

INTRODUCTORY LECTURE AT THE REOPEN-
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BY W. GRIESINGER.

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GENTLEMEN:—As I see you before me to-day, about to enter upon the study of Psychiatria, I imagine myself in your position. Although many long years have passed, the time when I entered upon this study is vividly before me. I asked myself, in my longing for knowledge, what I should first pursue? What I should most enjoy, and what seemed most worthy of investigation? I answered without hesitation, the understanding of the diseased mind itself. Before my first yet uncultivated view stood the fact that, contrary to the testimony of sense and experience, against the testimony of a whole life's history, a great many of these patients entertained, in regard to their circumstances, their personality, and their relations to their surroundings in the world, the most strange and perverted views. What kind of errors are these? How did they get their ideas, and why do they cling so firmly to them? I thought then, in order to be able to treat these patients successfully, we must possess the power of penetrating the inmost recesses of the spirit; that in so doing we would obtain a knowledge of the most noble mechanism on earth, and that this knowledge was only to be obtained in this way.

Now I know that these questions are not the most important in Psychiatria, and as they recede from my

view in the background, others of far greater significance appear. But they still have a great power of attraction, and as there are, no doubt, many of you, who to-day are desirous of knowing something of the operations of the diseased mind, I shall on this occasion seek to satisfy your wishes.

It is no less strange than true, that at present psychological theories are rarely treated of in *Psychiatria*. People are weary of the subject, and seem disposed to lose confidence in it. There was a direction in *Psychiatria*, a sort of bye-way of medicine, of course of *Psychiatria* also, where these psychical disturbances were supposed to be the only ones necessary to be looked for in the patient; the condition of the pulse, appetite, duration of sleep, &c., were considered of minor importance, and the attempt was made in the analysis of mental disturbances, to use certain psychological dogmas of doubtful value, brought from districts external to *Psychiatria*.

Science has long since turned away from these unproductive channels, and now from our neuro-pathological stand-point we can, without fear of mistake, make these erroneous impressions and actions the principal subject of *Psychiatria*. We can enter upon the special consideration of a circle of psychological symptoms, once considered the chief object in *Psychiatria*, and pursue a separate line of investigation. But there are three things which in *Psychiatria* must not be left out of view. First.—We must not allow ourselves to take a one-sided view of these psychological phenomena, as they form a group of motor and sensory disturbances in diseases of the brain, which have to be carefully looked into for therapeutic and diagnostic purposes. Secondly.—Only real psychological matters of fact are to be brought to the investigation of the phenomena,

and we are never to seek to bring from without the psychology of the philosopher to bear upon the subject. Thirdly.—We should, before all things, seek to find out the elements of the psychical abnormalities, and to understand them.

The difficulties which attend these investigations are very great, and how shall we be able to solve them in all their complicity as we see them in certain psychological forms, such as mania, melancholia, &c.?

From this point of view let me seek to bring before you a few psychological observations touching that strange phenomenon, the incoherence, or erroneous speech of the insane. Among the insane in our institutions we shall find many who do not manifest their infirmity in speech. Their disposition and habits are anomalous, and quite different from what they were formerly, and without cause they are gloomy, excitable, mischievous or serene, and perhaps they have become aggressive. Their self-perception is that of good health, and their speech, conduct and action, are anomalous only so far as to give expression to this. Really false perceptions or wrong statements respecting themselves they will not express. In short, they avoid giving utterance to anything which a healthy man would hesitate to express under the same circumstances, or animated by the same feelings. If such insane perpetrate jokes or sing songs in circumstances which would cause the healthy to feel serious; if they assume a certain pathetic or affected tone; if in an excitable and hasty manner they express a wish for visitors, for a change of garments, and the like, this is only a manifestation of their state of feeling, and no one would consider the expressions insane. We find the same disposition, or what is analogous, in the disturbance of the will, irascibility, etc., in the commencement of insanity. This feeling may strike the

patient himself in the most painful manner. At times we may meet in every-day life, people in the same condition, where the pathological state of the brain has not yet reached a stand-point where it would be necessary to place them with those considered insane; yet these anomalies of instinct, passion, feeling and desire, may show themselves in their actions without being manifested in conversation.

