

*Introductory Lecture to a Course on Psychiatry, delivered at the Imperial Joseph Academy in Vienna, November, 1866.* By BARON J. MUNDY, M.D., Staff-Surgeon-Major in the Army of His Imperial Majesty the Emperor of Austria; Membre Associé Étranger de la Société Médico-psychologique de Paris, &c.

UPON the noble ship of medicine, which sails proudly on the ocean of knowledge, decked out with gay and varied flags, there floats, my honoured friends and colleagues, one banner inscribed with the word "Psychiatry." It is, I might almost say, the last one added and the lowest in position. For although in the future we may hope that it will be uplifted higher, and acquire more and more prestige, so as probably at length to range itself on a level with its auxiliary sciences, with pathological anatomy, physiology, and practical medicine, and with other specialities of this last, as a worthy equal with them, yet, alas! this happy event is not yet realised! Still, my friends, we must feel impelled to advance further and further along the new road that we have entered upon—that practical and positive path whereby alone we can attain to that goal at which we aim, the goal of truth and perfection. And, in fact, my friends, if I to-day, in this introductory discourse, do not unveil before you the dreary picture of the past in respect to this science of psychiatry—if I withdraw from memory all those dark deeds and barbarities that prevailed of old, and gladly let oblivion cover them, it is with the view that I may do homage to progress, and thereby place myself in harmony with you; for the purport of our inquiry into this science of psychiatry is, to find not what was, but what is, and still more what shall be, and what shall be for the better, and at the same time to investigate and advance it. In considering to-day the principles (stand-point) of this science, I shall therefore, first of all, take up that division which is known as clinical psychiatry.

You are aware that clinical psychiatry is, in comparison with clinical instruction in other branches of medicine, very little attended to, and is also consequently not so often undertaken as might fairly be desired and as it has a claim to be. The reason of this is a simple one. Its clinical study stands aloof; it is not readily accessible; it is not so free, independent and diversified, and it is not so public, as clinical medicine or clinical surgery. You will, moreover, in the course of your medical experience, have remarked that when a patient, in attendance either in the out-door or in the in-door clinique, perchance exhibits symptoms of that dis-

order which we designate insanity, he is as speedily as possible transferred to the lunatic asylum as the only suitable place for his case. Clinical teaching in psychiatry, though you may desire it, is consequently, as a rule, only accessible in a lunatic asylum, to which it has hitherto been the custom to allow admission to visitors as few in number, as seldom and for as short a time, as possible. Whence it happens that, though you would be held to blame for not knowing how to proceed with any case in any other special department of medicine or of surgery, you would at the present day be deemed excusable if, when called upon to deal with a case of psychosis, you should find yourselves inexperienced and ignorant respecting it. Those who are military medical officers, and therefore often stationed in outlying places, where no other professional man is to be found, would be sorely blamed if they did not understand and carry out even the most serious operations, or a difficult labour, the operation for hernia or laryngotomy, or if they were not fully acquainted with every usually recognised branch of practical medicine, and yet at the same time they would be as readily forgiven should they not know how to treat a lunatic. This illustration is sufficient to indicate how important it is that this branch of practical medicine should be cultivated, and how much it is the duty of the physician of the present day to make himself acquainted with it. The hand-books of psychiatry hitherto published, although they offer a mass of valuable matter, and are very carefully compiled by their several authors—and it is known to those who have studied at the larger universities that the local psychiatrist, as a rule, considers it his business to prepare a text-book for his class—yet they are always unsatisfactory to the practical physician. You can also understand that a hand-book cannot always convey to you the teachings of practice. In short, the field of practical psychiatry must be cultivated afresh, and be sown with good seed, and all physicians be enabled to reap the fruits.

