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PART 1.—ORIGINAL ARTICLES.

Presidential Address, delivered at the Annual Meeting of the Medico-Psychological Association, held at the London Medical Society's Rooms, Chandos Street, W., August 9th, 1886. By GEO. H. SAVAGE, F.R.C.P., Resident Physician, Bethlem Royal Hospital.

Before proceeding with my Address I have a painful duty to perform. Instead of receiving the presidency from my predecessor, I have to join with you in lamenting his death. In full, vigorous manhood, energetic, sympathetic and kind, yet firm and full of purpose, he has passed from the active stage.

Those of you who last year met him in Cork, and enjoyed his gracious hospitality, will feel the more deeply the loss which has been sustained.

No man had the good of his patients more at heart, and no one was more ready to help others in trouble.

His premature death has left a wife and family not provided for, and I trust the Association will not fail to assist liberally those depending, until so recently, on your official head.

GENTLEMEN,—I appear before you in my official position to-day for the first time, and I trust the year of office will pass leaving me with the same feeling of contentment with which I begin to-day. I trust with your help to do my duty, and if we can advance the position of this Association by work and mutual help, I feel sure we shall.

But now to the more important object which is before me. I have necessarily for some time past thought over what I should speak about to-day, and after much consideration I have, like an hospitable host, determined to give you of my best, though that best may be, after all, inferior.

I might have spoken of the legislation in lunacy, but it seems that year after year we are to perform the work of Sisyphus and roll up the stone which ever returns.

For my own part I feel sure that the postponement is not altogether a loss, for the legislation of two or three years ago would have been the result of panic, and as such would have been both weak and tyrannous. But this subject must be put aside by me, and I shall devote the hour allotted to me to consider in as large a way as I can the pathology of insanity, or rather I should say some important questions in this pathology.

I have neither anything very new nor anything very startling to lay before you, but each of us has had opportunities for observing the growth and development of insanity, and has formed some ideas of his own, and I take this opportunity of telling you the way that at present I prefer to look at the pathology of insanity.

I have not referred much to authorities; therefore, if I have to bring forward facts or theories which may be claimed by others, I am only too glad that, independently, more than one has hit on the same idea or fact. I am not in the least jealous of originality; I want truth, and care very little for the steps by which it is reached. My work is more like that of the spider; I have assimilated material from without, but I have spun my own web, and I have neglected the ways of the bee, not having collected the results of others' work "mid sweetness and light."

To begin then at once upon my subject, there is pathology and pathology. I have no idea of discussing the appearances of the brain, cord, and other parts of the nervous system as seen in various groups of cases, though I believe I have some right to speak on this part of pathology, for more or less persistently have I cut sections for fourteen years, and I may say I have studied sections by the thousand. Without wishing to discourage younger men from following up this line of work, I would say that, without learning very much from the sections, I think I have learnt a good deal while cutting them, and thinking over them, and the cases from which they were derived.

Mind, I do not think the fault rests either with the sections or with the pathologists; but as yet the time is not ripe; we are groping in the dark for what we do not yet know. There is at present a very deep ditch of ignorance between us and the true pathology, and for that matter,

physiology of mind, and this ditch has to be filled by those who sacrifice their time and their energies in steady unremunerative labour. Their sacrifice will be the stepping stones for future achievement. So let us go on cutting sections in all meekness, not expecting too much, but only regardful of truth in observation and recording.

Thus there will be the service of sacrifice which brings with it a satisfaction worthy of the labour.

I am sure that the time will come, and from the steady and rising light I think the dawn is not far off, when along with Harvey there will be linked the name, I trust, of an Englishman who has discovered the circulation of nervous force, or whatever the power which moves the limbs and rules the faculties is called. Before Harvey's time the structure of heart and arteries was known, but the little fact of the circulation of the vital fluid was not known; we, too, know our centres and our nerves, but we have not yet got the nerves to tell their secret. Probably science, with all its boastful self-satisfaction, has not yet advanced nearly far enough to help the physiologist in his search. The time will come when these things will be made clear, and to my mind the asylum physician has a responsibility which he either does not appreciate or which he is strangely careless of. I am happy to say the metaphysicians are beginning to visit us, and to find that we can show something instructive among our mental aliens. Mind you, I may be rather heterodox, but I feel that the great physiological workers like Ferrier, Horsley, and others, are only the engineers who are studying the machinery, while we in asylums have the much more difficult problem of studying the motive power. There is all the difference between the living and the dead. Does the surgeon learn all he knows from the dissecting room? We have to remember that much more has to be learnt from the living than from the dead; the dead cannot be modified, while the modifications of the living are almost infinite. One other point nearly allied to this deserves my attention. We have all heard of the tyranny of our bodies, but I would at once protest against the too full acceptance of this deadening belief in the all-powerfulness of the organ. Feelings as well as coarser enviroing conditions modify the body, and in the body which has evolved so far, and so wonderfully, there are yet powers for further development in relation to the wants and the desires of the body and mind. In the simplest way we see

