

their detached position one from the other; and yet the whole asylum life would be one complete system, through the common dining-halls and recreation-hall, the general bath-houses, laundry, workshops, &c. &c., as much, at least (I think more so) than is found in the existing gallery system of asylum architecture.

*An Introductory Lecture read at the Opening of the Clinique for Nervous and Mental Diseases in the Royal Charité in Berlin, 1st May, 1866.** By PROFESSOR W. GRIESINGER, M.D. Translated by JOHN SIBBALD, M.D. Edin., Medical Superintendent of the Argyll District Asylum.

GENTLEMEN,—I now commence a course of clinical demonstrations and discussions in which mental and nervous diseases are for the first time to be made the subject of instruction in union with each other. The position will also on this occasion be outwardly and practically realised, that diseases of the nervous system form one inseparable whole, of which the so-called mental diseases only embrace a certain moderate proportion. This position is by no means one which has been accepted as a matter of course. It is a scientific acquisition only of the present day, the recognition of which will cause great changes, remove many errors, and must open up new developments in all directions.

A comparatively small proportion of nervous diseases are found in asylums; and they are placed there only from outward considerations of treatment and protection, such as the necessity for separation from the ordinary conditions of life, isolation, occupation, &c. &c. The phase of our specialism in which these alone were recognised as coming within its province has now been passed through, and I believe that the time will soon arrive when only those will be true specialists in psychiatry who survey the whole domain of nervous disease, and cultivate it as widely as possible.

It has been supposed up to the present time that the study of mental disease was distinguished by some difficulty *sui generis*, and that the study of ordinary medicine had no direct bearing upon it—that the only entrance to psychiatry lay through the dark portals of metaphysics. And yet the other cerebral and nervous diseases which, with the so-called mental diseases, form an inseparable whole, have not, so far as I am aware, been hitherto much elucidated by metaphysics; and in Germany the time has quite passed away when

* Professor Griesinger furnished some explanatory notes for the report of this lecture, which appeared in the 'Archiv der Heilkunde.' They accordingly accompany the English translation.

psychiatry could be developed from a specially philosophico-psychological point of view. *Ætiology, diagnosis, prognosis, and therapeutics*, are the departments in which we must seek both our work and, that being successfully accomplished, also our fame. Therapeutics especially derive the greatest advantage from such undivided study of all nervous diseases. Every acquisition in one branch of the subject exerts a beneficial influence upon the whole.

And, in regard to forensic medicine, can it be doubtful who is most competent to form a legal opinion on morbid conditions of the mind? He who has not made the hereditary conditions of mental disease an object of study, who has not learnt by much observation of their peculiarities to recognise those that are predisposed to insanity, who has no thorough acquaintance with epilepsy, who has no knowledge of the highly interesting changes which occur in lesions of the nervous system, will play a sorry part as a forensic expert in doubtful conditions of the mind. If one proceeds upon abstract propositions, perhaps on the supposition of conflicting good and evil principles in humanity, or directs his attention to the investigation of obscure and subtle questions, he cannot perform his duty here. But if he carries on the psychiatric consideration of the whole individuality with real positive knowledge—and this is certain to be so much the more possible the more one is at home on the whole subject—to him, as was remarked above, our speciality will satisfactorily unfold itself.

Thus, if I were to indicate by one word the point of view from which I form a conception of mental disease, it would be the *neuro-pathological* or rather *cerebro-pathological*. And my intention today is to direct your attention to a part of the subject upon which you are now entering, in the light of that conception, and to lay before you a series of examples of how I regard the interdependence of all nervous diseases, and thus to introduce you immediately to some of the most interesting facts of our science.

Among the insane whom you will see here you will, from an *ætiological* and *pathogenic* point of view, be able to distinguish two principal groups.

The one consists of purely acquired, so to speak, *accidentally arising*, diseases of the brain, which are marked by such predominating mental derangement that we call them mental diseases.

