CROONIAN LECTURES ON MIND, BRAIN, AND SPINAL CORD, IN CERTAIN MORBID CONDITIONS.

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LECTURE II.

In the last lecture, I was venturesome enough to attack the materialistic view of mind which is at present so much in vogue, and to maintain that mind had its foundation, not in matter merely, nor yet in spirit merely, but in something, common to both, which might be matter at one time and spirit at another, so that, in reality, matter might be regarded as convertible into spirit, and spirit into matter. I attempted, I fear, more than I could hope to accomplish in any case—more than could be accomplished in the short space of an hour, certainly. In my present lecture I am far less ambitious, my object being simply to deal cursorily with two practical subjects, which, though not wholly disconnected, have no necessary connexion with each other. What I now propose to do, indeed, is simply to say as much as I can in the time,—first, upon *incipient insanity*,—and, secondly, upon a disorder, half-nervous, half-mental, to which I propose to give the name of *neuriasis*—a disorder underlying hysteria, hypochondriasis, and certain other affections akin to them.

CONCERNING INCIPIENT INSANITY.

Very loose notions are abroad respecting the symptoms of insanity. Too often, if not overlooked altogether, all symptoms are practically disregarded except the one which alone is recognised by the law of the land—namely, *delusion*. Practically, also, delusion is regarded, *not* as many-sided, *not* as having *often* to do with certain very definite and very different morbid mental conditions other than intellectual, but simply as some undefined, unintelligible derangement of the reason. But this is a view which cannot be defended, and which must be set aside before it is possible to arrive at any clear notions respecting the symptoms of incipient insanity.

If a visit be paid to a lunatic asylum, with a view, not to group the inmates in accordance with this or that classification of cases of insanity—no easy task, by the way, for the groups interblend in every direction—but simply to gain such a knowledge of the symptoms of actual insanity as may aid in the detection of the symptoms of incipient insanity, the most prominent of these symptoms are, not delusion only, but self-conceit, misanthropy, distrust, uncontrollable impulsiveness, melancholy, a biased and prejudiced reason, a disordered fancy, delirious excitement, and the states to which the names of dementia and general paralysis are given. Or, rather, the list may be simplified by disregarding the two sets of symptoms last named, the truth being that dementia and general paralysis are states which may be regarded as endings of insanity rather than as accompaniments—states, too, which have no special connexion with insanity, inasmuch as they may have their origin in other disorders as well. And, further, on looking into the matter a little more closely, the symptom of delusion is found to present certain varieties, each of which would seem to be inseparably associated with, and in some measure dependent upon, a definite morbid mental condition other than simply intellectual. This, at least, is the conclusion at which, in making this survey, I find myself forced to arrive; and thus, as it seems to me, a direct way of arriving at a knowledge of the symptoms of incipient insanity will be to take in turn each of the symptoms of actual insanity, and look into its early history as far as need be.

Intense self-conceit, with or without delusion, is undoubtedly a prominent symptom in very many lunatics. Unless too demented to think at all, or too crazy to think connectedly, the lunatic is sure to display this feeling in some unmistakable way, very frequently in an arrogant manner, which is almost characteristic of his disorder, not unfrequently in words or deeds which cannot be misunderstood. Along with this intense self-conceit there may be, or there may not be, some actual delusion, the facts, as gathered from the history of very many cases, seeming to show that there is no delusion at first. And when delusion is actually present, this state of things would seem to be exaggerated rather than altered. The patient has come to believe himself to be

wiser, richer, stronger, than he really is. In spite of the most glaring contradiction in fact, apparently by the starving of reason arising from the mere overgrowth of the feeling of self-conceit, he may come to believe himself to be the wisest, or the richest, or the strongest, of men. All this may be without any wavering in the mind as to who is who. The lunatic, lost in self-conceit, may have delusions as to what is his, but he knows all the while who he is; *ego* is still *ego*. But the delusion may strike deeper still, and the very idea of personal identity may be destroyed, *ego* becoming *alter*, by an *alteration* which, as it would seem, may still have its rise in the exaggeration, carried now to the fullest degree, of that inordinate self-esteem of which I am speaking; for in this case the change is into some one who is the reverse of insignificant—very frequently into Napoleon I., or Lucifer, or the Psalmist king, or even Christ the Saviour. In these cases, where intense self-conceit is associated with one or other of the delusions of which I have been speaking, the rule would seem to be that the delusion was not present at first. I know of no exception to this rule. And thus I would venture to look upon intense self-conceit, without delusion, as marking a state of mind in which delusion may readily find entrance—as being, it may be, a symptom of incipient insanity.

Misanthropy, more or less marked in degree, with or without delusion, is another prominent symptom in very many cases of insanity. If the lunatic do not actually hate the people about him, he dislikes them; and if his hatred or dislike be turned in any one direction more especially, it is sure to be against those who have the greatest claim upon his affection. His whole moral nature in this respect is thoroughly perverted and warped, and he is very likely to suppose that others have the same feelings towards him that he has towards them. Sooner or later he is almost sure to do this, and, by doing it, to become subject to a delusion which may be said to arise naturally out of his misanthropical state of mind, just as the delusions which have been mentioned in connexion with intense self-conceit may be supposed to have their origin in that particular state of mind. At first, however, there would seem to be no delusion along with the misanthropy; and, therefore, it is no unfair inference from the facts that misanthropy may indicate a state of mind tending towards insanity—a state which may easily change into insanity by becoming complicated with some kindred delusion. Thus regarded, indeed, misanthropy without delusion, may have to be reckoned among the symptoms of incipient insanity.