In its legal relations, also, the necessity for a knowledge of this special science is easily perceived; and if you—as may so often and readily occur in your practical medical studies and occupation—should be called upon as experts to give evidence in a case of insanity, you would be at once convinced of the importance of a knowledge of mental disorders in their forensic bearings, and of being able to form a correct estimate of all details according to the newest principles of the science. But should you by no such considerations be induced to devote yourselves (which, for the honour of science, I will not suppose) to the speciality to which for a long period I have dedicated myself, yet you will recognise the duty that must often devolve upon you, as practising physicians, of understanding this branch of medicine in its therapeutical relations. Lastly, if the management of the insane may have hitherto been to you a matter of indif-

ference, you may nevertheless consider it to be an admitted fact that this subject, as heretofore conducted, and so far as it does not rest on that basis which for the future must be accorded to it—that, I say, psychiatry in its administrative relations must surrender many things still attaching to it, and must renounce many prejudices that have up to the present time clung to it. Proceeding upon these principles, thus briefly sketched, I shall furnish you a secure and true basis for the series of lectures I propose to deliver. Upon taking a nearer survey of this basis, I shall have occasion to speak to you again of the clinical, legal, therapeutical, and administrative relations of psychiatry, as understood by, if I may use the term, the “new school.” To the building up of this new school I make no pretensions as a contributor, for my personal importance in the matter is of very small account; but it has been established by men who have had the advantage of clinical experience during the last thirty years in this speciality, men who also enjoy the highest reputation in science in general, and behind whom I have no need, as it were, to barricade myself, and who are likewise authorities in medicine. You may, indeed, inquire why I have not adopted as the subject of my lecture to-day the history of psychiatry from the oldest time until the present period, and why I do not recount the names of these men in triumph.

My friends, the plan I have struck out is the reverse to this. These names, which possibly you may just now long to learn from me, will be often cited by me in the course of these lectures in their suitable places, whilst if heard at the present moment they might soon fade from the memory. The history of psychiatry will, however, be displayed before you in all the phases of its growth, and, indeed, if you have condescended to read through my programme of these lectures, you will have observed that I have deferred the history of psychiatry to the close of my course, when those names will be thankfully greeted by you as those of beloved acquaintances.

If you now ask me, as you very rightly may, how and wherein the principles of the science at this modern period are to be sought, I have in reply to reiterate what I have already stated. In the first place, they are to be sought in the clinical element already insisted upon as requisite. Clinical instruction, my friends, as at present conducted, does not, for the most part, meet the requirements of the case. From the general remarks made you will have gathered that it does not supply what is demanded. The clinical study of psychiatry should in future be public, available to all, like other clinical courses, and should be pursued in the chief towns, or in places where a university is founded, where both instruction and material for it can be obtained. For this purpose apartments for prosectors should be provided, such as, indeed, have been established in some towns, together with an unrestricted supply of material for the end in view, so that,

as is essential, the theoretical lessons of the lecture-room may be there practically exemplified. The teaching must be rigorously sifted and purified from all those conditions which at the present are found connected with lectures on psychiatry and with the practical demonstrations, which cannot be adequately illustrated by a disproportionate number of chronic cases. In truth, would you not be astonished at a surgical clinique if patients with united fractures or labouring under chronic disease were the only examples brought forward for the purpose of practical instruction? And so you find that in lunatic asylums the aggregation, the multitude, of patients does not afford you means for discovering those subtle differences which you, above all, require for forming a correct diagnosis and prognosis—I mean in acute and chronic cases. It is an old and true proposition that the series of pathological changes which have been discovered in the insane leave it a difficult task to distinguish a recent case from an old-standing one by the morbid changes existing. But even if the patients were collected in groups, and arranged in classes having no scientific basis nor capable of exact definition—however rich they might prove in tables, figures, and conclusions, though, nevertheless, very poor in results—it would be easy to show that it would be barely possible for the student to distinguish acute from chronic cases, and to study them in a satisfactory manner. Consequently the clinique of the future, according to the wishes of those whose opinions are valued, should present a limited number of patients, and from this restricted number intended to afford instruction the professor of psychiatry would select the most instructive among them, and, after a theoretical statement relative to the pathological, anatomical, and physiological features of the cases in their varied relations, would practically demonstrate the psychosis in the patients themselves. This would constitute a great advance, and it would be well, my friends, if all agreed with me on this matter.