An injury to the head is very often followed as an ulterior result by a so-called mental disease. You may be brought into an asylum for the insane in consequence of swallowing the eggs of a *tænia*. Syphilitic diseases, degeneration of the arteries of the brain, disease of the internal ear, previously existing typhus, or a sudden suppression of the menses, may produce an affection of the brain accompanied by mental derangement. Sudden and great terror may be the cause of very intense mental and other symptoms of cerebral disease; and

the persons who become ill in this manner are not necessarily characterised by any special peculiarity; they may be cultivated or uncultivated, intellectual or unintellectual, and of any condition as to disposition, character, or manner of life.

But another, a second group, much larger than the foregoing, consists of patients in whom brain disease with derangement of the mental functions arises in a less fortuitous manner—with whom the predisposition thereto has existed, not only in themselves, but in their family. Yes, gentlemen, it is a certain truth that a great part of the life-destiny of mankind is determined with infinite fixity through influences which have wrought upon the early germ; that thousands, without fault of theirs and without the possibility of helping it, bear the heavy burden of this predisposition, and that the step-children of nature as often become also the step-children of destiny. At the first glance the truth may appear only sad and disheartening. But the science which makes us acquainted with the circumstances also indicates the remedy. It teaches us how so severe though unavoidable an evil may be influenced prophylactically, and must be so influenced—how hereditary predisposition may be overcome, removed, or at least diminished, by the renewing of the blood in families and by morally ordered life in individuals. Medicine can here, indeed, only counsel, not command; but it will only be when its influence over these conditions comes completely into play that its great social end will be fulfilled.

Now, this predisposition which we find in so many of our patients is to be conceived of as neuropathic, and not merely as psychopathic, and it will only be completely understood by a survey of the whole domain of nervous disease. It is not alone from mental disease or from peculiarities, eccentricities, and such like, that the parents and blood-relations of those who come into asylums have suffered, but from epilepsy, hysteria, hypochondria, chorea, chronic headache of unknown origin, from paralysis and from nervous irritation; and we have to investigate all these conditions if we wish to acquaint ourselves with the real predisposition of our patients.

Those persons who are thus predisposed may, however, be again divided into two sections.

1. Persons with simple hereditary or family predisposition. The parents or blood-relations may have suffered from mental or nervous disease, but still there is no appearance in them or in the family of any remarkable bodily deformity—no signs of what we may name, according to that excellent alienist, Morel, degeneration, that is, deterioration of race. These cases are not so frequent as is supposed, yet they do occur. I possess the genealogical tree of a family through two generations, including twenty-six individuals. Among these there are nine insane, besides five who have committed suicide, several others being regarded as eccentric and of somewhat irritable

temper. I was myself lately acquainted with several members of this family, and the circumstances of others of them were communicated to me in writing. The greater number are well formed, strong, and some are really handsome persons; several are intellectual, useful in their condition of life, and some are held in high esteem. They bear no appearance of degeneration, the decided hereditary tendency has not as yet assumed the character of deterioration of race, and, what appears to me to be well worthy of remark, although there are in this family several suffering not only from mental but also from nervous symptoms, there is not among them a single epileptic.

2. More frequently, however, than those just mentioned, we find persons of hereditary neuropathic predisposition who have something in their organization which distinguishes them from the majority of mankind, who by some form and in some part of their frame are marked as peculiarly afflicted by nature. These signs of degeneration may consist in very slight and minute changes. There may be counted among them, for example, many peculiar forms of the external ear.* And although we find these alterations in persons who in every other regard are normal, and where they may have little signification, we are scarcely on that account justified in considering their appearance among those affected with nervous or mental disease as accidental, for it appears to be proved that these anomalies in the structure of the external ear are most frequent among that class of patients.†

I am inclined to believe that there is also a certain condition of the eyes which may be considered as a sign of the neuropathic predisposition, though not, perhaps, of degeneration; for these eyes may be very beautiful. I will not, therefore, describe further this not very frequent appearance of the eye; but when it presents itself among our patients I shall not fail to direct your attention to it.