In very many lunatics, also, there is a most suspicious disposition, sometimes with, sometimes without, delusion. Very often, indeed, it would seem as if a suspicious disposition, not at all remarkable to begin with, had developed by a natural process of growth into an actual delusion, what was a mere vague feeling of distrust at first, leading only to the half-formed notion that others were more ready to do them harm than good, becoming in the end, by being indulged in, a firm conviction that others were committed to an actual conspiracy to poison them, or do them some other grievous injury. That this is the history of this the commonest of all the delusions, I am satisfied; and this being the case, I consider myself at liberty to put distrust without delusion along with intense self-conceit without delusion, and misanthropy without delusion, among the symptoms of incipient insanity.

In very many lunatics, also, especially in those who are most misanthropical, there is a manifest want of self-control and voluntary power generally, with or without delusion. The want of self-control may express itself at any moment in violent words and deeds—in violent deeds, perhaps, rather than in violent words. In the worst cases, even without delusion, this want of self-control may burst out in the most atrocious acts at any moment, even in homicide or rape. If there be this impulsiveness, without delusion, it is customary to speak, with Prichard, of the case as one of moral insanity, and it is perhaps right so to speak; still, it is certain that moral insanity is not so much a form of insanity in this sense, as that in cases of insanity generally, want of self-control is a marked feature of the disorder, and the cases of moral insanity so-called are only cases in which this want is more marked than usual. And not less certain is it that this want of self-control is a fundamental symptom in insanity, which, in point of time, takes precedence of delusion, “Closely scanning the symptoms”, says Dr. Maudsley, “it is seen that the affective disorder (this want of self-control) is the fundamental fact; that in the great majority of cases it precedes intellectual disorder; that it coexists with the latter during its course; and that it frequently disappears for a time after this has appeared. Esquirol rightly declared ‘moral insanity to be the proper characteristic of mental derangement’; and added, ‘there are madmen in whom it is difficult to find any trace of hallucination, but there are none in whom the passions and moral affections are not perverted and destroyed’. And this experience is in entire accord with that of every observer of insanity.” And with these remarks of Dr. Maudsley I entirely concur. Want of self-control is, I am sure, a symptom in all

cases of insanity, which, in this order of development, takes precedence of delusion. Whether extreme want of self-control, without delusion, is sufficient of itself to constitute insanity, is another question, and one which I am not called upon to answer. What I have to do, indeed, is simply this—to point out the relationship existing between the symptoms in question and the other symptoms of insanity, and to insist upon the necessity for regarding want of self-control, without delusion, as a very prominent symptom in incipient insanity. Along with this want of self-control, there is also very frequently a want of voluntary power generally. The lunatic, as a rule, is led by his feelings and thoughts, and is strangely incapable of exercising his will effectually. Sometimes—in certain directions at least—his will seems to be altogether powerless. I know, for instance, a melancholic patient, in whom I can find no delusion, who believes firmly that he would be well if only he could pray, and whose one desire is to pray, but who never can pray unless some one will come to his rescue and pray with him. In this latter case he prays at once, being readily *led* in this matter as in all others; and, in short, the only marked mental defect, besides the melancholy, which I can find in him, is this strange want of voluntary power. Cases, too, are common enough in which, apparently for the same reason and no other, it is impossible, although earnestly desiring to do it, to look into a book: and so also are cases in which this inability to act spontaneously is associated with actual delusion, the patient in the end coming to believe that his will is actually and literally spell-bound. In the end, I say, for in many of these cases, if not in all, the actual delusion would not seem to have been present from the very beginning of the disorder: and thus, as with want of self-control, so with want of voluntary power generally, there would seem to be an earlier stage without delusion, as well as a later stage with delusion—a conclusion which is tantamount to saying that want of self-control and of voluntary power generally, without delusion, may be one of the symptoms of incipient insanity.