We are to make a careful distinction between such as utter nothing that is erroneous, and those that continually keep silent, because they do not allow themselves to speak out their false ideas. There are in asylums a special class of female patients who keep quietly busy day after day, and who may not utter an insane word in three months, but whose minds are filled with imaginary things, and whose heads are nests of wrong ideas, and whose senses are fruitful of the most insane visions. To one, a count has passed the house and made a declaration of love. To another, the preacher heard yesterday has become a bridegroom, &c. It is seldom you hear this, but at times expression is given to it in detached words, notes, &c. As a general thing they have learned to keep these emotions or delusions secret, but they are nevertheless persuaded that they will some day prove true.

These patients will not probably talk erroneously, but their unsettled thoughts, their ideal questions and answers move in such erroneous paths that they themselves can hardly see the outlet. There are, sometimes, cases of rare occurrence where we may have abnormal ideas which cannot be expressed, because they are yet too dark and weak to be put in words. Such was the case with a lady sent to me from Russia. Being epileptic, she would at times feel a sort of neuralgic sensation in the head, and with it, as often as she was in

this state, many new and curious ideas would spring up whatever effort she made to suppress them, but so dark and rapid were all these that she could not afterwards relate them, but all that she could retain of them seemed to be of a religious character.*

However, with a great majority of the so-called insane, we shall find genuine insane speaking very often after a short conversation; indeed, after a few words. In the more complicated psychical cases we shall perceive the irrational conversation in their hallucinations, their overdrawn representations, their quickly forgetting their last expressions, &c., or a sort of weakness or unsteadiness of thought.

The corporeal sources of delusion are also numerous; abnormal sensations, anomalous muscular actions and associations of diseased sensibilities. We must try as much as possible in concrete cases to ascertain which of those disturbances of the thinking process is present. *Si duo dicunt idem, non est idem*—their origin, inner conformation and meaning may be entirely different. But I shall not enter at present more fully on this point, but proceed to speak of the abnormal condition of the perceptions.

At first when you have heard ten or twenty of these patients, it seems to you quite impossible to bring that into order which is so contrary to common sense; the abnormal meaning of their conversation will seem to you just as variable as the meaning of human conversation, as the play of ideas in general. Step into the room of a

* With the treatment of a uterine affection her symptoms rapidly improved. This case belongs to the category of which I spoke in a former lecture as "*dysthymia frontales*," and the like. Lately I have seen a gentleman who is engaged in a Bureau, who complained that he could not think as usual, and experienced a strange sensation over the whole body.

maniac and he will address you with these words: "Your wife is dead," "Your father was here yesterday," "Give me some coffee," "N. N. is a very good man," "In —— all the horses run away," &c., &c. He can keep on in this way for whole hours or days, in which he will give himself up to the uncontrollable play of thoughts, illusions, remembrances, &c. But after you have heard a great number of the insane you will remark that with many of them the same delusions are constantly repeated. Read the history of the insane of all times; go to the asylums of Europe and America; observe all classes, and always and everywhere you will find certain kinds of delusions constantly repeated as though inexhaustible and stereotyped. It is as if the patients had learned them of each other, and agreed among themselves as to the form of expression. There is not so much variety as in the conversation of every day life, but it cannot be by mere chance that a few false conceptions will always return with such great regularity. That among ten, seven will so have spoken, and probably in five through their whole sickness, these will have been their chief delusions—often the first and the last of their diseased conceptions. It is as if they were always ready to reappear, and I should like to designate them as typical, fundamental, or *primordial*. What are their relations? Of what do they consist?

We can distinguish several chief groups. Two of these will fall under our notice, in the first place, as there is in them a certain antithesis. In the first group they portray their sufferings, prejudices, and oppressions. "They have poisoned me. I am persecuted. I am wicked. I am to be judged. I shall die." These expressions belong to the primordial delusions. When expressions that seem to have an active, expansive character alone appear to predominate, such as "I am great.

I have much. I know much. I am rich. I am noble. I am powerful," they are called delusions of exaltation. But we are only to call them so in such instances, or we commit a great mistake. However, it does not make a very great difference how the main contents of the delusions are comprehended.