The most unmistakable and striking manner, however, in which the degenerative character is shown is in the frequent condition of dwarfing of the body, retarded sexual development, malformations of the sexual organs,‡ deficient formation of teeth, excessive action of the facial nerve of one side, especially disagreeable expression of the countenance, and last, and not least, in the different forms of malformations of the skull. In such families the strangest and most interesting combinations of nervous diseases occur. An epileptic

* Morel, 'De la Formation du Type,' &c., 1864, p. 36) considers the malformation of the external ear as not necessarily a sign of degeneration, but as for the most part associated with a neuropathic condition of the parent.

† Among the 104 insane persons who are at present in our lunatic department there are only 22 with perfectly complete and well-formed ears.

‡ We have an extraordinary case of this kind in the department—a woman without a uterus. She had occasional attacks of erotic delirium, which, however, were of some duration.

young female, with degenerative formation of head and face, had a sister who came into the world with a defect in the skull, and probably in the brain, and who died in the second year of her existence, without having exhibited a trace of mental development; the father and one brother are eccentrics, who take a gloomy view of everything, and, what is worthy of remark, another brother of the father died of diabetes. This is not a singular example of the occurrence of diabetes in neuropathically and psychopathically predisposed families; indeed, it is often supposed to be primarily a lesion of the nervous system.*

When once insanity makes its appearance in a family in which considerable signs of degeneration exist, epilepsy will seldom fail to be found, and these signs will be found more frequently among the epileptics than among the insane. In epilepsy, quite as much as in insanity, a division into two groups is to be observed—the purely acquired, or, so to speak, accidentally arising: and those depending on internal predisposition—cases frequently exhibiting the degenerative character. I spoke fully on this subject during last session, in the clinique for nervous diseases.

No well-defined difference has yet been shown between the forms of epilepsy in these two great groups; but the neuropathically predisposed insane frequently, though by no means always, exhibit something peculiar in the form of the mental derangement, so that we may, in a certain number of patients, know from the form of their insanity how to arrive at a pretty certain conclusion as to the existence of the neuropathic predisposition. We are here again indebted to Morel for the observation of these facts, and I shall have many opportunities of showing you examples of them.

He only who has been accustomed to direct his attention to the symptoms and signs of the neuropathic taint can in a court of justice, and, indeed, even in ordinary life, understand the condition of a great number of individuals who to others would appear to be quite inexplicable problems. We certainly meet with not a few of these persons in everyday life, or we find them, where they are brought by their errors or their crimes, at the bar of justice or in the prison, though many go through the world like other men, without exhibiting any actual outbreak of insanity.

Some astonish us by their irritable, passionate, abnormal, eccentric condition, which to those in health appears incomprehensible. Others always remind me of the colour blind. As there are persons who

* I have lately for the first time observed a case of diabetes mellitus in a person of unsound mind, with a great proclivity to distressed condition of mind, harbouring thoughts of throwing herself out of the window. Professor Seegen, of Carlsbad, who has had much experience in diabetes, informed me, during a late visit, that he had frequently observed mental derangement accompanying this disease.

can distinguish neither red nor blue, nor yellow, but see everything as if it were grey, so there are persons to whom the whole many coloured profusion of the æsthetic and moral world is, in consequence of a certain organic peculiarity, not recognisable, and to whose mental vision everything appears of one unvaried grey. There are yet others who are not deficient in the perceptive or receptive faculties, but in the "reactive," the emotions and the will. They are quiet, tranquil beings, in all conditions of life the saddest as well as the most joyful; they remain continually calm, not from any internal equanimity and harmony, but from frigidity—from a frigidity which to persons in normal conditions appears inconceivable and monstrous. There is here an emotional defect of an altogether interesting kind; as there are refined and æsthetic geniuses, so there is also a decorous and æsthetic shallowness, which may go the length of idiocy, and the examples of such deficiencies might be indefinitely extended.