that there are such things as compensations in the body, one part taking on the function of another, and as a result modifying structures. And as to function modifying structure, as Dr. Sutton has well said, the blacksmith does not make the iron, but he fits it for service when he makes the horse-shoe.

And I wish here emphatically to say that I have a great belief in the existence of functional disorders especially of the most highly developed functions. As might be expected, that which is most complicated is most likely to be disturbed, that which has most parts has the greatest number of possible points of weakness, and also the greatest number of possible re-arrangements of parts, and thus alteration of power. I shall have much to say about these functional disorders in a later part of this address. To my mind, in selecting the subject which I have, I have selected one which reaches very far, for with the fuller appreciation of the pathology of insanity, not only shall we have to modify our nomenclature, but our treatment must also be simplified. First, as to its relation to classification. I know I shall tread on some corns and offend those who love the definite by my want of respect for the absolute, but I can only say that the definite is all but unknown in nature, no two blades of grass are alike, and no two flowers are definitely the same. In fact, as has been said, you no sooner define a thing in nature than it changes. The use of definition is for convenience, but though you do not hinder nature in her work of varying and adapting by your naming and defining, you unfortunately, by naming and defining ideas or diseases, do hinder the full development of the student. By naming a disease you erect an idol with special qualities which you set yourself at once to destroy. I wonder if many of us here still look upon mania as a definite disease; I trust that epilepsy and locomotor ataxy are on their last legs. There is great evil in this definite aspect of disease; thus, a student asks if "religious mania" is specially dangerous, and another asks if epilepsy is ever recovered from. I should at once decline to give definite answers to such questions, letting the student understand that for the convenience of discussing groups of symptoms we have to label them; but I would not allow him to think that there is a definite something which is mania, or you at once get to the dangerous position of having a definite something which must have as definite an antidote. As a result of defining, the student asks how do you treat mania or epilepsy?

“ We define to go further,” as Sutton says.

As I grow older, I am more and more content to watch and record groupings of symptoms, to note groupings of vital relations, without at once wishing to name them. The naming leads to a period of worship, followed by a period of neglect; the idol of to-day is the object of contempt of to-morrow.

The definition is after all but the summing up of the knowledge of to-day; it is not an absolute reflex of nature. Every step in advance leads one to have more symptoms. The definition of general paralysis was all very well for a time, but how is one now to give it without referring to the changes in the optic disc and the reflexes? and in another generation there will be many other things to add, till we are forced for convenience to divide further and so proceed.

By pathology of insanity, I mean the morbid conditions which give rise to unsoundness of mind.

And first I wish to make as divisions, the pathology of insanity as related to disease of the organ of mind; secondly, the pathology of the insanity resulting from diseases of other parts of the body, that is the mental expression of bodily diseases; then, thirdly, I have to consider the disorders of mental functions. This last division contains most of the cases which are commonly looked upon as true cases of insanity.

There is a grand uniformity in all the proceedings of nature which, to my mind, makes the poet, who sees the many hidden likenesses, often the true interpreter of natural things, and I am always ready to learn from the pathology of some simpler organ what may be expected in the brain under morbid conditions. We must not be content to think, that as the brain is the most highly developed and most highly evolved organ, that it is to be erected on a special pedestal of its own, and is not comparable with other parts of the body; as I shall point out, there are many points of analogy between functions and the disorders of the kidneys and the brain. Thus we may have disease of kidney with disorder of function, as seen in Bright's disease; and, again, we may have similar disordered expression (albuminuria) associated with several different forms of disease of the kidney, and we may have several different forms of brain disease producing similar mental expression. The modes of complaint do not differ in each form of disease of the organ. On the other hand, we may have unhealthy excretion from the kidneys without any structural disease of the organs,

as seen in diabetes, and equally we may have perversion of mind without any brain disease as its cause; and, to complete the simile, we may have disorder of the function of the kidney resulting from disease of some other organ; we may have hæmaturia with heart disease or scurvy, and we may have insanity, perversion of mental functions, due to ordinary bodily diseases. We must be prepared to learn wherever we can how nature works, and thus we shall learn a larger pathology than that made up of post-mortem examinations and microscopic sections.