That state of mind to which is given the name of melancholy is so common among lunatics, that melancholy and insanity have been used as mutually convertible terms. The anatomy of melancholy, to go no further, is a treatise on insanity. In some cases, of course, this state of mind is not so obvious as in others, and it may be difficult to detect it if the patient be reticent. In the more aggravated cases there is no such difficulty, the patient often sitting hour after hour, or day after day, motionless, with clasped hands and woe-begone features, or else, driven past endurance by feelings of anguish and despair, continually moving about, moaning, or wailing, wringing his hands, praying for death, or even seeking it, too often successfully, at his own hands. As a rule, this state of mind would seem to be the very reverse of that which shows itself in inordinate self-esteem, the patient often believing himself to be thoroughly bad and wicked in every way, with a dreadful doom in store for him, both here and hereafter. And the more marked delusions in association with melancholy are in conformity with this idea. I know, for example, a miserable man, long a victim to deep melancholy without delusion, whose delusion now is that he is a murderer, condemned and left for immediate execution, who will not look out of window lest he should see the gallows, and who, whenever the handle of his door turns, expects the executioner and the cases are legion of those who think that they have committed unpardonable sin, for which their inevitable doom is everlasting destruction. It would also seem that this terrible self-depreciation may lead to another kind of delusion, the very opposite of that to which inordinate self-esteem would seem to lead in some cases—namely, to a loss of personal identity, in which the idea of self is lost, as it is lost, in lycanthropy. At all events, I know of one case in which there were true fits of lycanthropy, or rather cynanthropy, where the settled melancholy, which was the predominant state between the fits, had its origin in what may be spoken of as the *worm-doctrine* of human nature, and in the miserable forebodings as to the future to which it led. But be the relation of this or any form of delusion to melancholy what it may, the fact remain, not only that melancholy is a morbid feature in insanity, but that melancholy, more or less deep, without delusion, must have assigned to it a very prominent position among the symptoms of incipient insanity.

In very many lunatics, perhaps in all, the reason is biassed and prejudiced in the most unmistakable manner. The mere fact of delusion is a sufficient proof that it is so, and this is not the only proof. The whole facts of the case, indeed, are calculated to show that there is a radical defect in the reason—that this faculty is warped, not only in one particular direction, but in other directions as well. I very much question, indeed, whether the use of the term *monomania*, as implying that the reason acts correctly in all directions except that of some single delusion, is defensible: at all events, the facts would certainly justify the conclusion that, even in the cases which most deserve to be brought

into the category of monomania, there is a strongly biassed and prejudiced state of mind quite apart from the particular delusion. In listening to a story, for instance, only half of what is said is received, and it is perfectly useless to take steps to secure a hearing for the other half. And in reading it is the same: thus nothing is more common than for a melancholy patient to be able to find nothing in the Bible but what confirms his gloomy forebodings. As it seems to me, indeed, the facts show most unequivocally not only that the reason is warped, but that a common way for delusion to enter the mind is by this particular way, the delusion being probably nothing more than the natural consequence of the warped reason being allowed to perplex itself for too long a time in any particular line of thought. How often, for example, has the delusion of being eternally lost entered into a gloomy unbalanced mind by dwelling too long and too exclusively upon the intellectual conception of sin! How often have men gone mad in other ways by “too much learning”? Nor is it difficult to understand how, by being continually nursed in a mind strongly disposed to take a wrong view of everything, a thought, not at first a delusion, may become a delusion. The case is plain enough: there is good reason to believe that the reason is gravely warped in many, if not in all, lunatics, and that very often, to say the least, this state precedes the development of delusion in any form; and thus the natural inference must be, that among the symptoms of incipient insanity may be reckoned this one in particular—namely, a strangely biassed and prejudiced state of the reason, without delusion.

In not a few lunatics, also, there are illusions and hallucinations which point to fancy disordered in the direction of the senses. I know, for example, a lunatic painter who believes himself to be Apollo, and who, before becoming possessed by this *idée fixe*, had *illusions* in which he saw all the gods of Olympus in the clouds, and heard them speaking to him in every sound that then fell upon his ears. These illusions, which passed away when the delusion of which I have spoken became firmly fixed in the mind, were never more than half-delusions. The patient had them when left to himself: he might always be reasoned out of them. He was, in fact, half sceptical as to their reality at all times. And this would always seem to be the case with illusion. There is some *external* impression upon one or other of the senses, special or general, which is misread; and the mind is never absolutely confident about the reading. If, indeed, the mind were confident, the illusion would be, no longer an illusion, but a delusion. I also know a lunatic, now believing that he has committed the unpardonable sin, who, before becoming deluded in this manner, had occasional *hallucinations*, in which he saw the arch-tempter, and heard him speak as well, when there was absolutely nothing either to see or hear. He had an hallucination—that is to say, his eyes and ears (any other of his senses, special or general, might have led to the same blunder, *hallux*, whence hallucination) misled him, not by misreading an actual *external* impression made upon them, as in illusion, but by acting independently of such impression. As with the former patient, so also with this, it was always possible to shake faith in the reality of the hallucination—to make it appear more or less as a dream; and this, moreover, would appear to be the case with all hallucinations, that the mind is not so thoroughly convinced as it is in the case of delusion. Moreover, so far as I can make out, these illusions and hallucinations not unfrequently precede the development of actual delusions; and, in short, there is, as it would seem, abundant reason for thinking that an irregular fancy, showing itself in illusions and hallucinations, may be considered as a symptom of incipient insanity.