But it will be asked, to what doctrine will such views lead? Are, then, these individuals diseased? Are they insane? Are they, as insanity is disease of the brain, suffering from brain disease? May not people be in any way different from one another? Must all be cut according to the same pattern? Will not the alienists, as I have actually heard it said, be taken for mad—they who see nothing anywhere but mental peculiarities, who in the end would desire to put down for monomania every originality and even genius itself?

It is quite right that these questions should be put forth, so that they may receive an immediate answer. All these individuals are not yet either insane or suffering from disease of the brain; in many it remains during life as a mere predisposition, and something more requires to be added on before predisposition can pass into disease. But it must be acknowledged to be a very decided anomaly if a person regards the impressions received from the external world and from his own body differently from the generality of mankind, and if he thus forms a different idea of the surrounding world; if the power of comprehending whole provinces of thought and feeling is denied him, so that he cannot attain to all the characteristics of humanity, or if he is possessed of tastes, instincts, and passions, quite foreign to the great majority of mankind, but which in him have an almost unresisted power. We have good ground for the belief that such a deficiency in mental equilibrium depends on an abnormality in the psychical mechanism of the nervous system, for the increase of these anomalous conditions of the mind is generally accompanied by symptoms of bodily disease, such as a convulsive seizure or a peripheral irritation of some nerve province. For instance, irritation of the pudendal nerve may introduce and excite these anomalies, or a peripheral anæsthesia may accompany them during their advance, and may exist and disappear along with them.

The power of observation in the alienist is at least sharpened by exercise as regards those persons who show their insanity more by deeds than words, deeds whose import as signs of mental aberration is incomprehensible to the non-professional public; and consequently, he does not confound originality and genius with monomania. For this diagnosis he has only one, but that an infallible, test:—By their fruits he recognises both.

But when, from the neuropathic point of view, he looks behind the pathological *coulisses* he will meet with surprising results indeed. One of the parents or grandparents of one of these singular individuals was insane, epileptic, and deeply hypochondriacal, and died of diabetes; one of his brothers or sisters suffered from vertigo, another from chronic headache, &c.; the individual himself has already had attacks of convulsions or of vertigo, perhaps only a single one, but one epileptic seizure is enough to entirely change the nature of a person; the man may become eccentric, or the woman “nervous.” And if only one of the brothers or sisters has so suffered the family constitutes thus far to a certain degree a pathological unity, an attack of convulsions or a severe neuralgia so often vibrates through many of its members.

So much, gentlemen, I wished to remark at present on the conception of the predisposition to mental disease from the neuropathic point of view. It would be just as easy for me to represent the inseparable and intimate connection of the symptoms of the so-called mental diseases with other nervous diseases, and thus to illustrate further the correctness of the neuropathic view.

In the brain diseases which we call mental diseases anomalous phenomena of movement and of sensation play an important part, and the latter class especially constitutes sometimes the whole foundation and cause of the mental disturbance, so that such disturbance does not appear or ceases to appear, according as the anomalies of sensation are absent or are arrested. I do not speak here of hallucinations, which are something more than pure sensations, as we shall see further on. I would rather speak to-day of certain forms of mental disease which are so directly connected with anomalies of sensation of an ordinary kind; the whole malady is, at its commencement, only an abnormal sensation, and exhibits no real aberration in the sphere of the emotions, nor, indeed, of the intelligence, and which show us so completely the intimate connection of anomalous conditions of the mind with other nervous diseases.

You know what part the *aura* plays in epilepsy. In a great number of cases it ushers in the attack, which explodes in convulsions; and we have good reason to believe that, though it can be truly peripheral, it may also be entirely central in its origin. Now, there are cases of *permanent non-explosive aura*, which are nothing

else than mental disturbance. These highly interesting and by no means rare cases I consider very remarkable and peculiar, though they are as yet almost wholly unrecognised conditions. They would fill a large chapter in the special pathology of cerebral disease, as they present very different appearances according to the organ or part of the body from which the aura proceeds, or appears to proceed, for it must be borne in mind that here also it may be undoubtedly central in its origin.