There are some forms of insanity in which the organ of mind is affected, and in which the brain affection is the cause of the symptoms. To discuss this subject fully, I suppose I ought, like the anatomist, to take each intracranial structure and study the possible symptoms which might arise from disease of each of these structures. But for this I have neither time nor taste to weave such a web. I shall proceed broadly to study the result of brain changes as producing insanity. In my experience, disease of the brain, when it produces insanity, leads to the worst prognosis. Here again we see the relationship between brain and kidneys. If albumen follow as a result of kidney disease the prospect is bad, and if the mental perversion follow brain disease the prospect is equally bad. To begin with, we all recognise general paralysis of the insane as the disease most commonly met with which is due without doubt to disease of brain structure.

Of gross brain disease we have little to say, but that insanity, as generally understood, does not accompany brain tumours or the like. These coarse diseases of brain may, and often do in the end, put a stop to the higher functions of brain, before they go on to stop all vital activity. Generally speaking, all brain disease which gives rise to insanity is allied to decay, is in fact some form of progressive degeneration; for this reason I am becoming less arbitrary in dividing cases of general paralysis according to age. What good is gained by calling one a case of simple general paralysis, and another a case of senile general paralysis, and a third a doubtful case of senile dementia with progressive paralytic symptoms? Age and wear-out are purely relative terms, and what is more, we have to remember that decay shows itself in varying ways in the brain as in the deserted village. If we visit a deserted village, we find the meaner structures falling into decay much sooner than the well-built, and the

more delicate parts of the structures failing before the coarser, and it is thus with the brain. We see some persons decay rapidly and altogether, so that nothing is left but their nervous foundation, while others seem to crumble but slowly, losing their higher and more delicate parts or powers, yet bearing long a semblance of their old form. The decay in general paralysis is as a rule a pretty steady process, but it varies to a considerable extent according to the person and the special cause. I am inclined to think that this progressive decay is varied if the patient come of insane stock, that in such an one there is more chance of remissions and that these remissions may be more clearly marked than in a person breaking down from sheer strain or work, not being already unstable by inheritance. In this case we may say that a more severe strain was required to cause the upset in the otherwise sound man, and that the prospect of an equally strong force being ready to set him right again would be but small. It is to be noted that we have not only the marked cases of brain disease due to decay, but we have a perfectly parallel set of cases as far as early symptoms are concerned in the cases of brain poisoning. We have, in fact, temporary removal of the powers in the one case, and permanent removal of the same in the other.

Dr. Wilks has been long in the habit of telling students to look at the symptoms of early alcoholic intoxication, and then remember that any one of these may be represented in the earlier stages of general paralysis. This is true, and is a useful way of looking at the subject. I would pursue this subject, and say that alcohol, lead and syphilis, and perhaps some other poisons, will not only produce the same set of mental symptoms as are present in general paralysis, but that in the end these so-called functional disturbances may pass into the real disease. As I said, function may make the tissue, and function perverted may destroy it. This is perhaps a truism which I need not have repeated.

While speaking of these poisons and their action, I would say that I believe the more stable the poison the more likely is it to produce the disease, and that while alcohol easily passes off, leaving little permanent change in the nervous tissues, lead on the other hand is much more likely to leave permanent changes. It is not so easy to place syphilis under this heading, for we know so little of its nature that it is more as a convenience that we call it a poison than from anything we know actually of its nature.

We meet with many cases of general paralysis with very similar histories, and perhaps by studying these we may come to a clearer view of the causes or the conditions producing this grave disease. In fact, I think if we can only put these facts together, that alcohol and lead produce functionally symptoms like general paralysis, and may in some cases give rise to the disease, and that wear-out will produce the same, and that syphilis under some conditions will be followed by the disease, we may yet get some light and perhaps a clue to their cause and help for their relief.

