

*On the effects of Neurosis from Moral Shock.* By D. DE BERDT  
HOVELL, F.R.C.S.E.

THE constitution of man is tripartite; his well-being depends upon the soundness of his physical, mental, and moral condition. These three conditions are quite distinct, though they do not exist separately; a combination of them all in their different degrees and relations is necessary to the right exercise of their respective functions. They are all material, that is, they are essential conditions of the structures which represent them, and on the integrity of which their existence depends. There may be some hesitation in admitting this statement as regards the moral qualities, at the same time there is a wide difference between the feelings and passions which man possesses as a creature, and the principles of justice, mercy, and truth which are the attributes of the Creator. Mere feelings and passions belong to animals as well as to man. It is the association of these with the higher principles of which man's nature is capable that constitutes the emotions. The distinction between his moral qualities and the higher principles with which man has been endowed in order to guide them is, that the former move him in so much as they affect his physical condition, the latter simply raise and elevate his whole character. Thus, the passion of anger may excite a man and flush his face, disappointment may depress him, and fear blanch his features, but the exercise of justice, mercy, and truth do not disturb him; in proportion as he possesses these qualities he rises above his natural condition, and in proportion as he is deficient in them is his tendency to become degraded.

It is rather difficult accurately to define the principles which are so closely associated with the mental and moral qualities as not to be readily distinguished from them, especially when their close combination creates a quality of a higher order. The esprit de corps of a regiment may be taken as an illustration. This principle, if I may so call it, is quite distinct from the physical efficiency, the professional skill, or the morale of the soldier; it is above all these conditions, and undoubtedly tends to elevate them to its higher level, and if not actually an indispensable element, it would be very difficult to conduct military operations successfully without it.

Thus man evidently possesses a principle or spirit which is distinct from his moral qualities and above them, which regulates them in a similar way to that in which his moral qualities guide his physical nature, and gives him a spiritual condition as it were, as well as one that is natural, or physical. In the physical man, body, mind, and feeling are quite distinct, in man's higher nature, the mental and moral qualities become associated together, and the moral, or psychical, which is in fact the stronger, gives the name to both; thus the tripartite constitution of man's higher character comprehends—1st, the physical; 2ndly, the moral, consisting of the mental and moral combined; and 3rdly, the higher principle, or regulating quality. The two first represent the material; the third the immaterial part of his nature. Of these, the first two enter into the proper sphere of the physician, although his duties occasionally carry him beyond.

The double use of the word moral, namely, its first use in its proper sense, as separate from the mental qualities, and the second as combining both, has led to some confusion of ideas. We frequently meet with the term, mental emotions. We might as well speak of bodily intellect. The close association of the intellect with the feelings and emotions, and their constant combination in the exercise of both, should not give rise to confusion between their separate existence. The more we enquire into the matter the more we shall find that the intellectual faculties, *per se*, affect the health in the least, and the feelings or emotions in the greatest, degree. It is so difficult to meet with intellectual effort unmixed with emotion of some kind or other, excitement, anxiety, or what not, that we are apt, erroneously, to refer the combined effect of both to mental work, which, unless it be excessive, will be found to be less frequently injurious than is generally supposed.

Many have considered the brain to be the medium through which the emotions and moral feelings affect the system. This is true in a certain sense, because the impression is first conveyed to the system by the nerves of special sense, which arise directly from the brain; but the functions of the medulla are also affected. The excito-motory system suffers as well as the cerebral. The nerves of motion and sensation are affected as well as those of secretion. It would appear, then, that the acting medium is one which influences the nervous system generally. The healthy action of the nervous system must depend upon normal vascular circulation; consequently, the vaso-motory system, which not only regulates

the principal organs of circulation, but may be presumed to extend to the minute ramifications of the arteries and *vasa-vasorum*, may not unreasonably on that ground alone be supposed to be the real agent. The old physiology which associated the splanchnic nerves with the "bowels of compassion" was not far wrong.

Disappointment in some form or other is the most frequent cause of that form of neurosis from moral shock which calls for medical attention, and its immediate effect is depression.

