

The building looks well, and has all the requirements of an hospital arranged in a simple and efficient manner.

The wards on this plan can be made larger, and the whole building made to accommodate more patients by adding additional wards to each end, the offices being arranged in suitable proportion in their present position.

*Concerning a new form of Mental Disturbance, having well-defined characters both clinically and pathogenetically.** By Dr. MESCHÉDE, of Königsberg.

In the classification of the different forms of insanity, it has been agreed to distinguish two chief groups—the first including those recent and curable psychoses, to which the term diseased *process* is of a truth applicable—the second including those incurable cases which have run their course, and which, indeed, scarcely merit the term diseased *process*, representing rather, as they do, permanent vices, the results of past disease. Since, in the first group, the psychoses affect principally the emotional and psycho-motor elements of the nervous system, the diseases belonging to this category have been described as of the character or temper (in its older sense) as against diseases of the intellect, which constitute the second category—these latter being marked chiefly by failure of the intellectual powers.

In consequence of this somewhat schematic arrangement, the conception has gained footing that the disturbances of the intellect are to be considered as for the most part consequential, excepting those forms of so-called primary dementia* which result from direct damage to the brain, excepting also idiocy, which depends on arrest of development. Hence, one has become accustomed to regard all cases of *recent* and *curable* psychic affections as a species of character—or emotional—insanity, and to look upon this, the emotional element, as the essential and determining one; whilst in cases of intellectual insanity one lays less stress on this form of unsoundness, and, as a rule, treats of it as a secondary phenomenon.

This conception I cannot admit as adequate in all cases, for not in all cases of recent and curable insanity does the character or emotional element play the chief part; indeed, in not a few is it just precisely the intellectual upset which is chief, and to be considered as protopathic, *i.e.*, *independent of any emotional*

* In England, Dr. Meschede's cases would be grouped under primary dementia, or mental stupor.—[Eds.]

upset which may be also present. In cases of this kind, indeed, we find that symptoms belonging to the will, or generally to the character, if present, are so feebly marked, and of such variable form, that it is difficult to determine whether to refer them to either type—of depression or exaltation. On the other hand, the intellectual disturbance is from the first well-defined, and in the further course of the disease maintains its independence of the ever-varying emotional phenomena. From this we perceive how greatly we should err did we attempt to deduce the graver from the lighter disturbance—the more constant from the varying.

From among the comparatively large number of yearly admissions into the Town Asylum of Königsberg, I have observed cases of *recent* insanity of the above-described kind—cases which, as well in their clinical features as also in their etiology, present so much in common, and so much that is characteristic, that I consider they must form one group. This group is characterized principally as follows:—*That primarily and independently of any emotional disturbance, whether simultaneous or preceding, there occurs a grave disturbance of the powers of presentation, and generally of the intellect, consisting especially in the sudden disappearance, as it were at one stroke, of whole tracts of memory, also of current and therefore familiar mental processes.* Hence it results that the patient, so to speak, loses his bearings to the outer world, and gazes around him amazed and confounded as if he had opened his eyes for the first time. The condition is analogous to that recently described as psychic blindness.

This state of mental loss of vision—otherwise to be described as memory-failure—is—note the second characteristic—*curable*; it is therefore not a blindness in the sense of an irreparable defect such as one meets with in certain forms of dementia and of grave brain disorder.

Thirdly, characteristic of this form, is the fact that anomalies of the will or emotions are either completely wanting, or so slight and untypical that they cannot be admitted as determining pathological factors; such emotional disturbances as may be present, or even prominent, are mostly very changeable, and appear to be reactionary processes; not infrequently they fall within the limits of the normal.