The history of one fairly distinct group of general paralysis is as follows:—A man gets syphilis and is treated for it. He has slight secondary symptoms, and thinks himself quite well. He marries and has several healthy children. Then some cause of exhaustion—bodily or mental—arises, and ptosis, external strabismus, and dilatation of one pupil follow. The patient is actively treated and loses all the paralytic symptoms, but in the course of a few months or a year he shows signs of mental change. Generally there is some feeling of impending evil, emotional disturbance, and the like. This may be rapidly followed by all the best known symptoms of general paralysis. I would say that in these cases there are just as commonly symptoms of degeneration in the lateral columns of the cord as of ataxic changes, and I have met with cases with both regions of the cord affected, and in one case there were symptoms of ataxy on one side and of spastic paralysis on the other.

From the one side, then, I look upon general paralysis as the result of progressive decay of the nervous system, but there still remains the question as to the cause of this physical break-down, and I shall be expected to give my ideas as to the causes most commonly setting it up, and not hide myself behind the mere statement that it is decay. In my opinion general paralysis results from prolonged strain. It seems to me that many things may produce this strain, and that some men suffer more from one form of strain than another. The extravagant expenditure of nervous force under conditions which prevent repair, or hinder the repair, are to my mind the causes of brain wear-out. A man who works as hard as possible, but eats well and sleeps well and is in harmony with his work, will not die of general paralysis. The man who is *anxious*—that is, the man who does not breathe freely, whose heart is irritable, and whose sleep is disturbed—is the man who breaks down. I may be said to be

making use of a term I cannot define when I say that *strain* is the cause of general paralysis. I can only say that the more I am able to study and investigate early cases, the more am I struck with the fact that there is sure in such cases to be found some cause or tendency to be rigid and fixed with a loss of the elasticity. This may show itself in various ways, and the strain may be anything from wearing a double social mask to excess of work, worry, or any other source of extravagant nervous expenditure. Other general pathologists have spoken of the part played by strain in the production of other diseases, such as kidney disease and locomotor ataxy, and I would at least claim the consideration of this as a common cause of general paralysis of the insane.

The very symptoms point to the same thing. The strain tells on the finest and highest adjustments, and general paralysis begins with loss of these very adjustments.

Before leaving the pathology of general paralysis I should like to refer to a group of cases, the pathology of which perhaps rather falls within the third class of functional disorders, but as it has recently struck me that there is some relation between their pathology and that of general paralysis, I give you my crude opinions for what they are worth. I constantly see, and now that I am looking for them I find them everywhere, cases of women from 45 to 55 who develop deafness, and with this progressive sensory loss, mental weakness. These cases are to my mind as hopeless as the general paralysis from the point of curability, but they are not cases which run to a rapidly fatal termination. It is possible that the chain of symptoms may be but the result of some not uncommon degeneration of the sense of hearing coming on at the decline of life—we are all used enough to see this happen—and that the insanity is but the result of the isolation thus produced acting on nervous subjects. But it is also possible that in general paralysis we have degeneration starting from the motor area of the brain and affecting the more vital parts of the nervous system, and that in these cases there may be a degeneration starting from a sensory centre, not implicating the real mechanism of life, and therefore ending in dementia only—not in paralysis and death. I throw this out merely as a suggestion, being equally ready to modify or retract on the production of proof.

But it is time I proceeded to the consideration of the second head of my subject—the diseases of the body in which there

are symptoms of insanity, or, to put it otherwise, cases in which bodily disease has an insane expression. There are several ways of looking at this. First, then, as Sir W. Gull once said to me, the brain is like a gentleman having many servants, and yet being badly served. The brain may, in fact, be badly nourished in consequence of some bodily disease. Thus in gout we may have the brain nutrition interfered with and its functions badly performed. I shall have again to refer to gout in other relations.

But to take another example, and one which has recently been much forced on my attention. With heart disease we often have some difficulty of breathing, and this may pass into a state of anxiety, which may, however, be quite reasonable. But in an asylum one meets with cases of heart disease in which this anxiety becomes something more. It appears to the patient that some dreadful thing is impending, and this in the insane mind becomes explained, so that the patient thinks that ruin or death, torture or vivisection, is in store. This may be very likely a compounded result. There may in the first place be unequal irregular nutrition of the brain, and the respiration being affected, this may act as a constant source of discomfort and unrest, which becomes explained as we have seen.

