

## PART II.—REVIEWS.

*Lehrbuch der Psychiatrie auf Klinischer Grundlage für Practische Ärzte und Studirende. Von Dr. R. v. Krafft-Ebing, Professor der Psychiatrie an der Universität Graz. 3 vols. Stuttgart, 1879-1880.*

For many years, a German student of mental pathology had no other text-book than that of Griesinger. Although it was held as a standard book, and unsurpassable in many respects, the rapid advance of mental science, especially in Germany, seemed to necessitate a new exposition, and thus, nearly at the same time, different authors published excellent works on psychological medicine. Among them we may well signalise the valuable book of Prof. R. v. Krafft-Ebing. It is addressed to students and general practitioners, and is divided into three volumes, which appeared separately. The first volume contains the general mental pathology and therapeutics, the second the special, and the third clinical cases.

Now doubtless a good arrangement and practical division of a book is an important thing—above all in the opinion of a student. Yet we cannot help thinking that, in this respect, the author has carried it rather too far. Such a continuous division and sub-division will not be very welcome to a student, as we see, *e.g.*, in Chap. V. and VI. of vol. i., where we pass from A., B., C., and I., II., III., to 1, 2, 3, and *a, b, c*, up to *a, β, γ*! In the same way, we do not think this principal arrangement of the book a very happy one, and believe the disadvantages to be greater than the advantages. The author is frequently compelled to separate inseparable things, so that we must look over all the volumes if we want to get a general view of one form of mental disease. On the other hand, frequent repetitions cannot be avoided, and we have often to read twice what in another arrangement would not have deserved recapitulating. Moreover, we suppose that a single case in the text, illustrating at once the general description of a form of insanity, would be worth as much as ten separated from the context.

The first chapter of the first volume forms an introduction: Mental operations are nothing but symptoms, and the

brain is the organ of mind, as demonstrated by the usual proofs.

Chap. II.—Insanity is a disease of the brain. Only in a minority of cases, almost exclusively in the primary forms and first stages of mental disorder, we do not see any morbid post-mortem appearances. Yet in these functional diseases we may sometimes find anatomical lesions as well as in other nervous diseases (locomotor ataxy). There is no diffuse lesions of the cortex of the cerebrum without symptoms of mental disorder; there is no mental disease without well-marked nervous disturbances. We are not quite so sure as the author seems to be that the possibility of transformation in the same individual of one form of mental trouble into another, or into any neurosis, can be adduced as an exact proof of anatomical lesion in insanity.

Chap. III. gives an historical sketch of the development of psychological medicine and its further prospects, and chap. IV. the symptomatic analogies of insanity: the normal emotions, genius and eccentricity, dreaming, delirium in fever and intoxication, without, however, an attempt to explain the nature and relations of these different conditions.

In chaps. V. and VI., in nearly a hundred pages, the fundamental (elementary) disorders of cerebral functions in insanity are described; the mental and physical disturbances of feeling, intellect, will, speech, senses, motor and vasomotor functions, &c. Whilst in the second chapter (three pages) the author might have made more observations on pathology, we think that by shortening these last chapters they would become all the clearer and all the more welcome to the student.

In the next chapter (VII.) the causes of insanity are considered. As a general rule, the predisposing causes are by far more important than the exciting; frequently no exciting cause is needed. On speaking of the most important predisposing cause, inheritance, we do not see clearly whether Kraft-Ebing admits hereditary predisposition in a patient whose parents die of cerebral hæmorrhage. His experience on this unsettled point would have been very valuable, as one physician simply admits a vascular disease, and therefore no tendency to transmission at all; whilst another fears strong predisposition due to organic brain disease. And when the author exposes the metamorphoses in the transmission of the different nervous and mental disturbances, he

might have mentioned also, that often among the relatives of the insane we do not only find mental and nervous troubles, but also tuberculosis and sterility.

