

known to have produced insanity in the patients whose cases are tabulated. We are rarely able to indicate with any certainty what the *vera causa* may be in any given case. We find, perhaps, conditions that we know, or strongly suspect, may tend to produce insanity; and, since the patient is insane, we infer that in him they did produce insanity. But our conclusion is an inference only. We may not "conclusively presume," as the lawyers say, that a condition which may produce insanity, and which is present in a case of insanity, did in fact produce the insanity. But although we may not do this, and although we gain no more information about any individual case by including it in a causation table, we do, by the accumulation of many cases, gain very valuable corroboration or contradiction of our hypothesis that such and such a condition is causative of insanity. Let it be understood and definitely stated that this is the object of the tables—that they are not intended to be statements of what we know to be causes of insanity; but fishing inquiries as to whether certain conditions, which we suspect to be causes of insanity, are so in fact or not. Such questions we hope to determine by the aid of the statistics accumulated in these tables.

Stress Again. By CHARLES A. MERCIER, M.B.

DR. R. S. STEWART'S statement, in his paper on "Wages, Lunacy, and Crime," that he used the term "stress" *in the ordinary sense of the term* did not escape my attention, and naturally led me to suppose, until I read the subsequent part of his paper, that he meant to use the term in the sense in which it was introduced into psychiatry; and it was his departure from this "ordinary" sense which led me to make my expostulation. I desire to deprecate any notion in the mind of Dr. Stewart, or of anyone else, that I am pursuing this subject from any motive except that of clarifying our terminology from ambiguity and uncertainty. For one of my books I have chosen, as a motto, Huxley's confession: "The whole of my life has been spent in trying to give my proper attention to things, and to be accurate, and I have not succeeded as well as

I could wish"; and it is in the continued pursuit of these objects that I venture to resume the subject. No alienist of candid mind will deny that our branch of medical knowledge and art still lags behind other branches; and, while much of this retardation is due to the greater inherent difficulty of the subject, and to other causes, some of it is unquestionably due to looseness of terminology and to that inaccuracy of thought which is indicated by inaccuracy of expression. It is the appreciation of this lack of precision which has prompted me to suggest the abandonment of the terms "mania" and "melancholia," which no rigour of definition can ever now restrict within useful bounds; and with the same motive I return to the topic of "stress" as a text for the exhortation, not of Dr. Stewart alone, but of all of us, to consider with care what meaning the terms we use will convey to our hearers and readers.

To state that we are using a term "in its ordinary sense" can scarcely be called a clear definition. It is better, no doubt, than to give no indication of the sense in which we use it, but, in the case of such a word as "stress" in a psychiatric paper, it is not much better. If we are talking about the weather, stress means *constraint or compulsion*; if we use the term in mechanics, we mean *elastic force*; if in relation to utterance, the *relative loudness and duration* of syllables; if in dialectics, the *importance* attached to our argument; if in law, the *process of distraining*; and so forth. Similarly, to a hosier, a *tie* is an article of dress; to a seafaring man it is the end of a topsail halyard; to a builder it is a rod or beam; to a railway engineer it is a sleeper; to a musician it means the sustention of a note; and so forth. Each of these meanings is "the ordinary sense of the term" in its particular respective context. In each context the term has a special sense, differing from its meanings in other contexts; and, in each context, the meaning should be kept precisely and exactly the same as long as the term is used in that context. If we vary the meaning while using the term in any one context, we are, in the first place, making a pun, which no self-respecting person would do intentionally; and we are, in the second place, introducing into the minds of our hearers and readers a bewilderment and confusion the counterpart of that which exists in our own. Dr. Stewart would not, I am certain, emulate that Oxford scholar recorded by Swift,

who accosted a porter, carrying a hare, with "Prythee! friend, is that thine own hare or a wig?" But when he uses, in a psychiatric paper, the word "stress" in the sense of "distress," he produces, in those who are accustomed to the "ordinary" psychiatric use of the word, a feeling of shock and bewilderment similar to in nature, though perhaps in degree less than, that produced in the mind of the luckless porter.

To Dr. Robert Jones I owe an apology for my forgetfulness of the phrase quoted by Dr. Stewart from Dr. Jones' admirable paper—a paper none the less praiseworthy for its exposition of this doctrine—which appeared in the *American Journal of Insanity*. At the time of its appearance, I read the article, as I read all Dr. Robert Jones' articles, with profit and with pleasure; but my memory is lamentably defective, and even the great satisfaction of finding so high an authority as Dr. Jones in agreement with me, as to the dual causation of insanity in heredity and stress, failed to stamp the phrase upon my memory, or to enable me to place it when I met with it again.

Clinical Notes and Cases.

A Case of Double Consciousness.⁽¹⁾ By ALBERT
WILSON, M.D.

History.

"Mary Barnes" was born in October, 1882. Her parents, who are country people, are both quite healthy, as are their other children. "Mary Barnes" had facial erysipelas when about three years old which damaged the bridge of her nose. She had an attack of scarlet fever when ten. With the exception of these illnesses she was healthy up till Easter, 1895.

The Acute Illness.

April, 1895, influenza.—The face very purple, so the mother thought it was erysipelas again. She was in bed ten days. She got well and went on an excursion on Easter Monday.