In order to the right understanding of this subject, it is of great importance to distinguish and separate—

1. The effects of depression,
2. Those of irritation,

and I am the more desirous of insisting upon this distinction, being conscious of not having always sufficiently observed it myself. The subject was very obscure and full of error; the investigation of it was beset with difficulties. It was by no means easy, at first, to refer effects to their right causes. The views which I sought to bring forward were opposed to the generally received opinion; I had to encounter much prejudice, and the *visinertiæ* of prejudice is very great. The more attention is directed to the subject, the more manifest it will become, that the difficulty of rightly estimating its features, and the failure which has so long attended the treatment, have been owing to the fact that these two very different conditions have been confused and mixed up together. One reason of this is, that singly the causes have not sufficed to produce the result; until their joint action has been established the effects have not been adequate to call attention. The mere state of depression has been disregarded, and its cause overlooked, until the aggravation of it, by some source of irritation, has made it imperative to attend to it. The cause of irritation may be pre-existent or super-added; if pre-existent, it will have been inoperative until the super-vention of the additional circumstance of depressing influence; if super-added to depression already existing, the effect will be more obvious.

It was a favourite medical precept of the late Mr. John Scott, that the stage of irritation succeeded that of inflammation; it would be more correct to say that the state of depression or exhaustion of nerve-power which follows inflammation, is very obnoxious to irritation.

It is not unimportant to remark here, that the general effect of disappointment is depression rather than exhaustion. It does not so much take away power, as the inclination to use it; in extreme cases it goes beyond this. The effect of fear is also depressing—but in extreme cases, exhaustive too—to the extent of even causing death. Terror implies anticipation of suffering in some form in addition to fear; in the same way grief and sorrow are depressing, but they at times imply some additional element of oppression or anxiety, which calls for relief.

“Give sorrow words, the grief that cannot speak,  
Whispers the o'erfraught heart, and bids it break.”

This passage points forcibly to the importance of active sympathy in this our human condition, and shews that the duty of exercising it is something more than an amiable weakness.

There has ever been much incredulity in matters which are intangible and unseen. The existence of pain, which depends upon the bare assertion of the patient, and is unaccompanied by any circumstance which conveys a palpable idea to the senses, is frequently met by doubt on the part of the physician which is very obstructive to the administration of relief. It has happened to me, more than once, to see patients suffering from pain which has been entirely discredited by my colleagues in consultation. For my own part, I am very sceptical as to the frequent existence of groundless complaint. In cases which are not obvious, it is better to search for a hidden cause than to impute to fancy that which after all may prove to be a sad reality: it is more just, as well as more philosophical. When fellow creatures come to us for relief, we have no right to meet them with the imputation of untruth, and say mentally, “Is there not a lie in thy right hand.”

A depressed state of health will make some unduly susceptible of pain, and a morbid condition of ill-health will tend to make some others dwell unduly upon their sufferings and perhaps to exaggerate them. In such cases treatment requires to be directed, not so much to the symptoms complained of, as to the morbid condition which gives rise to them.

The fact that some persons bear pain much better than others is immediately followed by the question, whether all feel it in an equal degree. I am satisfied by observation that those persons who are susceptible of emotional influences are

more obnoxious to pain than others, and that the depressed condition of nerve power to which they are liable frequently makes their sense of pain very acute. They are also very easily fatigued, and incapable of much physical exertion, which in some instances brings on not only pain, but diarrhoea. Some are subject to menorrhagia, some have a tendency to uterine hemorrhage, both before and after labour. The combination of timidity and exhausted nerve power under the last named circumstances is often very distressing, and difficult to deal with. The patient has so little moral courage to uphold her.

In his lectures on the therapeutic influence of rest, Mr. Hilton remarks at page 429: "Surgeons are consulted by persons who have great pain and tenderness in walking, some pain in defecation and sitting, and pain about the posterior part of the coccyx. This kind of case occurs more especially in hysterical women. Such patients scarcely ever, or rarely, derive any benefit from remaining in the recumbent position. These then are true hysterical affections, and are to be treated in reference to such interpretation." I shall refer to this subject presently, but will take this opportunity of mentioning that I called the attention of Mr. Gowland to the fact, that a gentleman on whom he operated for fistula, and who suffered unduly and exceedingly from pain afterwards, had long been subjected to irritating as well as depressing emotional influence.

Much depends upon the power of reaction possessed by different patients, and this point has not always met with the consideration it deserves. We are so accustomed to see persons going on in the continuance of strength, that except in the case of actual disease we do not readily recognise the condition of exhausted nerve power. We are apt to regard it with the same incredulity and difficulty of belief that those who have placed money in a bank hear the first news of its failure.