As regards inheritance, Krafft-Ebing admits the distinction between "erblische anlage"—merely latent disposition to mental disease—and "erblische Belastung"—insane temperament—transmitted morbid influences affecting the whole mental and physical evolution of an individual. We shall observe the same distinction when he speaks of prognosis, and again when he establishes his classification. Among the exciting causes, the author believes that too much importance has formerly been attributed to bodily illness, such as heart and lung diseases (tuberculosis).

Chap. VIII. treats of the course, duration and termination of mental diseases, and chap. IX. of the mortality of the insane. Bodily disease is more frequent among the insane than the sane, and their rate of mortality is higher. Every alienist, we fear, might easily furnish examples enough in support of Krafft-Ebing's confession, that in the insane the diagnosis of inter-current disorders is often more difficult than that of the diseases of children, and that pneumonia, typhoid fever, &c., may only be detected in the post-mortem examination.

In chaps. X. and XI. the author gives practical rules as regards the prognosis and diagnosis of insanity in general, and of its simulation and concealment. The whole physical, nervous, and mental appearances must be examined, as well as the previous history and ætiology. A detailed form for case-taking is given.

The last chapter exhibits the author's views on treatment in general before the outbreak, during the illness, and during convalescence. He recommends early admission into an asylum in nearly all cases; he advocates bathing and hydrotherapeutics in general, and is too fond, many would think, of narcotics, chloral and bromide of potassium. He hopes that galvanic treatment may prove successful, if not now in the future, as well as other new remedies, *e.g.*, nitrite of amyl, of which he has given nearly a thousand drops to a case of primary curable dementia. We think Krafft-Ebing is quite right when he asserts that, with few exceptions, no patient requires to be fed artificially before six or eight days, if he be kept in bed. He might have mentioned here the relationship between refusal of food and the commencement of consumption, which he does not point

out anywhere. Above all, we have to mind that insanity cannot be treated on one and the same model, but that each patient has to be treated according to his own individuality.

In the first chapter of vol. ii. Krafft-Ebing expresses his views on the classification of the different forms of insanity. They deserve a detailed account.

In the first place the author distinguishes the two principal groups :—

I.—Mental disease after the development of the brain and its functions.

II.—Mental disease due to arrest of development, occurring in an individual in whom the brain and its functions have never been fully developed.

This second group comprises the different degrees of idiocy and imbecility with the variety cretinism, the latter manifesting degeneracy as well of other organs as of the brain. The first group is divided into three well-marked classes :—

1. Insanity affecting a well-developed brain with normal functions—*psycho-neuroses*.

2. Insanity affecting a brain with abnormal functions, due to inherited predisposition or another morbid constitution—*forms of mental degenerations*.

3.—Mental disorder being simply the most striking symptom of *coarse cerebral disease*. Here we find—

1. General Paralysis.
2. Syphilis of the Brain.
3. Chronic Alcoholism.
4. Senile Dementia.
5. Acute Delirium.

Krafft-Ebing does not mean to say that in every case the so-called psycho-neuroses and mental degenerations are strictly opposed, and that there is no transition between them. However, as a rule, he thinks we may observe the following differences in ætiology and clinical course :—

#### PSYCHO-NEUROSES.

1. "Parasitic" disease, accidentally affecting an individual whose cerebral functions up to the present time were normal, and whose insanity was not to be foreseen.
2. Derangement due to temporary indisposition—severe bodily illness—and a combination of serious exciting causes. Hereditary predis-

#### MENTAL DEGENERATIONS.

1. Disease based upon the whole nervous and mental constitution of the patient, abnormal from his early life, in whom the nervous centres presented an unstable equilibrium, so that disturbance was to be foreseen.
2. Slight exciting causes may be sufficient, even processes of physiological life (puberty, menstruation, parturition, climacteric period). The in-

## PSYCHO-NEUROSES.

position may be present, but latent.  
(Brain functions normal until now.)