And, lastly, insanity may declare itself in delirious excitement, the patient—as the case may be—becoming sleepless, restless, indifferent to hunger and thirst, talking incessantly, precipitately, indistinctly, in an altered and harsh voice, it may be, without any thread of thought upon which to string his words, jabbering, that is to say, or talking gibberish; or else pacing or dancing about, laughing, singing, declaiming, shouting, howling, gesticulating wildly; or else, tearing off his clothes in shreds, and destroying everything upon which he can lay his hands; or else, rushing with tiger-like fierceness upon any one who comes within reach; or else, filthy beyond measure, passing his excrements anywhere, and often smearing himself all over with them; or else, utterly gluttonous, gorging upon anything, even upon the foulest offal by preference; or else, utterly lost to all sense of shame, abandoning himself to practices too loathsome to be named; or else, instead of the animal part of his nature being thus rampant, exhibiting the most terrible contempt of the flesh, refusing food because he will not pander to his appetite for it, or even cutting off his right hand or plucking out his right eye, because he thinks that these members have been, or will be, the means of making him offend against some supreme moral law. In this sad case, everything in the shape of thought or feeling is, as a rule, all but lost in a state of tempestuous chaos. There are, of course,

infinite varieties in the manifestations of raving madness, as well as in the ways in which the disorder may begin and end. The delirious state may be gradually developed upon, or suddenly burst out in, any variety of insanity; it may follow immediately upon an epileptiform seizure in a person whose mind to all appearance is sound; it may be suddenly developed without any such seizure, and this again and again, with comparatively sudden recoveries, and with almost perfect lucid intervals, as in *relapsing mania*—a disorder, by the way, which, in all probability, has an epileptiform basis, the fit of raving being the true counterpart of the fit of convulsion: usually, however, it is preceded, if not by actual insanity in one or other of its definite forms, by one or other of those forms of mental disorder which have been instanced as pointing towards insanity—as being, in short, signs of incipient insanity. Nor are the endings of raving madness less varied than the beginnings; for among them must be reckoned, not recovery only, but also each and all of the many forms of complications of insanity or chronic mania, melancholy, dementia, general paralysis, and the rest. Always, as it would seem, the mental power is more or less damaged by an attack of maniacal raving; too often there is that tendency to return which is exhibited in the most marked degree in relapsing mania. I am not sure, however, that some consolation is not to be found in this very tendency. I cannot but think that there may be what may be spoken of as an epileptiform basis, not only in cases of relapsing mania, but in every case of mania. I cannot but hope that these bouts of mania may often come and go as an ordinary epileptiform attack may come and go, often too, with as little damage to the mind; and, also, that they will yield more readily to treatment when this epileptiform basis is more clearly recognised in practice. I am also very much disposed to think that the delirious excitement of actual insanity is not altogether peculiar to the fully developed disorder—that, in short, a tendency to it must be reckoned as one of the many symptoms of incipient insanity. At all events, there can be no doubt that in not a few cases in which insanity has declared itself in delirious excitement, this state has been preceded by strange talkativeness, uncontrollable fidgetiness and restlessness, violent outbursts of temper, fits of lightheadedness, or in some other way more or less analogous to these.

There are, no doubt, many variations and many combinations in the symptoms of incipient insanity. Sometimes one or two of the symptoms only are present, to the exclusion of the rest. If all are present—an almost inconceivable case—then there would be—a state of intense self-conceit, without actual delusion; a state of moroseness and misanthropy, without actual delusion; a state marked by great mistrust and suspicion, without actual delusion; a state of uncontrollable impulsiveness, without actual delusion; a state of melancholy, without actual delusion; a warped state of the intellect, without actual delusion, irregularity of fancy, showing itself in illusions and hallucinations; and, lastly, a tendency to delirious excitement. In actual insanity, one or more of these several morbid mental conditions is always present, the change which has happened consisting only in the addition of some actual delusion, which delusion very often, to say the least, may be looked upon as the natural result of the exaggeration of the morbid mental condition most closely associated with it.

Nor are these remarks without a very definite practical bearing. On the contrary, if the view here taken be the true view, it may be hoped that, by its adoption, insanity may become at once a little more intelligible, a little more preventable, and a little more manageable when actually developed.

In the rough sketch which has been made it appears that delusion is not an indefinite disorder of the intellect and fancy, coming on no one knows how, without warning of any kind, but a very definite disorder, taking many shapes, each of them associated with some morbid mental condition from which it cannot be dissociated, and often receiving this shape, as it would seem, as a natural consequence of the mind having been allowed to go wrong in the direction of some particular morbid mental condition—intense self-conceit, misanthropy, melancholy, or other. Nothing is more certain than this—that, by indulging in a perverse way of feeling or thinking, sooner or later the reason and will are mastered by this feeling or thought, and that, when this point is arrived at, the feelings and thoughts and actions, as a matter of course, become more or less irrational and involuntary. Arrived at this point, indeed, any delusion, any fancy, may easily take undisputed possession of the mind. And thus the delusion, instead of being something almost unintelligible, becomes little more than a natural consequence of the unresisted continuance of the particular morbid mental condition with which it is associated and from which it cannot be dissociated.

If the mind be allowed to rest too long in any of the morbid mental conditions which are constantly associated with delusion, the

will and reason are deposed, and feeling is enthroned in their stead. This is all; for when feeling is raised above will and reason, the result of necessity is not only disorder, but delusion. And thus insanity becomes somewhat more intelligible, inasmuch as it reduces itself to little more than the natural consequence of the mind having been allowed to go wrong in the direction of some perverse feeling, until a point is arrived at in which the will and reason have no longer any control over it; an end in which—for all the unchecked evidences of the mere feelings are delusive—delusion, in one form or another, is the inevitable result.