Sir Robert Walpole used to say that every man had his price; it would be more true to say that every man had his tether. The measure of capability depends not only on his extent of nerve power, but on the degree in which it is recruited by rest, sleep, &c. This power of reaction lies at the root of much that is important, and the degree possessed by different persons is by no means obvious. In going round the wards of a hospital the other day, we came to a man who was suffering from intense neuralgia. He had been admitted

some days previously with compound dislocation of the astragalus. The surgeon went away from his bed without prescribing tonics, narcotics, or stimulants, one or all of which seemed to be indicated. I ventured to remark that the patient seemed to be in a condition of depressed nerve-power. The reply was: "We have all come to the conclusion that the man had no nerves; neither the shock of the accident, nor the subsequent pain, nor anything else seemed to have any effect upon his nervous system." It did not seem to strike the mind of the surgeon that they had come at last to the end of his nerve power, and that the pain which he suffered was partly due to the fact that his stock was exhausted.

The importance of distinguishing and practically separating the state of depression from that of irritation acquires daily confirmation, equally so that of distinguishing the effects of emotions that are simply depressing, from those that give rise to irritation. It is also essential to keep in mind the great susceptibility of the condition of depression to excitement and irritation. The intrinsic difficulty of the subject, and our own want of definite knowledge, induces me to put out of the present question the precise pathological conditions and the chemical changes of secretion and excretion which it involves, and pass on to one of greater importance, namely, whether mere depression actually causes pain, or whether pain is not indicative of irritation in some form or other. It is doubtful to my mind whether depression, or its more extreme form of paresis, or exhausted nerve power, suffices of itself to cause loss of motor power, except in a temporary form; and extended observation will, I believe, be found to prove that irritation in some form or other, is necessary to produce disturbance or loss, of motor power, of sensation, or of secretion, and that these results obtain according as the motor, the sensory tract, or the nerves supplying the organs of secretion, are affected. If this hypothesis be correct, it will tend to account for many phenomena which have not hitherto received a definite explanation.

"The readiness to take on perverted action," which Dr. Russell Reynolds has described as the condition of epilepsy, is very much another mode of expressing the same thing. It is also in accordance with the views recently advanced by Dr. Rolleston, that pain is not a consequence of relaxation or congestion, but of spasm arising from the irritation of certain branches of the sympathetic nerve, and as before stated, the cause of irritation may be super-added or pre-existent.

But to apply this hypothesis to the subject before us. The effect of irritation in the form of worry, super-added to the depression of disappointment, does not always go to the extent of producing loss of motor power, or actual pain, but the diminutive of the former, in the form of limited power of exertion, and of the latter in that of cutaneous hyperæsthesia. In my *Essay on Pain, &c.*, I have already published a case in which these conditions of ill-health received a very wrong interpretation from the physician who was consulted in the case. At the request of her medical attendant, I saw this patient, accompanied by her mother, and the following is the history:—

She was twenty-eight years of age, had experienced a severe fall when five years old, and had not been well since; consequently, she had been an invalid, more or less, for twenty-three years. The family were in very moderate circumstances, and as the patient grew up she made repeated attempts to increase their pecuniary means by her own exertions. Her health was unequal to any strain or effort beyond a certain point, and repeatedly broke down in these praiseworthy attempts. It was under these circumstances that her father thoughtlessly, inconsiderately, and with some loss of temper, reproached her with indolence and fanciful illness; and the pain and irritation caused by this injustice and unkindness on the part of her own parent, produced the hyperæsthesia and other symptoms which subjected her to such unjust and unworthy imputations.

To make the painful nature of the case more complete, she had incipient threatening of spinal disease, for which the orthopædist had recommended a steel support. Truly, the support she needed was moral rather than physical, and by a misprison of treatment, it was now proposed to apply to her back “the iron,” which, in a figurative sense, “might be said to have entered into her soul.”

The shock of an accident, a physical cause, was the first occasion of ill-health; physical depression from over exertion, combined with moral depression and subsequent irritation, the causes of continuance and aggravation. It is quite clear that the true nature of the case was not only not comprehended, but utterly misinterpreted. The case was quite genuine, the above-named conclusions were not arrived at without careful investigation, and I have no hesitation in saying, that the hyperæsthesia was the result of moral depression and irritation, and not of the immoral perversion of a natural function.

Body, mind and feeling represent the physical, mental, and moral conditions of man. The brain and spinal marrow have long been considered the analogue of the mental and physical divisions, but their action and function would be as imperfect without the aid of the sympathetic, as man's physical and mental condition without his moral element. There has been some doubt and hesitation in recognising the sympathetic system to be the analogue of the moral part of man's nature; but, notwithstanding the ridicule which some have cast upon the hypothesis, it does appear to deserve consideration. Many circumstances tend to make it reasonable to suppose that the emotions act directly upon the sympathetic, and not on the brain.