For instance, in the first group, it does not matter if the mother says she is to be poisoned, or that her children are. It is all the same; her children are a part of herself. How one or the other of these patients speaks of death, or the grave, or of his own wickedness, is a matter of indifference. But one practical and highly important primordial delusion, and one that needs especial notice, is that which is briefly expressed in the following words: "I can bear it no longer, I dare not live any longer," &c., as these expressions often precede sudden suicides. In the primordial delusions of the second group, we have the same variety in the main direction, and same original tone. A patient may say to-day, "I am a goddess;" to-morrow, that she is a princess, and the day after that she is the brother of Christ, and the like. One patient may revel in a region of elevated ideas: another, like the stupid Midas, would have everything turned to gold. Very often the patient himself is not a person of high nobility, but his intercourse is with that class. The king has spoken to him, and given him gold, or an order: he (the patient) imagines himself in the king's court, and his companions are princes, &c. These are only variations of one and the same theme. These two main groups are not the only ones. I should not like to group those hypochondriacal delusions as an inferior kind of depressive ideas. I should also be inclined to separate the whole group of *sexual delusions*, (imaginary influences on the sexual parts, imaginary excitements, &c., &c.,) from the whole

dominion of the erotics, and hold them as something particular. We cannot so easily place those peculiar hallucinations of universal change, (everything seeming to be inverted, the date wrong, companions puppets, all a show, &c.,) under the depressive group. There must be some particular antecedent which brings forth this peculiar mode of expression. I cannot now follow the subject as to how far these productions are connected with the so-called illusions of the senses: it is certain that the above characteristic main groups are the most frequent, and therefore the most easily observed—the most fleeting and most interesting. These absolutely erroneous, warped, and absurd delusions are produced in many instances by psychical disturbances with indecent hilarity, and abound always in the same direction. The antecedents of the one kind are always present, and opposite delusions can never appear. So we may observe, for example, in many so-called paralytics delusions of exaltation. In many melancholics, depressive delusions enter so fearfully that not an atom of anything else can find a place in the mind. But we very often find also, if our attention is especially directed to it, both of these opposite kinds of primordial delusions in the same individual. They may arise from a rapid change of ideas: the maniac may say in one breath, I have taken poison, I am the king, &c. It may also be that one series of ideas predominates, and the other is shown temporarily. This is seen very frequently by close observation in cases of the so-called paralytics. In the midst of the most abundant ideas of exaltation, the patient will assert that the physicians are poison-mixers, and that under the floor there is a rabble that is troubling him, that he is going to be shot, or that he is to be butchered to-day; and the deep melancholic, who in general speaks of nothing but the pictures of

death, may occasionally utter, although in the same whining tone, that there is to be a feast in the king's court, that the people in the room are princes, &c. But there may be also highly interesting cases where these two principal groups of primordial delusions are very slowly developed together, the slow process continuing a number of years, and the reverse delusions, exaltations, and persecutions, may have time gradually to arrange themselves in a strong combination of ideas. They are thus embraced in a so-called system of insane delusion; where is often produced a most peculiar and complicated mixture of perverted ideas, of exaltation, and persecution. These patients possessed large fortunes and inheritances of which they were deprived, and people are persecuting them on that account; they are descendants of royalty; but are not recognized; their rights are ignored, &c. These peculiar and very chronic disturbances I do not believe to be secondary (as maintained in my book,) but am convinced myself of the protogenetic formation of their condition, and now point them out as primary delusions. But we are keeping away from the so-called forms of *Psychiatria*: let us go back to the elements which we formerly observed; to our primordial delusions. In the complex, erroneous language of the patients, in their secondary, tertiary, hundred-fold combinations, the observer will with ease perceive out of this insane union the two main classes. How did they originate? It is certain they did not originate from current ideas, or from any remembrance or ideas of sane life.

To be poisoned, or to be an emperor, never entered into the imagination of a sane person. Such imaginations belong without doubt to the class of common delusions, in regard to the thoughts and feelings which related to their daily employments, their joys and sor-

rows, when they were in health. The patients in whom this occurs are insane, and their insanity is the cause of these ideas. But how is it that this is just the substance? If we ask the patients themselves how they imbibe these delusions, they can give no reply. If we ask the convalescent, we find as a general rule their reply of no value: they commonly say they felt so at the time. We need not be astonished at this; it is as if we should ask a person who had been asleep why he dreamed this or that. Here and there you will find one reply, that a certain event of the day before, a certain bodily sensation during sleep, might have been the cause leading to the dreams. Occasionally we may hear from a convalescent, here and there, that he had a certain sensation in the head, (it might also have been a painful feeling in the feet,) which was the cause of his imagining that he was haunted. Others may give a very definite cause for the same delusions; for example, a patient who imagined he was to be executed, said afterwards that when he had taken off his clothing he imagined himself Christ crucified. But these statements of the quiet convalescent are to be taken with a good deal of allowance, as in general very little reliance can be placed upon them. But the question arises, why are these particular delusions produced? Why out of this illusion of the naked body should not a joyful rather than a sorrowful delusion have arisen?