3. Tendency to recovery. Relapses rare.
4. Little tendency to transmission on descendants, and then in a mild form of psycho-neurosis.
5. Typical development and course, form showing a certain well-defined character, and in certain limits of time ending by recovery or dementia.
6. No tendency to periodical return of attacks or series of symptoms.
7. The delusions arise late; they are generally in conformity with the predominant condition of mind as in a logical way, satisfactory to himself, the patient attempts to explain his morbid feelings and emotions.
8. The fixed ideas, no doubt, are untrue; yet in a logical way built upon false premises in conformity to physiological life.
9. The mental disease is a well-defined contrast to health, and its onset is well-marked.
10. The actions of the patients are generally excited by conscious motives.

## MENTAL DEGENERATION.

sanity is principally due to a morbid constitution, inherited or brought on by injuries generally affecting the brain before its complete evolution. The mental derangement is frequently the culmination of a succession of increasing nervous disorders (spinal irritation, hysteria, &c.)

3. Little tendency to recovery, generally only temporary re-establishment of the former state. Great tendency to relapse, and development of higher forms.
4. Pronounced tendency to transmission on descendants, and in a higher, progressive form—progressive hereditary degeneration.
5. All forms of insanity may occur, but generally they have a profoundly organic appearance. Progress not to be foretold; symptoms varying frequently and abruptly, without apparent cause; never exhibiting a pure character, but a mixture of different types; general progress slow, often reaching death without further development, and never, or late, passing into complete dementia.
6. Great tendency to periodicity; periodical insanity is a symptom of degeneracy.
7. The delusions are "primordial," direct, spontaneous products of a diseased brain; they appear in an early stage, abruptly, without reasons assigned, independently of the general conditions of mind. They surprise the patient himself, and are adopted and explained only with difficulty. Delusions may be limited, or even absent, if there exist involuntary thoughts or original weak-mindedness.
8. The fixed ideas are often strange, fabulous and monstrous, so that the patient is scarcely able to explain them in a logical way.
9. The transition of the insane temperament into insanity proper is often invisible. Even in fully developed insanity there is here a curious mixture of incoherence and lucidity with consciousness of the illness.
10. The actions are frequently impulsive.

## PSYCHO-NEUROSES.

11. Gradual evolution and involution of the disease.

## MENTAL DEGENERATION.

11. Abrupt outbreak, abrupt termination (especially in periodical insanity and in symptomatic, hysterical and epileptic forms).

Krafft-Ebing sub-divides these first two classes in a different way. Among the psycho-neuroses he distinguishes primary forms, generally curable and secondary, following the former, exhibiting a persistent defect of mental power and incurable secundäre psychische Schwächezustände.

The primary forms of psycho-neuroses are—

1. *Melancholia* in two degrees: *Melancholia passiva* and *Melancholia cum stupore*.

2. *Mania* in the lighter form of *maniacal exaltation*, and the graver of "*Tobsucht*," raving madness.

3. *Stupidity, primary curable dementia*.

In melancholia and mania there exist, besides, transitory forms of very short duration, *raptus melancholicus* and *mania transitoria*.

The secondary forms may be separated into "secundäre Verrücktheit," and "Blödsinn" whether apathetic or excited. To these terms, closely related, of secundäre Verrücktheit and Blödsinn, the English incipient and confirmed dementia would best correspond. They are opposed to "primäre Verrücktheit," delusional insanity or monomania.

The class of mental degenerations contains the following types, each with different varieties:

1. Constitutional affective insanity—*folie raisonnante*.

2. Moral insanity.

3. Primäre Verrücktheit—monomania.

4. Mental derangements as a metamorphosis of a constitutional neurosis: of epilepsy, hysteria, and hypochondriasis.

5. Periodical insanity.

Chap. II. describes the various psycho-neuroses, the primary and secondary forms; and chap. III. the different types of mental degenerations—melancholic or maniacal *folie raisonnante*, congenital or acquired moral insanity, primäre Verrücktheit, in which Krafft-Ebing comprises the insanity with delusions of persecution or of grandeur, and the mental disorder consisting in "*Zwangsvorstellungen*," involuntary, impulsive thoughts. As regards the often misunderstood term of primäre Verrücktheit, we may reproduce the author's introductory remarks:—

