

sensory disturbances that any one observer is fated to see and study is often not very great—and just for this reason it is all the more important that one recognised standard method of examining and one recognised standard nomenclature should enable the different investigators to compare their cases without confusion.

This is a condition, *sine quâ non*, for an organised co-operation in the further research of psychomotor and psychosensory functions, their disturbances and their anatomical localisation.

What is needed is :—

Clinical standards in form of

- (1) *A standard examination* (which will not exclude original additions in the examination of individual cases), and, based upon this standard examination,
- (2) *Standardised clinical terms*.—This entails a thorough reformation of our present nomenclature.

One has in the above scheme tried to outline a standard for the clinical examination and, based upon this, a purely clinical nomenclature. It goes without saying that perhaps many will find that the above is not the happiest form for either, and perhaps others might do it better.

The author's chief point has been to *raise* the questions mentioned above. If they are taken up by others and brought to a more satisfactory conclusion, the author will still feel that he has achieved his object.

(¹) *Cf. Brain*, parts 1 and 2, vol. xxxviii, July, 1915.—(²) *Cf. Grassel's term "tempérament polygonal."*—(³) *N.B.* No anatomical localisation is meant here.

A Theory of Conduct. By ALAN MCDUGALL, Director of The David Lewis Epileptic Colony.

IN the beginning every creature was a patriarch: it was, philosophically, not only its individual self, but also all its potential progeny. Such a creature's whole conduct was directed towards the one goal of eternal life on earth. It so happened that in very many cases the creature's best chance of success involved association with other creatures of its kind, or even of other kinds. From this arose the complication of the acquirement of tribal instincts. Tribal instincts were acquired only for patriarchal purposes, though in very many cases they

proved to be the immediate cause of the creature's death. A further complication arose when certain of the creatures acquired intellect and took to thinking. Philosophically, a living thing exists only that it may produce a generation capable of producing yet another generation. A generation is important only as the cause of its next generation. Intellect often gave the creature an immediate advantage over rivals, but it glorified the individual self at the expense of the patriarchal self. This is recognised in the third chapter of Genesis, where intellect is called the serpent, and thinking is called (in Chapter II) the tree of the knowledge of good and evil. The statement that "in the day that thou eatest thereof, thou shalt surely die" declares that the race is kept going only by those who do not understand how to limit their families.

The explanation of conduct is made more difficult by the fact that it is, in the human race, only during adult life that patriarchal appetites are vigorous. During infancy and senility the patriarch is feeble, the individual rules. A further difficulty is that a normal appetite may be replaced temporarily or permanently by an exaggeration or a diminution or an absence or a perversion of itself, or by a substitute-appetite.

Nevertheless, in spite of all the complications that obscure the field of vision, it can be seen that conduct is the consequence of appetites evolved to procure the creature immortality on earth through progeny. Throughout manhood the normal man may be regarded as two-fold: he is an individual and he is a patriarch. The individual concerns himself only with his own personal welfare. The patriarch concerns himself with what may happen on earth after the individual with whom he is associated dies. The interests of the patriarch and those of the individual are often opposite. The creature has often the discomfort of being the field of battle between the two interests. Normally, that peace which the world cannot give comes only with the triumph of the patriarch over the individual. It is not everybody who is normal.

Zeal for the discovery of the abnormal must not outrun discretion. The substitute-appetite is not necessarily abnormal, more often perhaps it acts as a safety valve. Take, say, the very young man's appetite for fame. He has individual ambition, he is resolved to make an eternal name for himself. A while later he is found to be talking no longer about fame.

but about a girl. He may declare the great things his son is going to do ; but it is patent that he has lost his earlier intention of doing big things himself. The explanation is that the appetite for fame (immortality on earth through name) was a substitute-appetite ; a usurper that ruled while the true appetite, the appetite to be immortal on earth through progeny, lay sleeping. If the environment of the creature is such that the true appetite, if it awoke, could not be satisfied, the substitute-appetite may persist throughout life without being evidence of disease.

Infancy and old age are much simpler studies than the period of adult life. In them the individual rules : the patriarch is more or less dormant, or even dead. The Rubayat of Omar Khayyam and the Book of Ecclesiastes were both of them written by men who, through senile decay, had ceased to have patriarchal instincts, and had come to view the order of things from the standpoint of the individual. In normal childhood the patriarch is not non-existent : but he is the weaker partner. The study of senile conduct is complicated by the persistence of habit into old age. An old man planted apple trees. Was he still patriarchal ? Or did he simply think it a pleasing way of occupying his time ? Or had his next generation warned him that if he didn't show himself to be worth his keep he'd find himself in the workhouse ? There are many other possibilities, any of which may be the whole or the partial explanation in a particular case. The fact remains that normal infancy and normal senility resemble each other and differ from normal manhood by being more under individual than patriarchal rule.

There exists a very interesting set of abnormal people. In them throughout infancy, throughout manhood, throughout senility, the individual predominates : the patriarch is feeble or non-existent. Philosophically, the condition seems to be one not of arrested development, but of premature senility. They are a peculiar but a numerous people ; they are to be seen every day everywhere. Some of them fill high places ; of others the lot is humble. Some go to the top of their spheres ; others go to jail. Some of them are hailed as great thinkers, and are recommended to their more normal and healthier neighbours as guides, philosophers, and friends.

This theory of conduct is as old as literature. Though

probably not put by them into words, it was taken for granted by the authors of the Book of Genesis and by the folks whom they made immortal on earth through literature. In the days when Jacob said "I being few," the unphilosophical separation of a man from his progeny had not been made, and God, who punished only unto the third and fourth generation and yet showed mercy to the creature in thousands, needed no apology by doctors of divinity. He was easily understood of the people.

Clinical Notes and Cases.

Insanity from the Patient's Point of View.

After an interval of nearly six years from my recovery, I am describing from the patient's point of view an attack of confusional or stuporose insanity which lasted for five months. No notes have previously been made of my recollections, but as the period of my lapse from sanity stands out in my memory like a well-remembered dream, little difficulty is experienced in recalling my ideas and feelings at the time. A selection from these is made and they are joined together to form a consecutive history, which, indeed, the whole experience seemed as I lived it. Unlike a dream, the sense of time and its passage was present. My delusions also, were distortions of things presenting themselves to my senses and not solely a tangle of ideas subjectively produced, as dreams for the most part seem to be.

At the time of the commencement of the mental illness I was in one of our tropical dependencies, where I had been a medical officer for over six years. I was in camp with a number of other officials who were engaged in administering the affairs of some uncivilised tribes dwelling in a mountainous part of the dependency. I appear to have been somewhat violent at the onset, and was secured and sent to a European station some days' march away, and then on by train to a sanatorium in the hills. After a stay here, where I seem to remember a sort of struggle for my sanity and a consciousness that it was disturbed, I was removed to an asylum, at a coast town about twelve hours away by rail. I was first placed in a room in one part of the institution, and later removed to another with a verandah opening on to the garden.

It is not intended here to account for the cause of my insanity, but rather to describe from the point of view of an insane person his outlook and notions as to what was happening. I have waited so long before committing the recollections to writing because they were, naturally, somewhat humiliating and painful. The illness has, however, now receded so far that it can be calmly considered, especially as the interval has been free from relapse, and I have successfully resumed the practice of my profession. For convenience of narration the recollections that follow are