Experience teaches us that there may be causes to produce these depressing delusions, such as "poisoning," "persecution," &c., &c., and sometimes such causes can be given; but for the expansive, or delusions of exaltation, it is less frequently the case. (The remainder corresponds with the substance of dreams in the healthy.) Very often we are inclined to believe that these primordial delusions may originate simply from hallucinations,

the erroneous idea of being haunted may arise from some suspicious noise, or out of the delusion that some one is walking behind the patient, or from some threat he may have received, &c. The idea of being poisoned may have arisen from the taste of unpalatable food. It is very often the case that certain words have made a serious impression on them. But has this been the cause of these delusions? Are the images of dreams the cause of dream delusions? Are not dreams and delusions expressions of the same condition of the soul? Is it not certain that these hallucinations are themselves delusion? And how happens it that patients arrive at just these hallucinations? All these questions show that we cannot bring the origin of primordial delusions out of hallucinations. And once again, let us consider how difficult in the experience of the healthy is the clear understanding of the power of hallucinations; then we shall come to see by this means how insane delusions are only to be overcome by a sensory guide of stronger intensity. An insane person pronounces himself the son of the emperor. I ask him, how do you know this? He replies, "A servant in the yard told me so," (hallucinations through an open window.) Would a sane man believe himself the son of an emperor even if he were told so by the servant of the emperor? No, never. The insane believe it only because their own hallucinations have given force to the normal delusions already existing. The sensual pictures of these erroneous delusions were not formed at the time, for they already existed.*

*There are different grades in the power of conviction in cases of primordial delusions. Many are aware that these delusions are false, but cannot divest themselves of them. Some make light of them: at the same time they give energetic expression to them. The same thing takes place in hallucinations.

I used to think that these primordial delusions mainly originated, or were caused by certain emotions, passions, or conditions, which in the earlier period of insanity played so important a part. In fact, the thing is better explained by hallucinations, but I have already in another place made allusion to this, (*Der Pathologie und Therapie der psychischen Krankheiten*,) showing that just these delusions, which I now call primordial delusions, appear suddenly with the breaking off of the hallucinations without any special cause. Now I doubt myself whether, for the cases to which the explanation seems to be adapted, the presence of primordial delusions originate out of pathological emotions (as a cause.) The right expression is, if in general one can say that, for example, the delusion of being poisoned, to have been executed, &c., arises as a rule out of depressive, and the delusion of being king, emperor, out of really (of course insane) elevated emotions. Reflection in later years has shown me that this at least is not so common as I formerly believed. First, Many intelligent convalescents or quiet patients, assure us most distinctly that these primordial delusions have arisen without any perceptible excitement or emotion. We have, for instance, an intelligent female with periodic mania; every time in the beginning of the attack she has about the same kind of delusions—"her sisters are to be murdered." She assures us that these ideas press themselves upon her, and that they are beyond her control, but without any perceptible excitement of any kind. And there are a great number of patients, particularly demented, who mingle together all kind of delusions—"I am to be burned," "The king is in the hall," &c., without our being able to find in their behavior anything more than a trace of excitable emotion. We find this in cases of senile dementia, without having

any other form out of which the delusion here described could have sprung: also in those forms of primary insanity above spoken of. It seems that those ideas of exaltation and persecution are at first very weak, but gradually increase in strength and intensity, and quietly and without effort become developed as complete images of thought. Second, If these primordial delusions arose so entirely out of diseased dispositions and feelings, there would naturally be a proportion between the strength and height of both elements. But far from this: we know that with superficial and trifling disturbances of disposition, immense primordial delusions may arise, and also with the most intense anguish, nothing of the kind takes place. Out of a hundred-fold more exciting emotions of the mind than those of the maniac, who will change every moment from one thing to another, there will never arise in the sane man the delusion that he is to be burned, or to be emperor of Germany, or brother of Christ; there must certainly be something else beside these strong emotions causing these delusions which are so contrary to reality and to the whole history of the individual; but when in confused changes the opposing primordial delusions come to light; when the gabbling maniac says in one breath, "I am poisoned," "I present you a million," "You are Napoleon," &c., is it to be imagined that here in his case the excitable emotion so suddenly changes from one minute to another, the external appearance of the patient showing nothing of the kind; that every one of these passions will swell up in an instant to such a magnitude that these extraordinary expressions must be produced? Third: But in general these depressive ideas and ideas of exaltation do not exclude each other. It is possible in real melancholics, or in many paralytics, that the delusions of one character are so predominant.