Among the best known are those cases of patients in asylums in whom an abnormal sensation in the region of the epigastrium gives the key-note to the whole illness. Like a stone, or like a hundred-weight, say these patients, it lies in the pit of their stomach; from this it arises, from this the thoughts become confused, or strange thoughts emanate; were this absent they would have no distress, and would be in health. These cases are often known as precordial distress (*Præcordialangst*), under which name, however, other affections are included.* Sometimes the sensation appears of a very decidedly streaming character, as a real but non-explosive aura. I can never forget the case of a strongly built vigorous rustic, who for a whole month spent the greater part of each day weeping and wringing his hands and going about half desperate; two hot streams, he continually said, ran up from the region of the epigastrium towards the head, and caused him unspeakable distress, pain, and confusion.

There is a like peculiar condition which as yet has never been particularly described, and which I might call *frontal distress*, or frontal dysthymia. The patients complain of a feeling in the forehead, in which alone they say that their suffering consists. They seek for an expression which will indicate the sensation; all agree that it is not pain; would that it were pain, say many. They call it sometimes an agony, sometimes as something alive, at other times a weight, a load, and such like. Many can give its exact position—how widely this agony, which is not pain, extends, for instance, to a few lines over the root of the nose, where it is marked as a very real and well-localized sensation.† As long as these feelings exist the patients are nearly unfit to think; they are restless and uneasy. The peculiar effects of this sensation have much more influence upon, and are much more influenced by, the operations of the mind than any pain whatever. An elderly gentleman who consulted me in two attacks of this affection was, as he himself told me, driven to attempt suicide, which, however, was fortunately pre-

* The term dysthymia epigastrica would, perhaps, be more suitable.

† There are also cases where a morbid sensation in the crown of the head is experienced, periodically coming and going; and sometimes the feeling is like that of a hot plate, which is always accompanied with the presence of a certain train of thought, disorder in the feelings, and impossibility of setting them right.

vented, by the anguish of feeling which was excited merely by this sensation in the forehead.

Analogous morbid feelings arise occasionally from the pelvic organs, very probably, though not with absolute certainty, from the genital organs, and directly excite an all-pervading morbid condition of the mind. In order not to prejudge the matter, the name of *dysthymia hypogastrica* may be provisionally given to the affection. It may be that this form in its characteristic phase is almost peculiar to females. A girl of twenty years of age, who was here last winter, could express herself often and clearly upon these conditions. The periodical suffering began with burning and distress in the hypogastric region; then it mounted up "warm," and suddenly struck into the head. Then the distress overtook her, and it was "as if she were compelled to have difficulties in her mind about everything," and, indeed, disagreeable thoughts, "as if she were forced to set everything in opposition to God," and as if she had more liking for the devil. She had then a much greater number of thoughts than usual, "and all that she thinks she can imagine real;" when she shuts her eyes "she can see everything before her that she thinks about, and whatever place she thinks about she imagines that she herself is there." Her head is then heavy and confused, she goes about weeping and wailing, and complains to every one of her distress. This condition may last for eight days or more. If the sensation does not come the thoughts stay away; the distress is away, and she is lively and rational. She has habitually a feeling of emptiness about the pubic region, and has also now and then masturbated, notwithstanding which the non-explosive aura may certainly be central, for she has already had repeated attacks of vertigo, and on one occasion she fell from her chair—scarcely mistakable indications of an epileptic condition.

In one person about whom I was lately consulted the aura exploded, not, however, in an epileptic seizure, but in terrible violence. The man, a brandy drinker, lay in a room with his five children, who were that morning all asleep. It came into his mind that he must then destroy the children, but how could it be most conveniently done? He narrates, "It rose into my head like foam; it went through the chamber like a shot, or like a strong gust of wind; a strong odour of marjoram filled the chamber and took away my senses; my thoughts vanished, so that I sank down." He soon rose again, however, seized an axe and hacked right and left among the children, three of whom fell victims to his violence. If nothing else were known than the deed and these details furnished by himself, the epileptic might almost with certainty be recognised; but the medical investigation revealed actual and well-defined epileptic attacks.