Again, to continue with the study of the circulatory system, we must all have recognised a special form of anæmia associated with insanity, as there is also a special form of insanity associated with anæmia. That the organ which is provided in the most careful way with a very perfect system for the supply of blood should suffer when the quantity or quality of the blood supplied is defective, is to be expected. I am constantly seeing cases of young women who are suffering, not from chlorosis, but from anæmia of a severe type, and these young women suffer, too, from mental depression, or from melancholia with stupor; or they may suffer from partial dementia; and, as we all know, the weak person is the timid one, so we may have in such cases a mixture of mental depression with suspicion, with all the delusions of persecution, and the like.

In this relation, too, it is noteworthy that there appears to be a special form of anæmia associated, if not caused, by insanity. In the third or later stage of general paralysis one meets very constantly with a peculiar aspect, and in some rapid cases this appears early, and, I believe, makes the

prognosis worse. Recently we had a case in Bethlem in which all the mental symptoms followed early on a fall on the head, which produced insensibility for the time and marked head-trouble for some weeks after, these developing into restless excitement, with weakness of mind; the chief point in the appearance of the case was very marked anæmia. The patient died of acute phthisis, and, therefore, the whole question was complicated, for it is well known that anæmia is a common early symptom of phthisis.

Phthisis itself is a very common associate with insanity, and has, I doubt not, its share, not only in producing the disease from the waste resulting, but from other causes, among these the anæmia to which we have just referred. But this relation of phthisis is specially interesting from the fact that there seems to be a nervous perversion which is hard to explain. We all know that with insane patients the cough and other symptoms may be absent, or may be replaced by delusions associated with gastric, not pneumal, troubles. But once more I am inclined to think that with insanity we have yet another point of importance to consider, for I have met many cases of melancholia in which, with signs of vital depression, there have been no signs of lung disease; but one has been prepared to say that very probably the patient would die of phthisis. The vital depression seems to prepare a fit site for the lower organisms to flourish in, and this leads to one other point which is worthy of consideration, as to whether the neurotic are more liable to suffer from diseases produced by these lower organisms than others. I know there are reasons against accepting this at once, for else why, some might say, are asylums so free from infectious diseases? Of course, one easy answer is that asylums are very carefully guarded from ordinary epidemic influences; but, on the other hand, I would say that I have been struck by the frequency with which members of highly nervous families do suffer from such diseases. I have many examples of families in which these fevers have not only occurred once, but repeatedly. Without making more of this point, I would suggest that the nervously unstable are very likely to be easily affected by these fine, but destructive influences. But to continue. As to the relation of bodily disease to mental disorder, I would say I have seen a fair number of patients suffering from insanity associated with renal disease. No one is surprised the body being a closely-united whole—that one part

being affected the rest should suffer with it. But my difficulty arises as to why in some the expression should be altogether physical, or at least should be referred to the peccant organ, whereas in another the explanation or the expression should be intellectual. That in one person more nervously unstable the circulation of morbid material through the brain produces insanity, and in another only distresses, is not altogether surprising; and, again, that a similarly unstable man be upset by the constant irritation produced by restlessness or sleeplessness is not unnatural. We see many connecting links in the chain of morbid expression. Thus one man who has some gastric uneasiness and is dyspeptic may become irritable, or take to moody, religious thought; another becomes a confirmed doctor-seeking hypochondriac; and a third becomes possessed by the idea that his bowels are closed, and that his soul is lost. In many ways the bodily state reacts on the mental expression, and all one can say is that some people, presumably those whom we call neurotic, explain their sufferings in a more graphic and imaginative way. The explanation here, as elsewhere, is the insanity.

This question of the insane explanation of feelings is ever cropping up, and deserves careful study. A woman with ovarian disease had hallucinations of smell, and said dead bodies were always in her room. The diseased ovary was removed, and no more hallucinations of smell occurred; so in this case we were able to trace cause and effect.

I think it is a pity that more study has not been made of the mental aspect of general diseases, and then we should, perhaps, less frequently be at a loss to explain some of the vague delusions of the insane; and we should see that, strange as these delusions are, they have quite an easy interpretation. Dr. Wilks, in the wards of Guy's, used in former years to call special attention to the aspect and attitude of patients, and pointed out how often the diagnosis was facilitated by noticing the facial aspect or the bodily posture of a patient. The aspect of a thoracic case differs from that of an abdominal one, and the appearance of a fever patient is quite distinct from that of one with cerebral disease.