ing that the other class seem to have no time to develop themselves. By a closer observation we may find the last, that is the main character of the contra-delusion, oftener than we should expect.*

In the nature of delirium there is no such antithesis between melancholia and mania as was formerly supposed, and as there would be if only one of the absorbing delusions were manifested. Indeed, what is most reasonable, one kind of primordial delusion may be present for months together, and yet there may exist at the same time a contrary disposition of mind. A very pretty example of this we have among our patients. She distinctly characterizes herself as a melancholic by deep depression and self accusation. If I speak with her she complains of "everlasting punishment and stupid thoughts." What thoughts? To be poisoned, to be haunted, to be executed? No, not at all; on the contrary she has ideas of exaltation. She thinks she is a princess: "The idea overpowers me," she says. "I cannot control it; for months I strove against it without ceasing; should I give it up and finish the picture I should never be mistress of my madness." Such cases are highly interesting, psychologically considered; they array themselves very distinctly against the too general proposition, that the primordial delusions always arise from the basis of governing sensibility. Fourth: And whenever these delusions are combined with the resembling sensibilities and dispositions, as frequently happens, it is questionable whether the last are the cause or the former. Such *euphoria* often happens, for example,

* As I am writing this there occurs to my mind a very characteristic example. I asked a puerperal patient, who had got into a melancholic or dreamy condition, if she knew where she was. She replied slowly and quietly, "With the crown prince and the counsellor of the government."

in paralysis—here we have such highly elevated and overpowering sensibility, that the patient will fall into our arms like an intoxicated person, and exclaim, “I can never realize such prosperity,” “I cannot comprehend such blessedness,” “I shall be insane!” but are these sensibilities the cause of the delusions? “I am the author of all the tragedies in the world,” “I used to be the first prima donna,” “All railroads are my property,” “I bought Turkey.” I should prefer to call the relations here, as well as the hallucinations, both the feelings and concrete delusion manifested, expressions of one and the same conditions of the mind—a part is given forth in words, and another in emotions and extensions of relation. They are not concrete mental creations, but they give, as the main result and total effect, just the sensibilities and emotions of the mind. It is according to experience that our abnormal conditions of the brain, very often at first, give forth such abnormal emotions and expansions of relation, which we can readily distinguish as sensibilities of either an elevating or depressing character. Together with these, not necessarily arising out of and through them, there can, out of similar conditions of the brain, arise abnormal concrete conceptions; but these last may arise without the former being present. The delirium of acute diseases, for example, often arises altogether without emotional foundation.

But do not believe that these primordial delusions, as I have before called them, are only found among patients in lunatic asylums. I hear such often enough in the city. Several weeks since I saw a patient with severe disease of the spine, who at times was absent-minded. In such a condition he once inquired with great quietness for a mechanic, to make a chain for the ten orders with which he had just been decorated.

Several hours ago I was with a patient afflicted with atrophy of both optic nerves, resulting in an affection of the brain, and accompanied with giddiness. He is now walking up and down in a room, talking of poisoning, meanness and baseness, or of the fine country residence with which he was yesterday presented. Formerly I was more inclined to look upon these primordial delusions as logical productions arising out of emotional foundations. Now I lay more weight to their direct origin from cerebral disturbances. According to the present state of our knowledge, the process which gives rise to these imaginations takes place in the ganglion-cells of the outer substance of the brain. In the normal condition these activities are produced in the cells, and there are undoubtedly a great many in operation, and working together intimately, with the most wonderful regularity and quietness. In the same way, for example, as in walking, the ganglion-cells of the spinal cord work together in the most even and beautiful manner; working out those received sensitive impressions of the touched floor in a regular motor manner, so that there arises a complete harmony between the outer world and the will of the individual. By the anomalous action of the cells of the spinal cord, there will be produced such a walk as shows a want or harmony in the action of the two sides, (for example, in *tabes*,) so there must be immediately produced by the anomalous action of the cells of the cortical substance of the brain, words and imaginations of all kinds which can have no real existence. The small watch within our head is regulated in the same way as the great watch of the world; if its machinery is out of order, the two no longer go together—our thoughts are not in harmony with the outer world, nor with our former conceptions that were so. The abnormal action