The second direction in which psychiatry should make progress is in the way of its legislative (legal) bearings. Legislative hopes for the future in reference to these relations are great. Just as the struggle at present is arduous to promote decentralization in matters of administration, and as much effort is needed to institute a system of therapeutics based on the newest principles of dietetics and the laws of hygiene, so like strenuous endeavour is required for instituting salutary rules for the management of the insane. But there is no longer need of many and persuasive words to convince you of the duty of procuring the entire abolition of that principle of restricting the movements of the insane and of the plan of sequestration, which has constituted the fundamental law in lunacy legislation; for this principle must always operate injuriously upon all those conditions (factors) which are needed to promote a sound state in ordinary persons, and still more in those afflicted with disease. It is, in truth, no mere

fancy, but a fact based upon one of the greatest examples, of which I shall hereafter have the honour to speak, that free movement, the unimpeded power of enjoying light, air, and warmth, the participation in family life, with all the other conditions of existence, in a word, the laying aside of that apparatus of restraint, which has hitherto prevailed so powerfully in the treatment and management of the insane, and does even still prevail more mightily in legislation—this renunciation of restraint, I say, has wrought the best and most important results. And I may here remind you of a colony of insane of which I have hereafter to speak at large—I mean, Gheel, in Belgium, where upwards of a thousand lunatics live free, without restraint, among the ordinary inhabitants, reside with them, cultivate with them the fields and farms, resort with them to church and school, act as nurses for their children, and lead an ordinary, natural family existence, such as we are accustomed to value in our own homes. But another more important matter in legislation is that, by reason of the necessary conditions for such freedom, the lunacy laws must undergo a complete transformation, and a new code, based upon this principle of freedom and the absence of restraint in the treatment of the insane, must be established. That such a course is practicable I may illustrate by another brief example, namely, that in England a population of 50,000 insane in asylums are managed without resort to restraint; and not only is this the case, but the Parliament has elevated the principle of non-restraint to a legislative act, whereby the physician who should impose restraint upon the insane is rendered liable to prosecution and is exposed to the loss of his appointment. This mode of treatment of the insane, which is known by the name of “non-restraint,” and which has been energetically, though without any reason, opposed in Germany and elsewhere, owes its establishment to a man whose loss science has lately had to mourn. You will allow me to-day here to mention his name—it is John Conolly, the first psychiatrist of England, but who also deserves by his merits to be called the psychiatrist of the world.

It is readily understood, my friends, that as the condition of the insane is prone to vary so remarkably when viewed in connection with legislation, it must also clearly undergo changes in respect to administrative details. As it now is my desire to establish in a great city, possessing a university, a clinique for the education of psychiatrists and practical physicians, the same course must be followed as in the case of the majority of other chronic maladies, and psychiatry must be considered under two heads—the teaching and the administrative—instruction and practice. When we have to deal with a so-called *fait accompli*, in the shape of a chronic case, where no hope of cure remains—when we have hereafter reached the subject of prognosis we shall there recognise, as, indeed, we have in some measure recognised, a *de facto* distinction between curable and

incurable cases)—we must pursue a different course with this incurable case than with one in respect of which we have the best hopes of recovery, and as one affording material for clinical instruction. These so-termed incurables, when they are poor—and I throughout am speaking of the public provision for the insane—must as often as possible, both for their own sake and for those who pay for them—the taxpayers—be made productive or remunerative. We must therefore not lodge such in the city in a magnificent palace, as is even now done, and detain them in a state of idleness, but employ them upon the land, or in the handicraft to which they have been trained, or turn them to account in any sort of occupation for which they have the capacity. The administrator would occupy his position in the institution, which may be called an asylum or industrial establishment, whilst the teacher would have his clinique in the city. The provinces should thereby be no losers, for the clinical material of the provinces would be also turned to scientific account in the hands of a well-trained psychiatrist, who would be at the same time in a better position, in the discharge of his administrative functions, to profitably develop the industrial resources of the institution with greater ease and success.

The therapeutical element will also be a gainer; for we by the same means arrive at a systematically disposed clinical treatment. And the question may here be put, wherein does the treatment of mental disorders consist? The brief answer I shall make is, that it consists in precisely what in practical medicine the treatment of a patient consists. As at the present time all psychoses are excluded from the several courses of clinical instruction, it happens for the most part that the general physician recoils from a case of lunacy because of its novelty to him, and of its obscurity, in face of its mechanical treatment may I say, and he says to himself, I know nothing whatever of the various symptoms and changes which the patient may undergo betwixt to-day and to-morrow, or between to-morrow and the day after; I also do not know the danger: on the other hand, I am obliged by the law not to neglect my duty towards him, and therefore I must give up the patient and transfer him to the only place which has for its special object the treatment of the insane. But when the physician in general practice has acquired besides the ordinary principles of practical medicine a knowledge also of mental disorders, and will trust himself with the external remedial measures necessary, he will arrive much more readily at a correct judgment respecting the case, and will only transfer his patient to an asylum for special treatment when from his thorough knowledge he recognises the patient to be dangerous to himself or to others.