Again, there are insane persons with very extensive lesions of

sensibility, with peculiar dragging, boring, vibrating, staggering sensations, evidently depending, to some extent, on anomalies of the muscular feeling, which call forth a condition of general emotional unrest, irritation, anxious frames of mind, and their corresponding delusions. If the sensations could be got rid of, everything else, at least at the commencement, would disappear.

In other cases mental derangement is directly excited by neuralgia of the ordinary kind. These cases appear to me to be not very rare, though the subject has not yet received much attention. Last winter I had a gentleman under my care in whom a double occipital neuralgia was followed by a deep melancholic state of mind. In the polyclinique last year several cases presented themselves which exhibited the process in great simplicity, and were therefore very instructive.*

One case especially has interested me in the most lively manner, regarding which my dear and amiable patient gave me such friendly and important details as are only to be obtained in few cases. The patient was affected with a neuralgia of the fifth nerve of the left side. After considerable emotional disturbance an attack came on one day which soon passed into a condition of severe distress. From this time forward the neuralgic attacks assumed a peculiar character; after they had continued a certain time the pain disappeared and a pleasurable feeling set in; then feelings of distress came on, which

* A woman of forty years of age has had for many years a neuralgia of the first branch of the fifth and of the occipital nerves of the right side, which is said to have come on originally as the sequel of an attack of erysipelas. Two years ago new phenomena made their appearance. The pain begins in the posterior of the orbit, whence it spreads like a veil over the head; then, if the patient shuts her eyes during the attack of pain, she sees senseless shapes of all possible descriptions, and becomes possessed of irrational thoughts; she sees people "driving and running," also gardens and such like, about which she never thinks at other times. Now and then she sees frightful things, such as skeletons; sometimes she has a falling sensation and distress, as if some one was about to do something to her or as if she had done something herself. Another case, in the *Charité*, a girl of eighteen years of age, suffered from repeated attacks of confusion, deep emotional disturbance, and erotic excitement, which always began with a supra-orbital neuralgia of the left side. The attacks of mental disturbance lasted from ten to fourteen days, and were then followed by a period of remission of a fortnight or three weeks. As in three or four such attacks this condition was always closely connected with the neuralgia, Fowler's solution was administered during the remission, and the affection did not reappear. A man of forty-five years of age, without hereditary predisposition, had, about a year ago, a feeling of burning between the shoulders. This became gradually more painful, and a very severe neuralgia of the right half of the face supervened, particularly affecting the lower jaw, which lasted almost four weeks. At the same time there was remarked an extraordinary diffuseness of speech, and after eight days there followed an acute attack of mania with violence and exalted ideas. Soon a remission occurred, during which the patient informed us that while he was suffering from the neuralgia he had experienced an irresistible mental impulse; that it had occurred to him that his son was to be killed, and he himself was to be poisoned by the doctor, &c. This maniacal excitement was repeatedly preceded by an intense burning sensation in the neighbourhood of the shoulders.

were especially connected with an appearance of want of room, as if everything about him became narrowed and converged towards him; the walls appeared to approach one another and the ceiling to sink downwards. If he were in the street it appeared as if he got into a *cul de sac* and became the centre of an enormous congregating crowd of people. At first the distress comes on gradually until some external impression or an overwhelming thought comes actively into play, then the condition increases with a bound and the distress now reaches a definite limit. Now on all sides, "circularly," as the patient expresses himself, round these first ideas new ones develop themselves, numberless accessory conditions are superadded with fearful rapidity; he is obliged to dispute about these ideas with imaginary beings; images of acquaintances and friends appear to him, but much distorted and with the most repulsive expressions of countenance, &c. Many times there comes an irresistible necessity to run away, and he can no longer remain master of himself. As he himself once said, "One must stare at the thoughts and be tormented with the conviction that they can be no longer withstood; to think the contrary is impossible." The catalogue of ideas is throughout of a gloomy and frightful kind; personal depravity, suspicion of those around, impulse to throw himself from a height or to leap out of rapidly moving vehicles; sometimes distinct comfort and satisfaction being obtained from the destruction of an object, with a feeling that thereby the bonds which confined him would be burst. Ease and freedom of respiration accompany the termination of these fearfully agonising attacks. The greatest relief was for some time obtained from the administration of chloroform, though it gradually lost its effect. After long and unavailing attempts I succeeded in causing both the neuralgia and the condition of distress to disappear for a considerable time, by the snuffing up of a strong narcotic solution into the nostril of the side affected.