of every ganglion-cell can be brought about by all possible diseases of the brain: the ideal activities appear always to arrange themselves in certain delirious chief categories. In conditions of atrophy, also in certain states of chronic meningitis, we have the same kinds of primordial delusions produced. Lately we had a case of numerous cysticerci of the external brain substance, and this patient frequently had delusions of poisoning. Very often the disturbance of the ganglion-cells is manifestly functional, and arises from some distant source. In this class belong what I call diseased, sympathetic, and associate delusions. Imagine to yourself, for instance, in order to understand—First, certain sympathetic pathological sensibilities. A convalescent from typhus, for example, tells us that as the brush comes in contact with his teeth, he experiences an electric shock to his limbs, a very easily understood illustration of central transmission of sensations. A healthy person informs us he saw a boy in danger of falling out of a wagon which was going very fast, and he immediately experienced a sensation of tremor in his limbs. Here we have delusions caused by sympathy; but if on the contrary a neuralgic pain, or one of those very interesting aural sensibilities which we find in many patients, producing delusions which in the common experience of human life will never arise from such sensations, and with which they have no logical connection—for instance, certain delusions of trees, houses, and the like, or the delusion of being a very bad man, &c., which we call sympathetic delusions—we do not regard them as logical, but as being produced in a direct cerebral manner from the sensibilities. We have ground to believe that these original abnormal sensations may be very weak, and yet the emotion of sympathetic delusion in certain conditions of the brain may be very strong.

Indeed, it may be the case that the first disturbances, in the bowels for example, are occasionally not felt at all, and yet they may have caused these abnormal delusions, sympathetic delusions being frequently awakened by them, and will often stand or fall with them. There is another class of sympathetic delusions. Here the cerebral activities are not called forth by sensations, but set loose by other ideal operations not incident to the normal, healthy, well-balanced head, nor in any way resembling the laws of the so-called association of ideas, but entirely foreign and having no logical connection, as in a large majority of cases with the former class; as, for example, the delusion of being executed, persecuted, erotic delusions, or delusions of exaltation, &c. But do these originating mechanisms of primordial delusions, be they what they may, furnish us any data to explain their meaning? Can we say how, out of the unending variety of contradictory delusions, so few in such a symmetrical and monotonous manner become real? We cannot give a definite explanation of this, but by means of analogies we can throw some light on the matter. In diseases of the brain of a mild form, it frequently transpires that large groups of delusions arise without the least emotional foundation, and are manifested with great force, (as at other times individual groups will disappear.) These may be indifferent delusions. One of the first patients I treated in Berlin was a gentleman who experienced a few weeks before a very disagreeable sensation of pressure in the middle of the head, or, as he thought, directly above the palate. No symptoms of paralysis were awakened. Since then these symptoms occur, particularly if he attempts to read when he loses recollection, and this is attended by the sensation of a stormy whirling in the head, but, as he says, without giddiness. In the last few days before

I saw him there came into his mind many things which "did not belong there," namely, a disposition to reckon numbers in his head without any occasion to do so. If he rides in a drosky, he is constantly engaged with the number on the back seat, and seeking to extract the square root, &c., a thing of which he never before thought. After eight days all this disappeared. Shall we call these emotions, these imaginations that force themselves upon us, ("and do not belong there,") already an inward delirium? In a general sense not, but here also, as is often the case, the boundary is not distinctly marked.

In certain dreams we have the most evident examples, where the excitement of particular organs will awake without any external or internal emotive foundation, contain groups of delusions, apparently by the excitement of particular groups of ganglion-cells, which are in intimate connection with the cerebral nerves of these particular organs. Indeed we see how, in the most remarkable manner, slight changes in the condition of excitement of these related organs, may be the cause of very strong modifications in the disposition of the dream pictures. There are in certain conditions of intoxication (delirium tremens,) in many patients singular examples of one-sided, somewhat ill-defined, waking dream pictures or deliriums: the delusion of seeing animals, &c. The imaginatory apparatus of the brain put in the same pathological conditions by the same causes of disease, may produce in thousands and thousands of men in common, the same pictures and delusions. Are there here certain regions or provinces of the imaginatory apparatus (ganglion-cells,) that become disturbed? Is it a particular kind of disturbance? Is it perhaps the falling away of certain obstructions, for otherwise latent delusions, which here operate? One