It may seem out of place in an essay on Mental Science to begin by declaring the nature of man to be tripartite. It is not so in reality. Much of the difficulty which has beset this subject has arisen from the habit of regarding man's nature as dual and not triad. It may appear a bold assertion, and, however paradoxical, is nevertheless true, that the intellect of man has, by many, been unduly elevated above his moral nature. It has been too much the fashion of some to worship the god Intellect, and to affect to despise those who have the good sense to perceive that it is but an imperfect deity after all. Be this as it may, it is also certain that man's mental and moral qualities have been so confused together, that most of us have very hazy ideas of their respective definite relation.

But what is practically of more importance to our present subject—the morbid physical symptoms which ensue and depend upon conditions of depressed moral power from emotional causes, have never been properly recognized or rightly understood. They are often obscure, for the simple reason that their cause is not obvious, or, it may be, intentionally concealed. Many difficulties attend their investigation, and they will, in my opinion, be found to be incomprehensible, until the tripartite nature of man be thoroughly recognized and admitted, and this will only be after careful investigation. The point to which I desire to call special attention is this—*the direct effect of depressing emotions is to lower moral tone, and to lessen moral control in a greater or less degree.* It is the moral effect of a moral cause, and this fact is of importance in proportion as we recognise moral control to be the ruling influence over man's conduct.

The following case will illustrate this:—



A widow lady, more than seventy years of age, experienced a severe shock in the sudden announcement of the serious illness of a favourite sister. Her own married life had not been devoid of anxiety. Her husband's illness had been long and distressing. She was a quiet, self-contained, sensible person, and for many years her time had been divided between her religious exercises, correspondence with her friends, and her duties to the poor. Latterly, a moderate income had become straitened, and the high price of provisions was a trouble to her. She became alternately excited and depressed, restless and uneasy. She did not sleep at night, and frequently expressed fear lest others should think she had not acted in all respects as she should. Even the consolations of religion, the solace of many a solitary hour, began to fail her. "I must be very wicked," she said, "for all the beautiful things they read to me are no use. I cannot attend to them, or apply them to myself." Her self-confidence was shaken. She frequently exclaimed, "What can I do? What shall I do? Do help me." As this condition increased, her state became truly pitiable. An old and attached servant took upon herself to rouse her, after the fashion of a full-blown Mrs. Grundy. "My mistress is in a sad way, and must be got out of it by some means. It is of no use to talk to her; she will not rouse herself."

The patient acknowledged that it was very foolish to be so much affected by a circumstance which, after all, might not be so bad as she expected, and her thoughts alternated between anxiety on this point, and her pecuniary affairs. The latter increased to a fixed delusion that she had spent her all, and was ruined. "I had always hoped," she said, "that my sister would have nursed me in my last illness, and now that comfort is taken away from me." "It is quite clear then," I said to her, "that your property being also gone, the only thing left to you is to put your trust in Providence." This seemed to stagger her. She was silent for a moment, and then said, snappishly, "I know that as well as you do." "Then why do you not do so?" "Because I cannot."

I suggested to her to try and divert her thoughts by repeating some poetry, and she immediately recited an appropriate hymn accurately, and with great composure. She stood calmly and quietly for a moment, and then suddenly exclaimed, "Now I feel inclined to do my steps." She had been a graceful dancer in her youth, and she started off, figuring about the room like a bacchante, or attitudinizing nautch girl.

After a short time she came and stood before me, and looked me full in the face. "Did you ever know such an old fool? To think that I should have lived all these years, and come to act in this manner. I am quite ashamed of myself."

I should mention that in some other respects her conduct had been marked by the reverse of that decorum which was her wont. This painful state continued for some weeks. The appetite failed at first; but notwithstanding that she took a fair amount of nourishment, her power began to fail; for some days she slept the greater part of the twenty-four hours, and died rather suddenly after getting out of bed.

The general state of this patient was chronic depression, which was further increased by the shock of unfavourable news, suddenly communicated. The anxiety about money matters acted as an irritant. The result was, *loss of moral control*. Her mind and intellect remained sound for a time, although they may have been weakened. It is quite clear that she was capable of reasoning, but not of regulating her conduct by the conclusions to which the reasoning process led her. It was not that her reasoning was inconclusive, but that her conduct did not follow the direction of her logical conclusions. Popularly she would have been said to be out of her mind.

