The Forms in which Insanity Expresses Itself [*Die Erscheinungsformen des Irreseins*]. (*Arb. für Psychiat., München, Bd. ii,* 1921.) *Kraepelin, Emil.*

Many have been saying of late, and with some amount of truth, that the methods we have hitherto used to distinguish forms of mental disease are to a considerable extent exhausted, and that we must find new ones. Our desire is to get beyond mere differentiation and classification; we wish to understand the essential nature and inner relationships of the morbid processes, to learn the laws that govern the occurrence of mental disorders, and to comprehend these disorders as results of pre-existing conditions. The diversity of the clinical pictures occurring in the same fundamental disorder shows us that such conditions must be very complex. The results even of so simple a cause as head injury are very varied, for it affects an organ that has behind it an extremely elaborate racial and personal evolution. The external cause determines little more than the general outline of the clinical picture; the details are filled in by the personality of the patient. Thus, for example, particular poisons can produce particular emotional states, but the effects of these states depend on conditions already laid down in the personality.

What clinical means have we of learning the inner history of production of a mental disorder, and how are we to know that the conception thus obtained of it is true? We may give rein to an imaginative sympathy as of the poet, or we may take the sufferer's own explanation; but the fancies of the psycho-analyst can nohow be verified, and many a melancholic in asylum will have it that all her woe is home-sickness, yet when she recovers we see it was not. By collating great quantities of observations we may investigate the influence of sex, of age, and of race; but the indispensable pre-requisite for all such comparative psychiatry is the recognition of definite morbid processes produced by definite causes; comparative studies of pathologically heterogeneous material are bound to suffer shipwreck through the ambiguity of the phenomena observed and the confusion of causal with modal influences. By studies of family histories we may investigate the influence of heredity, but we are never able to probe such histories far enough back; we see some results of the mixture of dispositions derived from different families, but we see also traces from ancestors immeasurably remote. We may search into the previous personal history of the patient himself, and we know, for instance, that impressive experiences occurring in the course of sexual development sometimes leave a conspicuous mark in fetichism, but the complexity of his total past experience is bewildering.

We have to reckon not only with fundamental disorders determined by particular causes of disease, but with forms of expression determined by innate or acquired characters of the personality. Disturbances that occur without exception in the same morbid process may roughly be regarded as the direct effects of the underlying cause, the variable phenomena as referable to personal peculiarities. The fundamental disorder, however, will show gradations according to the strength, time relations and locality of the morbific influence; and what is more, the common human characters of the patient will so outweigh his personal peculiarities that the greater part of the form in which the disorder expresses

itself will have a constant recurrence as the natural response not only to this morbific influence but to other morbific influences as well.

Thus, as by a process of exclusion, Kraepelin finds that our best plan now is to try for an understanding of those forms of expression which, being dependent on pre-established constitution of the human organism, are met with again and again in a variety of diseases. In the morbid disturbances, phenomena that are observed at lower stages of development, in children, in uncivilised man, and in animals, are often reproduced. The mental equipment of the adult is a stratified deposit from innumerable stages of phylogeny and ontogeny, and buried in its strata are relics of extinct dispositions, which can be revivified by the stimulus of disease or resurrected by removal of the superincumbent layers. They are mere broken fragments, and most of the extinct dispositions must have vanished without leaving any such trace. A particular form of expression cannot be correlated with a particular stage of development of personality, but from such relics as are brought to light we may be able to tell more or less what strata are affected by the disease, and to get some inkling of the laws that determine its spread from one stratum to another.

Kraepelin distinguishes three main groups of expression forms: a higher group comprising delirious, paranoid, emotional, hysterical and impulsive forms; a lower group comprising encephalopathic, oligophrenic and convulsive forms; and a middle group comprising schizophrenic and speech-hallucinatory forms. Every one of these forms can occur in a great variety of morbid processes. Those of the first group, comparatively superficial, can combine with one another, and perhaps with those of the middle group, but not with those of the lower. Those of the middle and lower groups are frequently accompanied by those of the higher. In those of the middle group we occasionally find mixtures from both higher and lower.

Endless attempts have been made to distinguish hysterical from epileptic disorders by particular clinical signs—for example, by the character of the fits. But the character of the fits shows only the sphere in which the disturbance is taking place, not what the disease is. In either disease we may have the phenomena of both. To distinguish the morbid process we must employ other criteria—the mental condition as a whole, the ætiology, and perhaps the metabolism. Similarly it is often impossible to distinguish manic-depressive insanity from dementia præcox; yet we know they cannot be the same, for on the one hand we have patients recovering over and over again, and on the other hand patients who pass into hopeless dementia with grave destructions of cortex. The emotional and the schizophrenic expression forms do not indicate the nature of the morbid process; they show only what sphere of personality is affected. While, however, in dementia præcox we often see manic and depressive phases, it is much rarer to find marked schizophrenic signs in manic-depressive insanity. A destructive process can have wide-spread inhibitory or excitatory effects, but a disorder that can right itself will seldom penetrate deeply.

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