way or the other, the analogy between the numberless mental diseases which are always of the same stereotyped character, such as delusions of persecutions, exaltations, &c., and the stereotyped images of the alcoholic brain affection, cannot be mistaken. Generally, as above remarked, the primordial delusions have to the convalescent most unwarrantable relations, owing to their outward non-motivity, (*un-motivirtes*), and by their sudden appearance and disappearance, they seem to have the greatest similarity to hallucinatory occurrences. But there are yet more simple pathological conditions, as the special hallucinations which we have to draw upon, to throw light upon our theme. There are pathological conditions of the brain, where subjective colors arise in a very characteristic way; already partially accompanied with delirium or profound disturbances, and partly as the forerunner of that condition in which pathological dispositions, feelings, ideas, and actions, are very soon set loose. By close observation, we shall not unfrequently find such cases among our patients. We have lately had in our department, in rapid succession, three suicidal attempts, and the individuals before the act saw red colors.*

* An epileptic shoemaker, who tried to commit suicide the 20th day of February, 1867, by opening an artery in the region of the wrist, but who had no remembrance of the act, saw with open eyes and fully awake, in a dark room, a few nights before the deed, men on horseback who were all red. Also on the first days after his reception with us, he saw at night red lights and colors, birds with red eyes, &c. G——, a somewhat weak-minded peasant, fell into a melancholic dream condition. In the beginning he tried to commit suicide by hanging: on a certain day he, in a quiet, absent-minded condition, said to a relative, "There are flames coming out of the floor." Nine years ago he tried to commit suicide by drowning, and at that time also he previously saw fire. Another patient who tried to commit suicide by hanging, said that shortly before the action he thought it strange that, when wanting to read, all

I am not acquainted with any case where, in the excited conditions of the brain, other colors than red—perhaps blue or violet—present themselves, except in one case (to which I cannot give much weight,) where in a particular condition of the brain, and without any other anomaly of sight, a subjective green appeared before the open eyes. It would be interesting to continue this theme with wider research. These more simple proceedings of the subjective color-appearances in certain conditions of the brain, I should very well like to compare with the appearance of the simple, stereotyped, monotonous primordial delusions. Etherization gives us a thousand-fold modifications of color impressions, but as remarked, only one, or at most a few of these appear subjectively in the disturbed brain; and this is mostly a color of very pronounced character. The objective world gives a thousand-fold meaning and modification to our ideas; but in these diseases only a small number of primary disturbances of the imagination arise, and these disturbances show themselves in pa-

letters were red. This occurred two or three times, and he had to give up reading. One of the most remarkably degenerate men I ever observed, a young man of twenty years of age, whom I saw in Zurich, in 1864, and whom I had to examine in regard to a charge of arson, also had frequent and strong impulses to commit murder. On the appearance of active congestion of the head, he became a very wild being. He said in a letter to his brother the following words touching his condition of mind: "I see in my mind blood and fire, and the desire to murder and burn is increasing." This seeing of red is a very common phenomenon. The old literature of the so-called Pyromania contains several cases of this. In the maniacal attacks of epileptics the frequency of these illusions of subjective red colors, did not pass unnoticed by such a good observer as Jules Falret. *De l'état mental des epileptiques*, 1860, p. 18; also, *Delasiauve, Annal. Medicc-Psych. Janv., 1867*, p. 55, speaks of a case of very depressed disposition with excited hallucinations of sight, whose many pictures would at times converge into an undefined red color.

tients, partly by sensibilities, (anxiety, happiness, &c.,) partly by certain words, and perversion of words, springing out of their own ideas, but yet moving in a very contracted circle, and being of a very pronounced character, (poison, persecution, and ideas of exaltation.) The multitude of subjective color-changes is great, but language has few main words and expressions to signify them, (red, brown, blue, &c.) Also we have few expressions, such as sour, sweet, and bitter, to designate the great multitude of taste sensibilities. So we have also for the inexhaustible infinity of our mental contents, just a series of certain circumscribed single expressions and words, above which no one can rise, and which therefore by the same inner agitation, must always, and in all, be reproduced. Likewise, out of the sense of feeling, we draw a very justifiable analogy for what has been said above. In the impressions made upon nerves there arises with all men similar sensations, for which they always find certain words applicable, as cold, hot, pouring, creeping of ants, &c., although no one has ever felt in his body the creeping of ants. So will the patient also in primordial delusions, find involuntarily only a very few designations proper to be used in his condition, and always the same words: poison, meanness, executions, riches, nobility, and the like appear. It is remarkable how primitive are these depressive primordial delusions, particularly how deep they sink down into the elementary constituents of the more simple forms of mind. Not only the idea of persecution, but the conceptions of poison, and the hurtfulness of food, are common to the higher animals, (natural in his species, as songs without words.) With a mistrustful glance we see the intelligent dog turn away from food which he has smelled and suspected; also in the dreams of the healthy, the delusion of persecution is frequent;

but on the contrary there is scarcely ever any indication of ideas of exaltation, and probably there is never any conception of a change of personality.