The following instance of loss of moral control from physical depression, as the immediate cause, is a contrast to the last case:—

A lady asked my advice concerning her daughter, a weedy asthenic girl of fifteen, an only child. The mother was also a nervous person, and the grandfather had been a confirmed hypochondriac. The patient was incapable of much exertion, either mental or physical. Her usual studies soon brought on head-ache. She was irritable and passionate, and her mother complained that she had struck her. Rest, relaxation from study, change of air and scene, quinine, iron, and cod-liver oil soon effected a marked improvement, and the mother's tears at the unnatural conduct of her daughter were changed into smiles when she told me how her child had expressed regret for her past misconduct.

The varying condition of neurosis from moral shock may be advantageously considered with reference to the following simple rules:—

1. The state of depression, and its cause.
2. The source of irritation, physical, mental, or moral.
3. The loss of physical, mental, or moral control, as the effect or result of the two first causes.

*Examples.* Case I. So-called hysterical coma. Patient a nursemaid. History: Disappointment in love; hard day's work; quarrel with fellow servant. Treatment: Left quite alone. Result: Convalescent next day.

Case II. Insensibility, neuro-muscular irritability, producing disordered motility in the form of strong muscular contraction and convulsive movements. Patient a monthly nurse, age thirty. History: three weeks' fatigue and anxiety in nursing a new-born infant, who died of diarrhoea; insufficient food from loss of appetite. Question of intemperance raised, but disproved. The attack came on suddenly the day of the funeral. Similar treatment; convalescent next day.

The form of attack in this case was convulsive rather than that usually called hysterical. The patient was a widow, without family. She had experienced similar attacks formerly in her married life. Her husband had proved to be insane; but before the insanity declared itself, she had been subjected to much unkind treatment, which could not be accounted for. She had remained free from the attacks for some time until the present occasion.

Both these are instances of physical disorder caused by moral depression and irritation.

Thus, on the one hand, loss of physical power causes a tendency to emotional susceptibility, and, on the other, depressing moral influences lessen the capability for physical exertion, and produce an undue amount of fatigue and exhaustion from insufficient causes; but the more specific effect of this form of neurosis is to lower moral tone and lessen moral control, and the first effects are irresolution or indecision.

Irresolution and indecision do not destroy free will or independent action; but they lessen the power to use and exert both. They not only impart feebleness of action, but tend also to alter the tenour of conduct. The condition of a person under their influence answers the following description:—

“ For to will is present with me,  
But how to perform that which is good, I find not,  
For the good that I would, I do not;  
But the evil I would not, that I do.  
Now, if I do that I would not,  
It is no more I that do it,  
But sin that dwelleth in me.”

It is not my intention to enter upon any question of theology, but only to observe that if the words moral infirmity be substituted for sin, which appears in the context, we arrive at the conclusion that the conduct of the individual under these circumstances is the consequence of the moral infirmity, and not a necessary part of the character of the individual in his integrity; in other words, of imperfect, and not of perfect man. It would be out of place to discuss the question here; I will only remark that it is quite out of the province of a physician to attribute to sin that condition of moral infirmity which is the result of depressed nerve power from emotional causes.

On the other hand, since moral infirmity is, without doubt, one of the effects of neurosis from moral shock, to recognize the fact becomes a duty which the physician cannot ignore, and, to treat it appropriately, a duty which he cannot neglect.

Much confusion has long existed in the mind of the profession on the subject of the disease miscalled hysteria. The process of reasoning by which the name first became affixed, and was afterwards retained, to designate this condition of ill-health appears to be very loose and faulty. Patients who suffered from it had often been known to be the subjects of disappointment. Disappointment in young women is most frequently caused by some love affair; the final cause of love is the reproduction of the species, and the hystera or uterus is the principal organ of reproduction in the female. Therefore, the condition of ill-health, which was consequent upon disappointment, from whatever cause, was designated hysteria! More than this, an illicit process of reasoning in the mind of the physician became confused with the notion of depraved morale on the part of the patient.

Dr. Russell Reynolds dwells upon the importance of cultivating the will in the disease called hysteria; he considers a deficiency of this power to be an element of the disease, and attributes the greater frequency of its occurrence in women than in men to their possessing naturally a smaller amount of this ruling influence. It is not altogether so, and surely he forgets that—

“The man’s a fool who tries by force or skill,  
To stem the torrent of a woman’s will,  
For if she will, she will, you may depend upon it,  
And if she won’t, she won’t, and there’s an end on’t.”

