no better remedy for anger than cursing. The more educated indulge in reproaches and complaints often referring to other causes than the immediate source of irritation. Experience, however, has taught us that, in only too many instances, the practices thus indulged in are positively deleterious ; and that

abnormal feeling is further aggravated by giving way to these impulses of reflex action. Still, there is a momentary relief, and a feeling of comfort which in a great number of cases is all that can be expected by the physician.

Goldscheider believes that the effect of scratching is to suppress the sensation of tickling, by exciting a stronger sensation. I believe that he is wrong, however, in supposing that itching is not a sensation apart, but only a more lasting sensation of tickling. That is contrary to the common experience that every pleasant sensation is only pleasant in the first inception.

I do not here attempt an explanation of the psychological basis of these facts of common experience, but the analogy of similar observations in regard to mental and bodily conditions aids in the consideration of the origin of several forms of insanity. In a recent number of this Journal there is evidence of an increasing interest in the relations of bodily and mental conditions of disease; and, although there are many references to this subject in the standard works on Psychiatry, it may be useful to indicate what has been written and to communicate my recent conclusions.

Taking for granted that every psychical change calls up or implies a distinct bodily condition, it follows that abnormal psychical conditions are accompanied by anomalous somatic conditions. There is no need to prove that powerful passion may provoke derangement of the liver or the heart. I therefore attach importance to the (1) degree, to the (2) duration, to the (3) intervals of mental disturbance. The monologue of Hamlet sets forth the varying causes of anguish which may drive a man out of his mind. We may picture a case in which passion is replaced by bodily disease, or we may consider the effects of alcohol acting as a poison. The very word *intoxicated* explains my meaning. Jaundice may be caused by improper food or by anger—either acts in a toxic way. It is certain that a man may be inebriated by pride, or fall into insanity by brooding over real or imagined wrongs. The effect of the poison depends upon the three points above stated.

The most conspicuous effects of what I call mental auto-intoxication are found among the querulants. When the belief of having been wronged is fixed in the mind, every misfortune, every little trouble is brought into relation with the wrong and (even more markedly) with the wrongdoer. Now, when the link between bodily disease and abnormal

mentalisation is forged, the laws of association come into play and further connections and bonds are formed all tending in the same direction. Untoward circumstances requiring a hard struggle for a livelihood, disappointments without apparent cause, a certain disposition to sentimentality, some narrowness of mind unite in preventing a right estimation of the wrongs suffered and the proper relations of undoubted misfortunes. These factors are especially favoured by the occurrence of real bodily disease following mental disturbance—e.g., when anger has caused disorder of the bowels, which has been aggravated by other causes unknown to the patient. Further, any periodicity of the bodily disturbance aggravates the false reasoning, and creates a true *circulus viciosus*; and, should the evil combination continue, general mental enfeeblement ensues; and in the end the patient becomes completely unable to correct false reasoning.

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(To be continued.)

#### CLINICAL NOTES AND CASES.

*A case of Melancholia, with Lipoma, apparently becoming demented. Operation and Recovery.* By FREDERIC P. HEARDEE, M.B., C.M., Assistant Medical Officer, West Riding Asylum, Wakefield.

W. B., male, æt. 50, admitted to the West Riding Asylum in November, 1894; first attack of three months' duration. Family history good. He had been a hard-working, sober, and thrifty man, the nature of his calling exposing him much to the weather. A tumour had grown during 20 years on his arm, and, for some