Experience also shows us, that the prolonged delusions of exaltation are more frequently combined with motor disturbances of the brain, than prolonged depressive delusions: the first are more frequently the results of palpable disease of the brain; the last may have been produced long ago, out of sympathetic irritation of the organ, or even directly from sympathetic delusions. Certainly the prognosis in both states is equally bad. When their continuance has been prolonged for a certain length of time, they stand in the same relation as those hallucinations, which after a time are recognized, up to now, as unaccountable, stubborn, and incurable. Moreover we may have the primordial delusions, the depressing and exalting, in all the so-called forms of mental disease: in the melancholic, the maniacal, in the demented, idiotic, hysterical, epileptic, paralytic, primary and secondary insanity, in the most recent as well as the most chronic. Their position on the whole is in relation to the physical disturbance, and with this their significance may be quite different, as was to be expected, but cannot be more particularly spoken of here. The consideration of most weight is, and always will be, whether and how far they are or are not combined with sensory and motor brain disturbances. Also, we cannot enter into the details of the broader and more logical working out of the thousand fold combinations of the primordial delusions, out of which very frequently is first produced the concrete erroneous language of the insane.

Gentlemen! have I succeeded in making myself understood, in these first indications? I cannot suppose I have made every thing clear to you. You may have

to see many patients to this end. You have at least arrived at some preliminary ideas of what you may expect *from the psychological side* of Psychiatria.

But, if as proposed, I have in some way met that first desire for knowledge of the diseased mind, one thing you may yet permit me, to meet your first feeling in regard to these patients, and bring nearer to you, not only the scientific, but the humanitarian stand-point. Do not believe this ever is in antagonism with the scientific; your first impressions of the insane will certainly be those of human sympathy. How sad is the happiness of the kings, and the fortune of the gods of asylums? How many of these unfortunates are so without any fault of their own. It is a disease which can seize upon any one of us as victims. How many there are whose fate it is to be stricken with an hereditary disposition to the disease, which beckons them away from their families towards crooked paths which can only lead downwards. Their cerebral actions appear to be different from the majority of mankind. The impressions of the outer world appear to impinge upon an abnormally excited centre; uncommon conditions of relation arise, unnatural dispositions are excited, active irritations, and a great tendency to weariness appear. Imaginations will be cherished, which in a healthy man are only permitted to arise as the most transient flights of fancy, and so these men are no longer capable of what is expected of healthy heads. So to many of them all things have happened amiss, and on account of this defective organization they have only learned to know the dark and bitter side of life. At last the time comes, when these anomalies of brain reaction reach a height where the individual must without doubt be regarded as spiritually and mentally diseased.

Frequently by a glance at these patients we feel that

their sinking away would be to them a final rest from the storms and tempests of life, and that death would be to them an escape from the greatest calamity that can happen to mankind. How contemptible would it appear, if we, from the height of our much praised reason, should look down upon language and action that is the expression of this misfortune. No, gentlemen, do not suppress those emotions of soul which seize upon us as we stand in the presence of these mysteries of destiny. Do not believe that human sympathy must vanish where scientific investigations begin. Far reaching questions of humanity are yet to be solved in the domain of *Psychiatria*. The great ideas spring from the heart. Better and more harmoniously will head and hand work together, if there is kept up a warm feeling for the unfortunate.



REPORTS OF AMERICAN HOSPITALS FOR THE INSANE FOR 1867.

There is perhaps no species of literary labor which is more generally regarded as dry and uninteresting, but which after all is much more practically useful, than the compiling and digesting of statistical facts. Thousands of pamphlets are annually scattered over our land, of which even the most obscure contains some useful hint or instructive fact, which only the drudgery of the statistician might rescue from the dust and oblivion to which so much of the fugitive literature of the day is consigned, and put it in its proper relations to other facts as material for building up the fair and constantly augmenting fabric of science. In every such department of human knowledge, social, political, medical, there are doubtless many useful facts and observations lost for