All bodily disease, then, has its mental aspect, and this aspect may become more and more pronounced, so that it may assume what we call an insane aspect. The hysterical girl may complain of globus or clavus, and the insane

woman may say her throat is closed, or that her brain is wasted or swollen. It still remains to be proved that all these insane interpretations come from persons of insane type. They do not all come from persons with directly insane inheritance. There are sporadic lunatics, and I regret that time will not allow me to consider that most interesting question. As to what conditions are most favourable to the production of insanity in the first place, I can only say that my experience is that any source of degeneration in the stock may lead to evidences of nervous degeneration in the offspring. The consideration of the above leads naturally to a further study of the relationship between bodily and mental disorders; but as this subject of so-called alternation of neuroses is the subject of a paper I have to read at the British Medical Association Meeting at Brighton, I will only summarise here what I have to say on this subject.

First, we know that insane children not uncommonly come of parents suffering from some other form of disease, which, if not altogether nervous, has a strong effect upon or relation to the nervous system; and now we have to consider that such diseases may alternate in the nervous subject himself. Dr. Maudsley has pointed out that asthma in a parent may be followed by insanity in the child, and he has further shown that diabetes in a parent may be succeeded by neurosis in children, and I wish to point out that these same disorders may alternate in the individual as well as in the generations. Now I have seen four cases in which diabetes in a patient has been succeeded by insanity, and during the insanity the diabetes (both the glucosuria and the polyuria) have been absent. It is the same with several other diseases. Thus asthma has been referred to by Dr. C. Norman, and I hear from Dr. Maudsley that he and others have also seen cases in which there has been this alternation besides the true alternation. One has to recognise the fact that such a disease as rheumatic fever may alternate with neuroses, the fever being replaced by insanity on the one hand, or the insanity being replaced by the rheumatic fever on the other. There is also this to be noted, that in severe cases of rheumatic fever with hyperexia, with the high temperature delirium may set in, and the whole of the joint affection may disappear.

Among other alternations we have that between neuroses themselves, and I shall only here say that I have seen the

various forms of hysteria replace one another, and mind, not, as might be supposed, the lesser to be developed or followed by the greater, but at one time hysterical vomiting to be followed by insanity, and at another mania to be followed by paraplegia. I have at present one woman who, after seventeen years of hysterical paralysis, has regained the use of her legs, but now is suffering from depressed intellectual action, as seen in her slow melancholic movements, and her general depressed intellectual action.

To sum up this part of the subject, neuroses may alternate in generation, or they may alternate in the individual, or they may alternate with other diseases or bodily states which, in themselves, seem to have little to do with the nervous system, and here I may introduce the practical question as to whether by producing any alterative action we can do good. I believe that counter-irritation is at some periods of chronic mental disorder of very great service, and in some cases I have seen a seton remove hallucinations, and in another the unpardoned sin vanished when free suppuration was established on the scalp.

The third and last part of my paper refers to disorder of function. My favourite teaching simile is that with our minds as with a kaleidoscope there may be a perfectly similar set of parts, which, being rearranged, produce a new pattern. No amount of section-cutting will tell you what pattern will evolve from the shake, and no alteration will be discovered in the parts themselves. The brain is more or less to be considered in the same way. We have as yet failed to get as good an idea of what the parts of the mind are as we have of the parts of the kaleidoscope. We know the laws which govern the one, but we can only guess wildly as to the laws of mind. Yet, with all this ignorance, it does not seem to me a hopeless task to try to piece together the facts we have, and make, at least, some probable theories as to the way in which many delusions arise. In studying mind from this point of view, and in trying to study the pathology of mind, I have endeavoured to be as free as possible from the school terms, and from the cramping influence of forms. Doubtless, I have done much that is useless, but at least "it is my own."