If we examine somewhat more closely and in detail the origin of the lesions in psychoses, we arrive first of all at a class of disorders which exhibit themselves in connexion with the brain and have their

seat there. Now, you all know well enough that general practical medicine undertakes the consideration and treatment of the whole series of diseases of the brain in its widest acceptation. You come further to other disorders, which partially have their seat in other organs or tissues, as for instance in the nervous and in the urino-genital apparatus, and lastly, in all those parts which must have been studied by you in their pathological connexions, as the spleen, the liver, the stomach, the intestines, &c. When you, therefore, particularly in this speciality, will give yourselves the trouble to learn, with the same zeal and assiduity you manifest in other departments of practical medicine, and when you have made yourselves accurately acquainted with the diseases of the brain, and all the pathological changes belonging to them, and have studied those of the nerves and central organs, you will gain by means of this information a knowledge of the lesions, and therewith a practical knowledge of the psychoses accompanying them.

You will only further need described to you the heterogeneous phenomena which immediately appertain to the speciality known as psychiatry, in order to gain that practical experience of cases of insanity which for the most part was not brought under your notice in the history of pathology taught at a former period in your clinical instruction. The diseases which primarily involve the psychoses are those of the brain and nerve-apparatus; these we are called upon to deal with in the circle of our rough observation, and I must to-day deplore that in the course of my remarks I shall not be able to make use of material that will enable me to demonstrate to you upon the dead-subject and preparations, in its anatomical and physiological relation, that which I have laid down as the prolegomenon for the theoretical part and as likely to be found necessary.

The theoretical part of my subject is that which it will be the more convenient to restrict; and the more so, since I wish thoroughly to consider the clinical portion. I shall consequently deem it my duty to lay before you the theoretical as often as possible in conjunction with practical instruction, and discuss it with somewhat more rapidity than is the custom. Diseases of the brain, diseases of the nerves in all their ramifications,—I might say in their mysterious ramifications, for you know only too well that more than the usual degree of mystery and obscurity attaches to cerebral disorders,—these, as exhibiting themselves in connexion with psychoses, will constitute a subject for our earnest consideration in their manifold relations. Nor must we in treating that subject forget to notice the great progress which has been accomplished in a field heretofore lying fallow, by the elucidation of late years of the pathology of *degeneration*. This modern important doctrine bids fair to contribute largely to the purposes of practical pathology; for it is evident that, though not many, yet some laws of the highest im-

portance may be deduced from it. It would not, I believe, be difficult to persuade you that it happens that, in this science above all others, we are in a position to establish laws upon actually observed phenomena and on experience, to which we thereupon assign a definition and a name. But should we not be in this position the true value of our investigations is lost to us, and we make an approach rather to hypotheses than to truth.

Thus Degeneration—"morbid anthropology"—in all its forms, whether external or internal, and all such as invade the internal, and still more those that affect external organs, must form the important subject-matter of our next discourse—conditions which as yet are new in the teaching of mental disorders, and on behalf of which I ask your earnest attention.

These subjects being discussed, we come lastly to the principles of treatment as laid down in harmony with the latest teachings, and with the practice of non-restraint; and it will be for us to consider whether the insane are to enjoy their freedom with all their peculiarities, and with all the advantages and disadvantages of the mingling of diseased and healthy individuals. On this question, I shall have the opportunity of placing before you the results of personal experience and of prolonged study in the countries already named, and in numerous asylums throughout Europe. Thus you will see that the matter lying before us, although it may be theoretical in character, possesses also a practical value, and it will be my endeavour so to deal with my subject that when you are called upon to visit an insane patient, instead of saying with some perturbation,—"Do not ask me. It is not in my way. Send to the Asylum."—you will with full confidence, if you have been a profitable learner of the pathological and of the clinical portion of my teaching as based upon that theory which I maintain, be enabled courageously to say, when called to such a case, "I will attend to it at once." Then will the speciality of psychiatry be united in your case with general practical medicine, and that most admirable goal in science be attained, namely, "universality."

Let me in conclusion, my friends, thank you for your attendance here to-day in such numbers and in such earnestness.