It is not original deficiency of will, but that the will is in abeyance. The effect of disappointment is to take away inducement, and so lessen the inclination and the power to exert the will. The degree of disappointment is in proportion to the amount of reliance which has been placed upon the object which disappoints, the re-action to the extent of hope and trust reposed. The greater the amount of misplaced confidence the more the patient is

—“laid widowed of the power  
That bows the will.”

If we trace the matter to the root we shall find that the real cause lies, not in the actual deficiency of will, but in the subjective condition of woman which is a part of her nature. “The man is not of the woman, but the woman of the man.” It matters not whether pre-Adamite woman existed as well as pre-Adamite man, or whether both or either existed a few thousand years more or less. The subjective condition of woman has been defined, once and for all, in the words—“Thy desire shall be to thy husband, and he shall rule over thee.”

Hence it is in the nature of things that woman should trust in man, and in the course of circumstances that she should frequently be disappointed. In a right state of things man fulfils his trust, but when men fail in this particular point of their duty women look out for themselves. They begin to assert, what they call, their rights, but they really seek to pervert a principle of their nature. Two wrongs, the proverb says, do not make one right. Although this principle of woman's nature may be over-looked, or ignored, inverted, or perverted, *it cannot be subverted*, as long as “man is born of woman,” and woman is “bone of his bone, and flesh of his flesh.” This principle will remain indestructible. Much depends upon the character of the woman, whether she fulfils the indications of her nature, or whether she departs from them; whether she retains the graceful qualities of the typical English maiden, or degenerates into “the fast girl of the period.” One advantage of the latter state is that, with fewer feelings to be hurt, and less susceptibility to be blunted, she will probably escape the medical stigma of hysteria, so unjustly fastened upon her more deserving sister.

It may seem unimportant whether a young lady who lies in bed and has not apparently much the matter with her be in

a condition of inability, or only the subject of fancifulness and wilfulness, but it is not so in reality. No two opinions can be more opposite, more irreconcilable, or involve a greater difference in respect of treatment; and the records of the profession can reveal many lamentable instances of mismanagement of such cases. The public would hardly believe that the profession had been so long unable, or unwilling to take the pains to distinguish between the depression which calls for help and encouragement, the disinclination which requires to be overcome, and the wilfulness which deserves correction. It would seem impossible that two or more men holding these opposite opinions should meet repeatedly at the bedside of the same patient, and have no common ground of consultation—that as the case became prolonged and aggravated by the reflected worry of unsatisfactory medical opinion, by the absence of right treatment and in consequence of the want of it, each should become more and more confirmed in his individual opinion, and have ostensible reason for it. Dr. T. K. Chambers remarks—“Many look upon hysteria as an opprobrium medicinæ, which makes them feel the same sort of anger against it as is raised by moral guiltiness, and disposes them rather to punish than to cure.”

But how does the case really stand? The troublesome symptoms are not spontaneous but provoked, the condition is not one of depraved morale, but of lowered moral tone, of aggravated inability, and irritated disability. Illness caused by depressing moral influences calls plainly for elevating moral treatment.

“*Quis custodiet ipsos custodes?*” What is to be done when physicians blame the unfortunate patient for their own want of skill? When they mistake helplessness for moral guiltiness, and seek to punish the patient whom they come to relieve? When with the huge beam of prejudice in their own eye, they cannot see clearly to remove the mote of disorder from their patient’s eye?

Attention to a few simple facts would have saved much suffering to many persons. If the line of demarcation between moral causes and physical effects had been more clearly drawn, we should not in former days have seen the painful spectacle of a highly talented physician attributing the disordered motility of opisthotonic contractions to the passing of a metal, gold or nickel, over the palm of the hand, and the moral obliquity of an ignorant patient would have

met with its true interpretation. It was the last appearance of alchemy on the stage of medicine.

If the pathology of the disease had not been as much at fault as the psychology, we should not read of a lecturer openly declaring to his class of assembled pupils, that a poor girl prostrated by grief, and unrelieved by his own medical advice, had *died of sheer obstinacy*, like Mr. Bumble's pauper.

If the "mental emotions" of the profession have taken a wrong turn, and "assumed a low type" on the subject of hysteria, let the intellect at once disconnect itself from an associate of such unsound principles, and expunge an objectionable term so productive of evil and obstructive to the healing art.