We have to look at mind as consisting of a basis which is the foundation on which building is possible or impossible, as the case may be, and then we have to consider the structure which is built on this basis by means of the bricks

provided by our senses, and then cemented together by our memory, and by our memory, too, to a great extent arranged, and so that the parts become comparable—that is, may be seen in their special relations. In certain persons the defect is in the basis, in others the peculiarity is due to sense defect, or imperfect and inexact recording. One of the greatest of difficulties we have to explain is, how certain *qualities* are transmitted. We seem to find it easy to accept the transmission of some things we call material, but we cannot understand the transmission of what we call powers. I suppose it is nearly as difficult really to conceive of the power transmitted through an acorn to start into existence a tree which shall have within it the power of going on developing through varying seasons for centuries, as to understand the transmission of what we call moral or intellectual faculties; but both the powers of transmission to the oak and to the offspring are facts, and recently I met a very good example of the direct transmission of mental faculties in a lady who brought her daughter, aged 17, to see me. She said that her daughter had passed into an apathetic state, and she, the mother, was concerned for her future. The daughter, in a cool, matter-of-fact way, told me she did not see any interest in living; she felt everything so unreal, she did not know or care whether this world and all in it were ideas or things, she had no love, no feeling, and no interest. With these symptoms there was amenorrhœa, so I hoped for improvement, which has, in fact, followed judicious removal from home, with active occupation among strangers. But now comes the special interest of the case. The mother, some time after, came and said that she wished to tell me her story, which was, that at the same age she passed through a similar state, that she never cared for anything or anyone, and what was more sad, she had never developed any healthy human affection even for her children. She said she had never mentioned this to any one, and so there was no possibility of her daughter having learnt to say the same thing from her. To complete the case, the only other child, a boy, passed into a similar state of not caring, when about 14 years of age. Here, then, we have direct transmission of faculty or feeling, which you will. This being granted, where are we to draw the line of possibility for transmission of insane ideas, or insane modes of thought, or insane ways of feeling? Patients with true mental disorder due to the perversion of the senses are commonly the children of insane parents, their impres-

sions are not as our impressions, and as a result their intellectual building is not as that of the world at large. There are doubtless some patients who are misled by their senses in other ways, and I wish here to refer to some of the cases in which sense-perversions have been the basis of the mental disorder. These naturally divide themselves into those with defect in the organs of sense themselves and those in which the defect is rather intellectual. Here we have again the double grouping—those in which an unhealthy intellectual impression is received and those in which an impression, healthy or otherwise, is received but wrongly interpreted. It would be altogether beyond the limits of my time to discuss all these cases; you all know the cases of hallucinations of one kind and another—the cases of “following,” watching, persecution, of injury to friends and children, the persecution by telephones or Jesuits, the tampering with body, or the perversion of soul. The explanations are as endless as the power of human development, but there is one practical point I cannot pass over, which is that in some of these cases there are reasonable methods of treatment, and that in several very unpromising cases I have hunted the hallucinations out of house and home. I have brought one person after another who has been suspected before the patient, or taken the patient to him, and by this means I have not directly cured the unreasonable by reason, but each of the convincing proofs has acted as a mental soothing draught, and in the end, rest more and more complete has been gained, and the patient has got well. Mind! these cases have to be taken as exceptional, but they are real, and are to be studied and acted on. In my experience it is no good trying reason with such cases till they have been under care for some time. In the earlier and acute stages reason in no way appeals to them. I give a few examples.

Patients suffering from insanity which has developed in relation to perversion of senses are, in some cases, to be treated, not by drugs but by reason, and I should like here to give two or three cases in which the treatment of the unreasonable by reasonable measures has at least ended in cure. In one case a young man, who, having against his father's wish gone in for electrical engineering, instead of following arms, as his friends wished, gradually got more and more estranged from all near to him, and in the end took a foreign appointment where much of his time was

spent alone, and in an unhealthy, subjective state. This led in one way or another to the development of hallucinations of nearly all his senses, so that he was sure that his father had detectives following and watching him, and ready to report anything to his disadvantage. This state of uneasy suspicion gradually became to him intolerable, and, like so many similarly placed, he took to the sea, hoping thus, anyway, to escape; but even here he found he was tormented, and as soon as he got to England he placed his affairs in the hands of two advertising attorneys, who professed to believe his tale. Anyway, his father found him, and had him sent with certificates to Bethlem, where for some weeks he was a very brilliant but very troublesome patient, so that he caused constant annoyance to patients and attendants by his domineering ways. He caused the servants about the place all the trouble he could; would throw his bed clothes into disorder on purpose to give work; would make as much mess in washing as he could, and call the attendants "menials," and the like. At the same time, he would amuse himself by playing several games at chess at the same time without seeing the boards. He was, in fact, a very expert player.