In these examples of certainly remarkable facts concerning a form of insanity existing in close connection with neuralgia we learn to recognise a *dysthymia neuralgica*; but the mechanism of the connection is not in every case the same. In the last case the mental disturbance appears first as a sequel, or as a kind of transformation, of the neuralgic attack, which is itself come to an end, quite in the same way as we often see an attack of mental derangement follow a fit of epilepsy. In the first, and perhaps also in the second and third examples, the mental disturbance is rather the direct result of the pain itself. It acts thus not, perhaps, by its intensity; but, as a neuralgia may call forth sympathetic sensations in other parts of the body, so here it calls forth sympathetic morbid ideas* by the excite-

* This term, *sympathetic ideas* (Mitvorstellungen), which I here introduce into the pathological physiology of the brain, by itself alone throws light on a large number of hitherto quite inexplicable symptoms among the insane.

ment of parts of the brain which are in no way concerned in the neuralgia, ideas whose character is in no way connected with the pain, but which, through the irritation produced by it upon definite portions of the brain, are carried on in a quite separate region of the imagination.

There are a large number of nervous diseases in which conditions present themselves where the principal symptoms consist of numerous sympathetic sensations, and sympathetic and reflex movements in nerve-provinces, that are quite apart from the seat of the original irritation. And there is likewise in mental derangements a pathological mechanism which may be regarded as an intensified dispersion or extension of the disturbed area; other quite remote provinces act in concert which in healthy brain action would have remained quite unaffected by this first exercise of function. There are numerous sympathetic ideas and reflex desires excited in one instance by other ideas, in another by mere sensations. There are processes which are foreign to the healthy association of ideas. New, peculiar, and to healthy persons quite inexplicable combinations and connections of ideas are formed in quite unusual directions. As, for instance, in many conditions of cerebral excitement, sympathetic actions of the most various sensations and ideas act upon the cerebral area of the sexual ideas and feelings; from it commotions are spread around which are never reached in healthy conditions; ideas which have not the slightest relation to the sexual sphere become then accompanied with sexual feelings, ideas, and excitement, and become mixed with them in the oddest manner.

There are a large number of interesting cases generally included under the so-called hypochondria, a name which in practice is received in various senses, but which, at any rate, frequently indicates the first stage of the severest mental diseases, cases, therefore, which depend upon an analogous process. Sensations arising in the interior of the body which in healthy conditions never enter the manufactory of our thoughts, which are entirely removed from our consciousness (although nerves concerned appear to penetrate pretty far into the brain), sensations arising in the domain of the circulation, of the digestion, of intestinal movement, &c., become, as it were, alive, and overstep their usual limits. They break in and seize directly, partly as motive and partly as "material," upon the usual circle of ideas, and thus become a source of new, often of the strangest, and to healthy persons absolutely incomprehensible, ideas and mental pictures. Many patients regard this previously unusual direct intervention of the abdominal functions as something of a foreign nature, and they speak sometimes of their "body" in a peculiar emphatic manner, as of an external power with which they hold intercourse. Is there here a removal of obstructions to the conduction of sensations—obstructions which, as in the case of the processes in the

interior of our digestive system, are to our conscious mental operations in healthy life "gnädig bedeckten mit Nacht und Grauen" (mercifully shrouded in night and gloom)? Or are these sensations really of central origin—have we again to do with a kind of central non-explosive aura, which excites abnormal sensations? Further investigation will throw light on these questions.