A fourth criterion is furnished by the etiology of the affection, as also by the suddenness of the onset. In all cases observed by me, a sudden fright or analogous psychic impression brought about the disturbance. It is this very agreement

in relation to the nature of the cause, and to the immediate effect of this cause, which, together with the similarity in the characters of the psychosis, justify the separation of these cases into a special group. The powerful effect that fright is capable of producing is sufficiently well known, more especially also the fact that even paralytic states may be induced thereby. A fundamental characteristic of the disturbances which fright is capable of effecting is inhibition of vital motor processes, showing itself in spasm or paralysis; after an analogous manner its effect on the psychic organ (Seelenorgan) is to be conceived. However, this is not the place in which to treat of the theoretic side of the question, since the present contribution has in view only the establishment of the etiological and clinical unity of a series of cases observed by me; as an example and type, I beg leave to bring forward in brief one of these same cases:—

A servant maid, having previously enjoyed mental and bodily health, falls without warning into a deep pit. She is drawn out without having sustained bodily hurt, but mentally there is a disturbance, characterized chiefly by loss of the recollection of former perceptions. Being sent into the town on errands, she is unable to remember her commissions, and she appears unable to find her way in streets familiar to her for many years. She is equally incapable in her housework, seeming not to understand the use of the various utensils. For this reason she is brought to the Königsberg Asylum, and amongst other symptoms presents the following:—*The patient behaves like one who has come into new and unfamiliar surroundings, the significance of which she is unable at once to fathom*; she looks at things around her with a partly astonished, partly meaningless gaze. In taking off her clothes she is at fault, and in the process makes all sorts of blundering movements, just as though she understood not the meaning or the fashion of the garments, and could not recollect how they were fastened. When taken to the bed assigned to her, and told to lie down, she obeys truly, but lays herself across the bed. *It was clear that this and other failures resulted solely from want of intellect, and did not follow on any instinctive initiative.* The emotional sphere showed neither marked exaltation nor depression; on the contrary, there was in general a condition of quiet indifference, though now and again emotional excitement cropped up. Thus, on immersing the patient in a bath, there was some vigorous shouting and groaning, much as happens with children not accustomed to bathing. The patient answered questions seldom, those concerning her health she did

for the most part, whilst those relating to objects held before her, she mostly left unanswered, or replied only by a shake of the head or a smile.

She repeatedly complained of pains in the back. In addition, the following points were determined: hyperalgesia along the spine, sensitiveness of the limbs to touch, acceleration of the pulse without febrile exacerbation, *halitus ex ore*, neuroparalytic erythema of the skin.

For some three days the condition persisted unchanged, thence onwards a rapid improvement set in, so that by the end of nine days the patient had completely regained her sanity; at the end of three more weeks she was dismissed quite cured.

If I have sketched thus shortly the history of a case, typical of a group of mental affections, this has not been done under the impression that something absolutely new has been brought forward, for I take for granted that similar cases have come under observation more or less frequently, and are probably not wanting in medical literature. However, to my knowledge, such have not been regarded from the point of view of a definite clinical entity, and been raised to the dignity of a special group, rather have they been described in part along with the group of *melancholia attonita* or *stupida*, in part have they been included in the category of *primary* or so-called *acute dementia*; perhaps also they have been referred to other forms.

Such an apportioning seems to me to be rather perplexing, and at any rate not likely to promote a proper valuing of the facts. From the history of the case above given, it is evident that it does not fit in with the group of the melancholiacs, or in that of dementia, for the conception which the term dementia carries with it is, according to present usage, that the defective state is permanent; it is hence not applicable to any temporary upset of the intellectual faculties.

In conclusion, to restate precisely my position, it is, that, on the ground of personal observations I have endeavoured to establish the occurrence amongst the recent curable psychoses of cases in which a primary disturbance of the intellectual faculties plays the chief part (in contradistinction to the majority of curable psychoses in which an emotional disturbance is *the* feature), then further to state my conviction that certain of such cases may be grouped together by reason of a common pathogenesis (fright), as also by reason of the special features of the psychosis (wholesale vanishing of familiar mental processes, psychic blindness, etc.), and that such is more conformable to reason than the reference of these same cases to the groups of either dementia or melancholia.