Nothing appealed to him for a time, and he was as rude to me as an "official" as he dare be. I tried to get some clue to his past, and after some time found that he had the idea that his father had bought over his former schoolmaster to go to South America to watch and spy on him. No amount of reasoning could convince him that it was absurd to suppose that his father had means enough, even were it possible to buy up such a man. He said one day, "Well, let him deny it himself." On this hint I wrote to the headmaster, and got a letter which I gave to the patient. In this letter the clergyman gave a short account of the things that had happened to him during the previous years. This seemed to stagger the patient at first, but he said "Oh, yes; but this may be all made up. I cannot accept his statement alone. I must see him." I again appealed to the master, asking him, if in town, to come and see his old pupil. In course of time he did this, and a long afternoon was spent by them together.

On the next morning the formerly troublesome patient made his own bed, and asked if he could do anything for others. His whole nature seemed changed. On my visiting the wards he apologised for his conduct, asked pardon, and

by his words and his conduct showed that a mental change had taken place, so that in the course of a few weeks he was discharged, and though once since threatened, he has never, as far as I have been able to learn, had a relapse.

In another case a young man, also the son of an officer, was haunted by hallucinations. He was said to have lost a valuable appointment in India in consequence of homicidal violence resulting from these sense perversions. He was sent to England, and, happening to suffer from varicocele, he was sent to St. Thomas' Hospital, where he was operated on. Unfortunately his case took a bad turn; he had blood-poisoning, some joint troubles, and the result was a stiff knee and a stiff ankle. He was sent from the hospital to us, on account of his dangerous and threatening behaviour to some of the junior staff, and there is little doubt but that, if he had had the chance, he would have killed one or other of them. He fancied they called him obnoxious names, and that they also maligned his parents.

While in Bethlem he was for weeks the most dangerous man I had. A word and a blow were the general sequence, and at times the blow came first. I tried all I could by granting him special favours if he controlled himself, but with little good effect. But one day, when he said he had heard my voice on the roof, I was able to give him conclusive proof that I was spending the night at Oxford. This seemed to stagger him, and he said, "Well, if you send me to the convalescent, and I still hear voices in the cricket field, I will believe I have been deluded." I sent him down to Witley, but the experiment was not a success at first, for he disagreed with the others and had to be brought back. Still, though we had several outbreaks, I was able to do more with him, and I got the several men he accused to come and interview him, and he gave way on point after point till but one man seemed to be his enemy, and to him I sent the patient in a cab. The result was only partly satisfactory, but some way was gained.

I must own that though he was more reasonable he was as violent at times as ever, and I began to give up hope of doing him good. He seemed to be morally perverse; but, remembering the other case, I still said we may be misjudging him. He was sent to the county asylum, but never after leaving Bethlem did he show any signs of insanity, and was, in the end, sent at his own request abroad.

I could recall many other cases, such as one of a barrister

who had been for several years in a private asylum, where his delusions of suspicion got more and more marked. Yet, by bringing the causes of his worries before him and proving his mistakes, a cure was effected, and I now meet this barrister not only in the courts of law, but in society, holding at least his own, and fully persuaded that our plan, or reasoning, did him good.

Reason or emotion may cure a hysterical woman; prayer may restore a paralysed limb. The influence of a bishop, and once of an archbishop, have been invoked with success in the removal of sense perversions in patients in Bethlem, or of delusions growing from such perversions; but I do not believe such measures will cure an organic disease, whether it be of brain or kidney. This, then, is my point, that there is a large group of cases of insanity in which the thing to look to is the function, not the organ. Try to modify the surroundings if you like, but "throw physic to the dogs."

Now, gentlemen, my task is done, and though I fear it has been less practical in its bearings than many former addresses, yet it is important as far as its object is concerned.

Other presidents have taken stock of our knowledge and experience of legislation and treatment. Statistics have been generally largely called upon, but I have placed as clearly as I was able before you my ideas on the relationship of insanity to bodily disease, and to simple disorder of function. I feel yearly more and more convinced that unity is the one characteristic of natural working, in this planet at least, and that a law once discovered, whether it be discovered among the planets or the plants, has far-reaching powers which at first may not be seen.

My effort is to trace the great unity not only in the development, but in the dissolution of the body, and I trust that, at least, I shall have destroyed some "idols of the den" even though I have not discovered a law of mind.