In the foregoing I have given examples of how the so-called mental derangements are intermingled in the most intimate manner with morbid sensations, and how the latter may form the entire basis of the former. In like manner psychiatry has manifold relations to nervous diseases—the severe motor lesions are closely connected with mental anomalies. To this belong the so-called paralytic forms, among others the dysthymia and dementia tabetica, where, in association with grey degeneration of the posterior columns, and sometimes with periodic epileptic attacks (which I am inclined to regard as spinal epilepsy analogous to Brown-Séquard's experiments), severe emotional and intellectual disturbance is developed. But at present I am unable to enter further into the discussion of these matters.

While we daily become better acquainted with the sensory and motor symptoms in the so-called mental diseases, we are getting rid of the group of merely psychological forms which daily give less and less satisfaction to those conversant with the subject. We are arriving at new forms obtained from the neuropathic point of view, and which, being based on the mental, sensory, and motor mechanism, are, on the whole, more characteristic disturbances. They constitute specially psychiatric forms of disease, to which the patients in asylums only contribute a proportion, though certainly a considerable one. If we add to this the pathogenetic differences which I noticed at the commencement, and also in a former lecture,* we give to these forms a broader and surer foundation. The mental disturbances are by no means to be thrown into the background by these considerations; and I willingly confess that to me they will always remain the most interesting. In the mean time I believe that they will be analysed in a different manner into the more essentially concrete than hitherto, more into their elementary processes (for example, distress, anger, loss of will, loss of memory, rigid fixedness of certain ideas, incoherence of thoughts, incoherence of words, &c. &c.), than into the usually recognised compound conditions (melancholia, mania, &c.). And especially I expect considerable progress in our science from the study of these elementary lesions combined with that of the sensory and motor anomalies. We shall make no progress at present towards what is required for practice, diagnosis, and therapeutics, by any so-called simplification of the forms; but by the working out of the

* See 'Journal of Mental Science,' January, 1864, p. 543 et seq.

details and the recognition of the neuropathic forms this will be attained.

You see, then, that there is much to be done in psychiatry. During the hours we spend here let us follow tranquilly the leading of facts. Let us search only for what actually exists in nature. Let not our thoughts be diverted in other directions; and we shall certainly be successful if only we observe accurately at first. Casper has, in his book on forensic medicine, discarded mania transitoria on account of the dangerous abuse to which it was liable. Among English alienists, on account of its liability to abuse, voices are now heard pronouncing themselves energetically against the doctrine of moral insanity, a conception of one of their own countrymen, founded on a correct interpretation of nature, and which had been established to the advantage of science. These appear to me to be minor difficulties, which can only be overcome by an unconstrained, experimental, and entirely unprejudiced study.

You will here obtain the foundation of that various knowledge which is required for the solution of these often very difficult questions. You will gather from the patients whom you will see here a little treasure of personal experience, to which your subsequent observations will be added, and around which they will arrange themselves. The principle of the neuropathic view may indicate new regions of investigation, and afford a clue to a great part of the labyrinth. Every onward step made by cerebral and nervous pathology furthers psychiatry, and with each it approaches more closely the other sciences which compose ordinary medicine, and appears as only a small part of a greater whole.

On some of the Causes of Insanity. By HENRY MAUDSLEY,
M.D. Lond.

(*Read before the Harveian Society of London, Oct. 18th, 1866.*)

It is not an easy matter, at least I have not found it so in my experience, when brought face to face with an actual case of insanity, and asked to state the cause of it, to do so definitely and satisfactorily. The uncertainty springs from the fact that, in the great majority of cases, there has been a concurrence of co-operating conditions, not one single effective cause. Two persons are exposed to a similar heavy mental shock: one of them is driven mad by it, but the other is not. Can we say then that the madness has been produced by a moral cause? Not accurately so; for in the former case there has been some innate vice of nervous constitution, some