Shakespeare has not overlooked the effects of neurosis from moral shock. Although he has not actually declared or indicated them, they will be found to lie at the root of the conduct of some of his most interesting characters. The great shock which Hamlet received fully accounts for his condition. It would be difficult to say that an intellect so far above the average was affected in consequence, but his moral power was depressed to the level of indecision at any rate. His condition was that of neurosis, and the appearance of insanity, of that unsoundness which consists in the want of uniformity between the conclusions of his reason and his actual conduct, is thus readily accounted for. Tested by this rule the conduct of Ophelia as well as of Hamlet admits of easy explanation. It is not at first sight so obvious, that the intense savagery of Shylock's character does not come out till after the elopement of his daughter, and he, like King Lear, has learned,

"How sharper than a serpent's tooth it is  
To have a thankless child."

The quarrel between Brutus and Cassius is a marked instance of the loss of temper ensuing upon moral shock. The circumstance of the sudden death of Brutus' wife does not transpire till afterwards, and Cassius is astonished at a result of which he does not know the cause. He did not know that Brutus could have been so angry. In his *Annals of a Quiet Neighbourhood*, Mr. George Macdonald asks: Is this consistent with the character of the stately minded Brutus, or the dignity of sorrow? Perhaps not, but it is quite consistent with the fallibility of human nature.

The consequences of disappointment as a depressing emotion are very remarkable. It affects men powerfully, as well as women. The minor effects are more common. How often does a disappointed attachment cause a man to rush into a foolish inconsiderate marriage. One peculiar result is that the subject of disappointment goes to bed, and lies there. This fact has not escaped the notice of M. Victor Hugo. In his novel, "*Les Travailleurs de la Mer*," when the *Durande* was lost, *Mess Lethierry*, the enterprising owner, went to bed. Mr. Kingslake relates that when the Czar of all the Russias heard of the defeat of his army by the allied forces of England and France at the Battle of the *Alma* "he obeyed the instinct which brings a man in his grief to sink down, and lie parallel with the earth—he took to his bed."

This is the explanation of what is termed the bed-case, of which *Ahab*, King of Israel, is the first instance on record; for when he was disappointed of his desire to obtain possession of *Naboth's vineyard*, "he laid him down upon his bed, and turned away his face, and would eat no bread." However much the conduct of *Jezebel* on this occasion may appear to illustrate the popular saying that "when women are bad they are very bad," her treatment of the patient was at least judicious, for she listened to his complaint, inquired into the cause, and instituted treatment, which, however wicked and unscrupulous, was undoubtedly successful. Although "her witchcrafts were so many," and her conduct in other respects "altogether abominable," she was, in this instance, true to the instincts of a woman's nature, which have been found to survive and assert themselves after every possible degradation. The subjective nature of woman leads her to rely on man; when that support fails her, and other circumstances contribute to loss of moral control, there is danger of her losing her self-reliance altogether, if she has not higher principles to look to; and this conduct in some instances takes the form of self sacrifice, or abandonment of self. This has the appearance of utter depravity, which is psychologically incorrect.

I have already stated my opinions that this is the true explanation of *Lady Macbeth's* conduct, and that she, in reality, cared as little for the Crown of Scotland as *Jezebel* did for the vineyard of *Naboth*; and this view of self-sacrifice as a characteristic of women under certain circumstances derives confirmation from the following event of modern history:—"*Charlotte Marie de Corday* was devotedly attached to *Henri*



de Belzunce, an officer in the French army, who was murdered in the streets of Caen in the discharge of his duty. His body was mutilated, his head carried on a pike. A collision between the regiment of De Belzunce and the populace brought on this catastrophe. Madame Reboulet witnessed Charlotte's intense suffering at the time, her love and her grief; she was silent and self controlled. The event sank deep into Charlotte's heart, and strengthened the detestation with which she regarded those who incited the people to commit such horrors in the name of liberty. Charlotte de Corday saw in the Girondist chiefs, the moderate party, the only hope for France, and the way in which she not only sacrificed her life, but also imperilled her reputation for feminine virtue, to save that faction, is well known." Her self-sacrifice was complete in every respect.

We are so accustomed to associate combustion with high temperature, that we are apt to overlook the smouldering fire, which not unfrequently bursts out quite as fiercely. If we rub chlorate of potash and oxide of silver together in a mortar, there is no need of a spark to cause an explosion, and thus unknowingly, and even possibly with a good motive, the purifying action of good intention may be too rudely or persistently thrust upon the dross of human nature, and an outburst of excited feeling, equally dangerous and fatal as any explosion, will be a very probable result. It is not many years since a man of good family and position, an officer and a gentleman, was shot by an ill-conditioned private soldier, and inconsiderate oppression and arbitrary conduct on the part of the superior was well known to have been the cause of the catastrophe, although the fact did not transpire at the trial.