And if delusion take these different forms, and is brought about in these different ways, it is plain that there are several very definite indications of treatment which may be followed out in a very hopeful spirit. The case is not one in which delusion is no one knows what, coming about no one knows how, in which the physician is left in a state of uncertainty as to what ought to be done to prevent it or to cure it. The case is definite enough. There are several morbid mental conditions—as intense self-conceit, misanthropy, melancholy, uncontrollable impulsiveness, and the rest—preceding insanity, continuing when insanity is actually developed, and each of them leading naturally to some delusion which is the conclusive evidence of insanity. There is, in fact, a definite morbid mental condition other than delusion to be dealt with. By dealing with it, delusion is to be prevented; nay more, by dealing with it, delusion is to be counteracted and conquered. It is as much a duty to deal seriously with this morbid mental condition as it is with the actual delusion, for delusion is the natural consequence sooner or later of leaving it to itself. Every effort must be made to teach the patient that he is responsible for his feelings and thoughts as well as for his actions; that he can and must master them; and that, if he does not try, his will and reason may soon become too powerless to prevent his feelings and thoughts and actions from becoming involuntary and irrational as in insanity. He must be helped and made to try to do all this in every possible way. A proper mental discipline must be enforced, upon the details of which I cannot and need not enter. Nor is a different course to be followed when matters have gone further wrong, and there is actual delusion. Certainly all is not done in this case when the lunatic is provided with a comfortable home, and when every conceivable care is taken of his body. All this is wanted, and more also—much more, if what I have said about mind be true. What is wanted is, that medical and clerical aid should be brought into closer conjunction than they are at present, with clearer notions, in both physician and clergyman, as to the autocracy of mind. What is wanted is the co-operation of educated persons, similarly enlightened as to mind, who will, as a labour of love, tend upon the lunatic, giving him the helping hand which now, in so many instances, they are giving to the ordinary sick. What is wanted, also, are more carefully trained ordinary attendants. With respect to the ordinary nursing of the insane, indeed, a great revolution is necessary, akin to that which is being brought about in ordinary nursing by Miss Nightingale, by the Misses Merryweather, and by their fellow-philanthropists. But it is more than time that I should pass on to the next subject with which I have to do, and I pass on accordingly, leaving the amplification of these hints for another occasion, if such may ever arise.

CONCERNING NEURIASIS.

The subjects of the condition to which I venture to give the name of *neuriasis* are spoken of as hysterical, hypochondriacal, or nervous. They have, in fact, that constitution or temperament which Whytt, following in the steps of Sydenham, showed to be a common basis in the states of disorder called hysteria and hypochondriasis, the *diathesis spasmodica* of Willis, the *état nerveux* of certain modern French writers. For the most part, they are easily tired, easily become faint for want of food, are easily overcome by sleep. For the most part, they are more the slaves of involuntary irrational impulse, more wanting in composure, than is consistent with a well balanced state of mind. They are more frequently women than men; they are never the robust and strong-minded of either sex. In them, all the feminine qualities of body and mind predominate over the masculine.

Regarding the subject a little more closely, it is possible to detect in neuriasis certain peculiarities of body and certain peculiarities of mind which are more or less constant; and what I have now to do is to try and justify this statement by taking each of these peculiarities in turn. I begin with the peculiarities which have to do with the body, and then pass to those which relate to the mind—passing from one to the other in a roundabout way; for it matters little what course be pursued, provided the survey be moderately complete before it comes to an end.

Under or after strong emotion or excitement, may be noticed first of all the sign which Sydenham regarded as pathognomonic of hysteria and hypochondriasis—a proneness to pass, under any emotion or ex-

citement, or after it, large quantities of pale, limpid, neutral urine. Often, too, apart from such emotion or excitement, there is an irresistible *besoin d'uriner*. To call such feeling into existence, it is enough for the thoughts to take this direction at an inconvenient moment, as in a railway train in motion, or in company where the want must be hidden. Such is this weakness at times, that the attention is alive to scarcely anything else; and never is it other than a prominent torment—a torment so prominent as to deserve to be mentioned first, as it is here, in describing the physical peculiarities of neuriasis.

After this peculiarity of neuriasis, that which next deserves to be mentioned is an extraordinary proneness to abdominal flatulence—*pneumatose intestinale*. Air is suddenly poured out into the alimentary canal in the most extraordinary way, whether digestion be going on or not, with what may seem to be a cause or without it; and, being there, it makes itself known by painful distension of the stomach and bowels, by noisy rumblings, or in more Homeric ways.

The case is analogous to that which has just been described as affecting the kidneys and bladder; and the trouble and annoyance caused are of the same kind, and scarcely less in degree, especially when, as often happens, this pressure of the air gives rise to distressing breathlessness by interfering with the action of the diaphragm. With such frequent and urgent uneasiness in the abdomen as this, there is, indeed, little wonder that the term hypochondriacal should have come into use, and continued in use, as the name for one of the varieties of the disorder which I am proposing to call neuriasis.