"According to the opinions and theories of the old

alienists in Germany, the insanity with fixed ideas—Wahnsinn—followed primary conditions of melancholy or mania. If this dogma could not be proved, they were satisfied by assuming that the previous history of the patient was not fully known, and confidently admitted a preceding melancholia which had been overlooked or remained unknown. They believed that the delusions of the patients suffering from Wahnsinn and secundäre Verrücktheit—with weakened emotions—had been produced in the affective stage of melancholy or mania by morbid, *i.e.*, erroneous attempts to explain the morbid processes of consciousness.”

When the emotive or affective period of the disease had been passed, these delusions, essentially formed by a psychological process of reflection, and originally caused and nourished by vivid emotions, appeared to remain as a precipitate, a residue thereof, founding an entirely new personality, or leading to a complete change of relations to the outer world. This period of Wahnsinn and secundäre Verrücktheit formed only one stage before the terminal transition of the process into Blödsinn.

The delusions of these patients partly manifested depression (ideas of persecution); partly exaltation (ideas of grandeur). In substance they seemed to be due to morbid alterations of self-feeling; the delusions of persecution were ascribed to the depression of self-feeling in a preceding melancholy, and the delusions of grandeur to the exaltation of a previous mania. Frequently the exalted ideas were considered to be a mark of conscious reaction against the delusions of persecution, presenting to the patient a kind of compensation.

Whilst the French alienists never accepted such a one-sided and dogmatic theory, and never gave up the partially primary origin of delusional insanity—monomanie, Esquirol; folie sensorielle, Lélut, Voisin—the German alienists up to recent days adhered to a narrow psychological way of considering as secondary the so-called depressed and exalted Verrücktheit. Moreover, the dubious term of *partielle Verrücktheit* was introduced for a number of cases in which, refractory to theory, the patient did not become weak-minded, and, on the contrary, thought and acted rightly as far as his fixed ideas were not concerned. Ellinger, Kahlbaum, Snell, Griesinger, were the first to admit a primary delusional insanity, Ellinger using the term of “primäre Verrücktheit” without more details; Kahlbaum, in 1863,

introducing the name of "vecordia;" Snell, in 1865, accepting that of "monomania;" and Griesinger, in 1867, describing the delusions as "primordial," spontaneous, not founded on any emotional basis. Another term may also be unknown to English readers—that of originäre Verrücktheit.

There exist two varieties of pure delusional insanity, the first—delusional insanity proper—affecting an individual after a course of life no doubt abnormal, though not exactly morbid; the second—originäre Verrücktheit—in which somewhat analogous to moral and intellectual idiocy, an insane temperament slowly progresses from its origin into insanity, often without visible exciting cause, where in the child mental disease is developing itself just as health in the sane.

In opposition to some authors, who believe in an acute form of delusional insanity with rapid recovery to be very frequent, and often hardly distinguishable from melancholia, Krafft-Ebing says very little of such a form, and describes the general progress as slow, nearly stable, and the termination as unfavourable, although he gives several examples of recovery.

The rest of chap. III. is devoted to the different forms of epileptic, hysterical and hypochondriacal, as well as periodical insanity. We find no mention of male hysteria; evidently the author does not admit hysteria and hysterical insanity in the male sex. In "idiopathic" periodical disturbances the author has often prevented an outbreak by the use of morphia and by the use of bromide of potassium in "symptomatic" periodical insanity due to menstrual troubles. When in the next chapter, on cerebral diseases with predominantly mental symptoms, he speaks of the treatment of general paralysis, L. Meyer's derivative treatment by means of the ointment of tartarized antimony might have been mentioned. Among the causes also syphilis deserved special notice. Afterwards, the author no doubt admits that chronic alcoholism, as well as the specifically syphilitic mental disease may end in general paralysis.

With many German writers, Krafft-Ebing considers delirium tremens to be a mere symptom of chronic alcoholism, and ranges its grave form—Magnan's delirium tremens febrile—with acute delirium. We wish we could say with him that there is no case of acute delirium in which we are not able to find in the brain morbid changes even by the naked eye.