It is very important to bear in mind the psychological fact, that the state of depression from disappointment, or of oppression from wrong, is peculiarly susceptible of irritation, and that the injured feeling is great in proportion as the relative position of the individual who causes it entitles him to respect and confidence. Under these circumstances, human nature is a very awkward material to meddle with—a fact which those who are fond of inconsiderate teasing would do well not to forget.

It is not very long since society was startled and shocked at the murder of a clergyman by one of his congregation, and the circumstances were the more remarkable, and called the more for explanation, because the man had previously

borne a good character, and was both more moral and religious than the generality. The "mens conscia recti" makes the man "justum et tenacem propositi" all the more apt to resent injustice. He would admit that making love to a servant might be an inconvenient element in housekeeping, but not sufficient reason for separating him from the object of his affections. When disagreement ensued and the girl lost her situation, the lover resented it as a wrong. To make the matter worse, he is said to have been actually taunted with the reproach that the woman of his choice would not demean herself by marrying a man of his craft. Still, he seems to have desired to act rightly, for he not only went to church, but sought to be admitted to its most sacred rite. Here the conduct of the clergyman was most unaccountable, for he told the man, whom he knew personally and had respected, that *he was not fit to enter his church!* In this he undoubtedly not only neglected his duty, but perverted his office; instead of going after the stray sheep, he shut him out of his fold, and the result was he did not "convert a sinner from the error of his ways, or save his soul from death." On the other hand, it is equally impossible to justify the conduct of the criminal; it is quite futile to attempt to institute the plea of insanity, for he knew perfectly well what he was about, that the penalty of the law would be the just consequence of his acts. The definition of his state was not the loss of his mind, or reason, but of moral control as a directing influence. His conduct was that of desperation and recklessness in the mean cause of revenge. The circumstances which combined to produce this result were *irritation supervening upon a condition of depressed nerve power from emotional causes.* "The alleged provocations seem so trivial by the side of a crime so stupendous," the cause so inadequate to produce the result, that we are driven to the conclusion either that the man's condition was unduly susceptible, or that the effects of irritation under like circumstances have been much underrated. The absence of friendly admonition, or of soothing influence on the part of those from whom they might reasonably be expected, is noticeable. We hear nothing of "the soft answer which turneth away wrath," but only of the "grievous words which stir up anger." On the other side, moral control was altogether lost, and with it all guiding principle of action.

Enough has been said to show the importance of studying the effects of neurosis from moral shock. It is equally unphilosophical and wrong to ignore the condition of our fellow

creatures in any respect, or to pooh-pooh complaints because the circumstances attending them are not palpable. Nothing is more dangerous than a wrong wantonly or thoughtlessly inflicted, whether on a nation or an individual. Retribution comes at last. "Nemesis, though lame, overtakes her victim." It is the province of the medical profession to relieve suffering, and much lies in its power to correct the tendency to oppression. It is with the desire of contributing to both these results, to the medico-legal as well as the therapeutic view of the subject, that this essay has been written, and it is earnestly hoped that the instances brought forward will conduce to both these ends.

But a stronger instance than all stands upon record. We see the Prophet Elijah the type of physical strength, when "he girded up his loins, and ran before Ahab to the entrance of Jezreel." We have seen him exercising no mean intellectual power and moral courage in the destruction of four hundred and fifty priests of a popular and corrupt religion. Almost immediately after we see him disappointed, desponding, dispirited, forgetful of the sense of his high calling, cowed by the threats of an unprincipled and unscrupulous woman: in the words of Dean Stanley, "Uttering the despairing cry of many a gallant spirit in the hour of danger and desertion." And what is the treatment he receives at the hands of perfect justice, perfect mercy, perfect knowledge of all truth? No taunt, no reproach, and hardly even reproof; "the still small voice" of conscience awakens him to a sense of duty, and "an Angel touched him, and said, Arise and eat, because the journey is too great for thee."

---

*On Aphasia, or Loss of Speech in Cerebral Disease.* By  
FREDERIC BATEMAN, M.D., M.R.C.P. Lond., Physician  
to the Norfolk and Norwich Hospital.

(Continued from the *Journal of Mental Science* for Jan., April, and October, 1868).

IN the preceding papers I have endeavoured to review what is at present known of the clinical history of aphasia; having first ventured critically to analyse a certain number of cases recorded by independent observers in various parts of the world; I have then minutely detailed several cases which I have myself had the opportunity of personally watching.

It will be observed that the observations which I have recorded in illustration of my subject have been of the most