A third bodily peculiarity in neuriasis is a proneness to break down in laughing or crying. There is what is commonly spoken of as an hysterical disposition in this respect. Not only does the laugh or tear come too readily, but, when it comes, it is very likely to be at the wrong moment—the laugh being where the tear should be, the tear in the place of the laugh. It has little or nothing to do, in fact, with an excessively sympathetic disposition or an over-sensitive nature. Any slight commotion in the system, however brought about, may show itself in this way; and, in short, it is the exception rather than the rule for the patient to be able to tell why he laughed or why he cried.

Along with this undue proneness to laughing and crying, there must also be mentioned another peculiarity, to which, in its more marked form, the name of *globus* is given—a choking feeling in the throat, as if from a ball there, which prevents swallowing, and leads to constant efforts at gulping. This feeling is closely connected with the bouts of laughing and crying, being rarely absent if they are present; and also with the fits of abdominal flatulence—with the latter, perhaps, more particularly. Often it is, as it were, part and parcel of the rumblings which form so conspicuous a feature of this flatulence, there being first the rumbling in the bowels, and then a mounting of this sensation by way of the epigastrium to the throat, where it takes the form of *globus*. But, as Dr. Reynolds points out, it is a mistake to suppose that the throat-trouble to which the name of *globus* is given has always this commencement in the abdomen. Often, indeed, the feeling of choking, of which *globus* is one of the forms, is manifestly confined to the throat; and not unfrequently the abdominal symptoms may as manifestly follow upon the throat-trouble, the *globus* disappearing as the flatulent rumblings make themselves felt and heard.

Another peculiarity not unfrequently met with in neuriasis is a very disagreeable superabundance of saliva. This is mentioned in their article on *Etat Nerveux* by MM. Sandras and Bourguignon; and the fact, for fact it is most assuredly, must not be lost sight of. The cause would appear to be a difficulty of swallowing dependent upon the spasmodic state of the fauces and throat, which shows itself, when more fully called into action, in the choking feeling called *globus*, in the bouts of laughing and crying, and in various other ways. The saliva, which is always being formed in large quantities, does not find its way into the stomach by insensible acts of swallowing, as it ought to do; and hence the overflow. But, be the explanation what it may, the fact remains, that along with the other peculiarities which have been mentioned—proneness to pass large quantities of pale, limpid, neutral urine, with urgent *besoin d'uriner*, proneness to abdominal flatulence, proneness to tears and laughter, proneness to choking feelings of one kind or another—this also must be mentioned, namely, a disagreeable superabundance of saliva.

Constipation also would seem to have a claim to a place in the list of the bodily peculiarities of neuriasis, though not, perhaps, to any very prominent place. In cases of hysteria and hypochondriasis, so called, it is but seldom that the bowels will act without help; and what is true of these cases would seem to be more or less true in all cases of the kind. In a word, constipation is so generally a marked peculiarity in neuriasis as to deserve, to say the least, this passing notice in the present place.

Tenderness, with more or less uneasiness or actual pain, apart

from pressure, in one or other part of the abdomen, is another bodily peculiarity in neuriasis which must not be overlooked, which cannot well be overlooked. Often it is in the pit of the stomach, or under the ribs at a point in a line descending from the left nipple, or in both these places at the same time. Not unfrequently it is at the same time in another and third place—namely, over the spine, as spinal tenderness, at a point corresponding more or less nearly to the spinal insertion of the nerves which supply the two other painful parts which have been indicated—a threefold arrangement of tender or painful places, which Briquet regards as characteristic of the so-called hysterical condition—the *trépied hystérique*, the tripod, that is to say, on which the diagnosis of hysteria may be made to rest firmly. And certainly this opinion has much to recommend it in fact. At the same time, it is not to be doubted that there are many cases of so-called hysteria in which all that can be affirmed is, that this tenderness, with or without more or less uneasiness or actual pain apart from pressure, is in one or other part of the abdomen or dorso-lumbar region of the spine, without any such particular threefold localisation as that to which Briquet refers. Often, indeed, all that can be said is, that there is *shifting* tenderness or uneasiness or pain in the abdomen. Most certainly it is so in the so-called cases of hypochondriasis; and what is true of these cases would seem to be scarcely less true of cases of so-called hysteria—of cases of neuriasis generally, in fact. In a word, all that can be safely affirmed with respect to the peculiarity in question is, that it is abdominal, without being more specially localised—localised sufficiently to have helped by its localisation to suggest the terms hypochondriacal and hysterical as fitting names for it: nothing more.

A marked disposition to spasm, in one or other form, is another bodily peculiarity in the condition under consideration. In its simplest form, this may be no more than intestinal gripings or common cramps in the limbs; in its most marked manifestation, it may amount to that general convulsion of all the muscular system to which the name of hysterical is given. This condition is most marked in hysteria so-called, least marked in hypochondriasis so-called. In some cases, it is impossible to overlook it; in others, it may be somewhat difficult to detect it; but in all cases it exists as much more than a mere latent potentiality. So marked, indeed, is this disposition to spasm in the great mass of cases of neuriasis, that there is no difficulty in understanding why Willis should have chosen the name *diathesis spasmodica* for that common basis which he saw clearly enough to exist in the several nervous cases of which those called hysterical and hypochondriacal are varieties.