Vol. ii. is brought to an end by chap. V.: congenital insanity, idiocy and cretinism.

As regards vol. iii., little needs to be said. It is a case-book, containing 159 observations illustrating the various forms. Each group is preceded by a short recapitulation of its characteristics in reference to vol. ii. But every reader will regret that the author did not attempt to give standard descriptions, and has so often restricted himself to simple sketches, as he admits himself, in the introduction.

Often when we are perusing a German book, it strikes us how difficult it must be to write a good one, as too often it is so difficult to read it. No doubt for scientific purposes the German language is not very favourable; there exists such a confusion of terms, materialistic and not materialistic, which often prevents clearness and consistency of thought and expression. Besides, the Germans have a peculiar way of explaining everything by a theory, of circumscribing every observation by a profound speculation on anatomical and physiological conditions, on anæmia and hyperæmia, and molecular constitution, &c., even if they do not know very much about it. Although in that respect Krafft-Ebing has been comparatively moderate, and is of course free from the latter charge, we cannot help thinking that he might have spared his readers some elocution of this kind. Take, *e.g.*, delusional insanity: "The negative post-mortem appearances in delusional insanity call for the supposition that the disease affects the inmost molecular processes of the "Denkzellen"—thinking cells—of which the characterological (!) peculiarities before the illness and the primordial morbid ideas during the illness, appear to be the clinical expression."

Does such a sentence—and there are more like it in this book—really mean very much? And does it mean more in monomania than in any other mental disease? And yet another remark. In general, Krafft-Ebing's book is better written, and much more intelligible, than other German books on mental pathology; the author, however, seems rather too fond of provincialisms and foreign words which nobody knows, and might not even find in a dictionary, although the Germans have got good words and constructions of their own. Too frequently, also, he heaps a crowd of phrases into one, so that we sometimes ardently desire that the author would use his dissecting knife and cut in two these long sentences, for their own sakes as well

as ours, for each part would enjoy an independent existence none the less. We could also wish the author would not use a certain class of expressions, which unfortunately seem to have been adopted as stereotypes in too many German books on mental science, such as "*hypertrophy of character*" in monomania; *caput mortuum* in terminal stages, e.g., of general paralysis; *rest of a cemetery* for the condition of mind in confirmed dementia; *proteuslike mental style of architecture in the convolutions of the cortex of the brain, &c.*

But of course these are superficial blotches, of little account when the total value of such a work as this is considered. Since Griesinger, it is one of the most valuable works which the Germans have given us as a comprehensive treatise on mental disorders. Krafft-Ebing's other work on the Criminal Responsibility of the Insane is a most able work, and avoids the mistake of separating the cases from the context. His rich experience as an expert makes his observations of the greatest value, and the amount of labour bestowed upon these and other contributions to Medical Psychology evince an indefatigable worker and writer truly admirable. Throughout Krafft-Ebing's works there is, in spite of the few criticisms we have ventured to make, a philosophical breadth which is too seldom found.

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*The Kindergarten Principle.* By MARY LYSCHINSKA. London: Isbister, 1880.

If the mental functions of children develop in a determinate order, if the unfolding powers of the brain must pass through definite stages in order to reach maturity, it seems clear that any attempt to interfere with this order and with the normal succession of stages must involve great danger to the mental health of those subjected to such interference. Comenius,\* Pestalozzi, Froebel, and other reformers have done good service to the cause of education by pointing out that educational methods must be based on "the method of nature,"

\* His work, "*Orbis Sensualium Pictus*," appeared in 1657, in which it is observed "The first education should be of the perceptions, then of the memory, then of the understanding, then of the judgment. The schools are wrong in first teaching languages, and then proceeding to things. Things and words should be studied together, but things especially—the object both of the understanding and of language." See an interesting article by Prof. Calkins in an American magazine, "*Education*," edited by T. W. Bicknell.