And, last of all, a disposition to *periodicity* must have a place among these bodily peculiarities of neuriasis. The fact is not to be denied. In all cases, certain phenomena—pain, spasm, feverish and congestive movements of the circulation, and the rest—are apt to appear and disappear more or less, after the manner of an ague. There seems to be some undue delicacy or mobility by which the frame is more readily swayed than it ought to be by such opposing influences as heat and cold, day and night, feeding and fasting, and the like. But, be this as it may, the fact remains, that a disposition to periodicity, in one form or another, must be reckoned upon as one among the many bodily peculiarities of neuriasis; and this alone, not the explanation of the fact, is that which concerns me here.

Nor are the mental peculiarities of the condition under consideration inconspicuous and uncharacteristic. On the contrary, it is in these very peculiarities, rather than in the bodily, that the distinctive features of neuriasis are to be traced most readily.

Among these mental peculiarities, that which is certainly not the least distinctive is undue self-sensitiveness. This may show itself in extreme conceit, in most distressing diffidence, or in many other ways. Self cannot be forgotten; only self can be talked about. The state of mind in this respect is indeed one which, to say the least, often implies a dangerous proximity to the intense self-conceit of the lunatic.

Another mental peculiarity is a dominant craving for sympathy. Undue self-sensitiveness instinctively seeks relief in this way. The good opinion of others cannot be dispensed with; it is the very breath of life. If this be withheld, all is withheld that is regarded as worth having; and so day after day passes in miserable disappointment. This good opinion of others is precisely that which of all things is most difficult to get, especially when wanted. As a rule, too, quick and perverse likes and dislikes go hand in hand with this undue self-sensitiveness and overpowering craving for sympathy. There is a want of equipoise; and a mere trifle serves to make the feelings overbalance in one direction or the other—as often in the wrong direction as in the right.

Another mental peculiarity in neuriasis—the complement, perhaps, of the last—is feebleness of will. “What I would not, that I do; what I would, that I do not,” is the confession too often made, and too truly made, in deeds at least, if not in words. The mental cha-

racter is marked by fickleness, impulsiveness, irresolution, want of composure, unrest, and other unmistakable signs of a radical feebleness of will—by wilfulness, it may be, for wilfulness in nine cases out of ten means the reverse of fulness of will—will overridden by some feeling or fancy—waywardness—an involuntary rather than a voluntary state of mind.

Another marked mental peculiarity in neuriasis, more marked, perhaps, than any of those which have been already noticed, is fancifulness. Due care is not taken in forming firm foundations in fact. Conclusions are jumped to hastily. The dominant faculty is, not reason, but imagination; and the fancies formed are too often undistinguishable from true delusions. A pain or uneasy feeling, for example, is supposed to point to some disease; and soon the reason refuses to be convinced that the disease is not present. This is the characteristic misdirection of the imagination in the so-called hypochondriac. What is at first a mere fancy, in the end becomes a delusion, by the removal or burial of the landmarks which mark the line where soundness of mind becomes continuous with unsoundness. As a rule, however, the change does not go so far as this in neuriasis. Fancies of all kinds are continually crowding in upon the mind; but they can be ejected by a combined effort of will and reason, though not always without very great effort. What is wanted is not so much the capacity to reason soundly, as the ability to do so without help. What is wanting is intellectual independency, rather than intellectual clearness; and for the most part the fancy will walk steadily enough, if she can but lean upon the arm of a good counsellor.

Along with this fancifulness, and in a sense a part of it, may be noticed also a marked disposition to imitativeness. There is a curious readiness to copy the thoughts, words, and acts of others—a readiness which would seem to imply a certain want of originality in character. There is the gift which, if sufficiently under control, makes the actor. And herein may often arise much confusion; for what at first may be simply acting, may afterwards be more than this, the actor being carried away by his part, and unable to become himself again, in consequence of not being sufficiently on his guard against the danger of a fancy becoming a fixed delusion if it be given way to too much. The attempt to deceive, persisted in too long, may easily lead to the deceiver himself being deceived, as is shown in a hundred different ways in the history of the condition of hysteria so called.

Unbalanced spirits may be also mentioned as another of the mental peculiarities of neuriasis. The mental state in this respect is the reverse to that which is called composure. The spirits, judging them by any common standard, are always higher than they ought to be, or lower—the latter more frequently than the former. In neuriasis, indeed, as in mental unsoundness proper, a disposition to melancholy would seem to be more common than a disposition to the contrary state of levity—so common as to have led many to speak of hypochondriasis as a variety of melancholia. Moreover, it is in cases like these that the patient can so well understand what Jeremy Taylor means when he speaks of men being “desperate by too quick a sense of constant infelicity.”

Last of all, there is often to be noticed, among the mental peculiarities under consideration, a comparatively feeble sense of moral obligation. In not a few cases, no doubt, exception may very justly be taken to a statement like this. In not a few cases, without question, there is rather a morbid regard for truth and a tenderness of conscience by which the most trifling exaggeration or wrongdoing is made to become a positive torment. But more frequently by far there is a state of things in every way opposed to this—a state marked, if not by a habit of actual lying, by the most extraordinary disposition to exaggeration, and a moral deafness which makes it difficult to hear even the loudest calls of conscience. It is notoriously difficult to get the truth out of a so-called hysterical patient, and it really seems as if she could not help exaggerating and misrepresenting; and, though not so notorious a fact, a fact it is nevertheless, that she is more apt to excuse than to condemn herself when in the wrong. And what is true of this case is, so far as my experience goes, not less true in the great majority of cases of neuriasis—is so true, indeed, as to leave no doubt as to the propriety of placing this feeble sense of moral obligation among the other mental peculiarities of neuriasis.

And thus—to recapitulate briefly the heads of what has been said respecting the physical and mental peculiarities of neuriasis—among the former will have to be placed,—prone to pass large quantities of pale, limpid, neutral urine, under any emotion or excitement, or after it, with a frequent irresistible *besoin d'uriner*; prone to abdominal flatulence, *pneumatose intestinale*; prone to fits of laughing and crying, without sufficient reason for them; prone to globus; prone to overflow of saliva; prone to constipation; together with tenderness on pressure, with more or less uneasi-

ness or actual pain apart from pressure, in one or other part of the abdomen, or under the left nipple, or somewhere in the course of the spine; with a marked disposition to spasm; and with as marked a disposition to periodicity in one form or another:—and among the latter, or mental peculiarities,—undue self-sensitiveness; overpowering craving for sympathy; quick and perverse likes and dislikes; feebleness of will, showing itself in impulsiveness and in many other different ways; fancifulness; imitativeness; unbalanced spirits, the inclination being commonly towards despondency; and, lastly, a comparatively feeble sense of moral obligation.

Few in the present day will be prepared to contend that the womb has any special connexion with hysteria, or the liver or any other abdominal viscus with hypochondriasis; or to doubt the correctness of the view which regards both hysteria and hypochondriasis as disorders, closely allied, of the nervous system. Still it may be doubted whether, practically at least, this latter view is as clearly realised as it ought to be—whether the words hysteria and hypochondriasis do not still retain a good deal of their old meaning, and not unfrequently mislead effectually in practice. At all events, hysteria and hypochondriasis can be no fitting names for that general derangement of mind and body of which I have been speaking. Another name is evidently desirable, which will point away from the womb, or liver, or other abdominal viscus, to the nervous system; and hence my excuse for proposing the term *neuriasis*. I hope, however, that a time will come before long—the time is not yet ripe, I allow—when it will be possible to get a step further than this, and choose a name which will include the *mental* as well as the *nervous* half of the disorder in question; for I cannot but think that the *nervous* trouble is the effect rather than the cause of the *mental* trouble. Nay, I am even sanguine enough to hope that eventually, by the institution of a sound discipline, in which the mind is taught—chiefly through the influence of wise mothers acting upon it in the morning of life—to know and exercise its high powers of subjecting the feelings and thoughts, as well as the actions, to sound reason and will, that mankind may be delivered, not only from the evils of neuriasis, but even from the still graver evils of actual insanity.

THE ANATOMICAL RELATIONS OF PULMONARY PHTHISIS TO TUBERCLE IN THE LUNG.

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THE question which has been ably discussed by Dr. Wilson Fox is one of so important a nature, and at the same time one concerning which so much difference of opinion has always existed, that it would seem most useful for the different speakers in this debate to set forth as concisely as possible the views which they themselves entertain upon the general question, without entering too much into matters of mere detail. I shall therefore follow the example of Dr. Wilson Fox, and endeavour, as briefly as the complexity of the subject will allow, to set forth the nature of my views concerning the relation of “Tubercle” to Pulmonary Phthisis, with no more reference to the opinions of others than is necessary for my own exposition. And if these views are found to differ, in some respects, very much from those which Dr. Fox has expressed, I feel sure that he will, nevertheless, be one of the first to recognise the desirability of looking at the question from all sides.

I may, however, state at the commencement, that any discordances which may appear between my own opinions and those of others, will not be so much differences with regard to facts, as differences concerning the interpretation and mutual relation of facts, about the reality of which we are all more or less agreed.

It seems to me, in the first place, quite impossible adequately to consider the question of the nature of tubercle, and its connection with pulmonary phthisis, wholly without reference to the relations of such a product to chronic inflammatory changes, to scrofulous changes, to the new growths known as lymphomata, and to those met with in leucocythæmia and other morbid conditions. It appears to me also highly inexpedient to consider the lung-affection alone, and wholly apart from the light which may be thrown upon the question before us by a brief consideration of parallel morbid changes in other organs. It is the treating of the question in this isolated manner which, as it seems to me, alone makes it possible to consider as legitimate, or expedient, views which may tend to introduce much needless confusion into pathological science.

Taking up the involved question as to the nature of tubercle at that stage in its history to which it had been brought by the labours of