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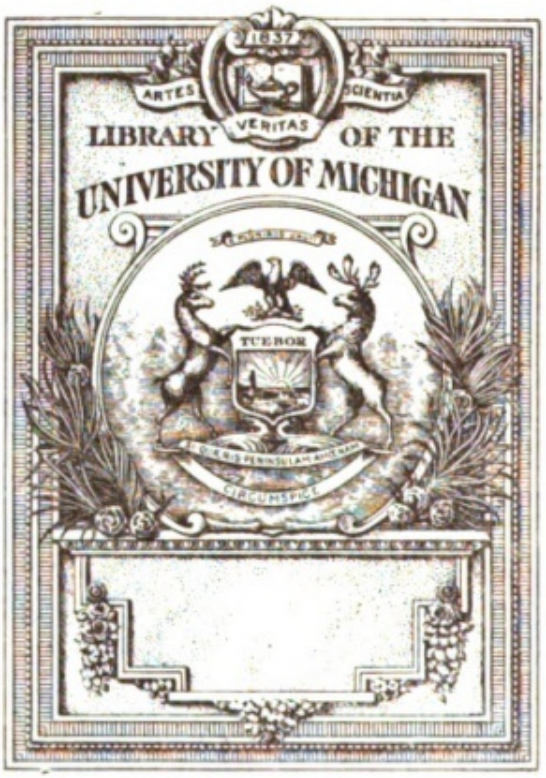

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"Quantam ego quidem videò motus morbosi fere omnes a motibus in systemate nervorum ita pendent ut morbi fere omnes quodammodo Nervosi dici queant."—CULLEN'S NOSOLOGY: BOOK II P. 181—EDINBURG ED., 1780.

THE Alienist and Neurologist

A JOURNAL OF

Scientific, Clinical and Forensic

NEUROLOGY AND PSYCHOLOGY, PSYCHIATRY AND NEURIATRY.

Intended Especially to Subserve the Wants of the General Practitioner of Medicine.

VOLUME XXXIV.

CHARLES H. HUGHES, M. D., Editor and Publisher.

3858 West Pine St., ST. LOUIS, MO.

1913

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CONTRIBUTORS AND COLLABORATORS

TO VOLUME XXXIV.

1913

MARTIN W. BARR,
Elwyn, Pa.

JAMES G. KIERNAN,
Chicago, Ill.

SMITH ELY JELLIFFE,
New York.

C. H. HUGHES,
St. Louis.

ISAAC OTT,
Easton, Pa.

AMOS SAWYER,
Hillsboro, Ills.

E. S. GOODHUE,
The Doctorate, Hawaii.

JAMES C. HASSATT
Washington, D. C.

W. J. HICKSON,
Vineland, N. J.

THEODORE SCHROEDER,
Cos Cob, Conn.

MAX A. BAHR,
Indianapolis, Ind.

HENRI NOUET,

HAVELOCK ELLIS,
London, England.

C. F. NEU,
Indianapolis, Ind.

WILLIAM F. WAUGH,
Chicago, Ill.

WALTER B. SWIFT,
Boston, Mass.

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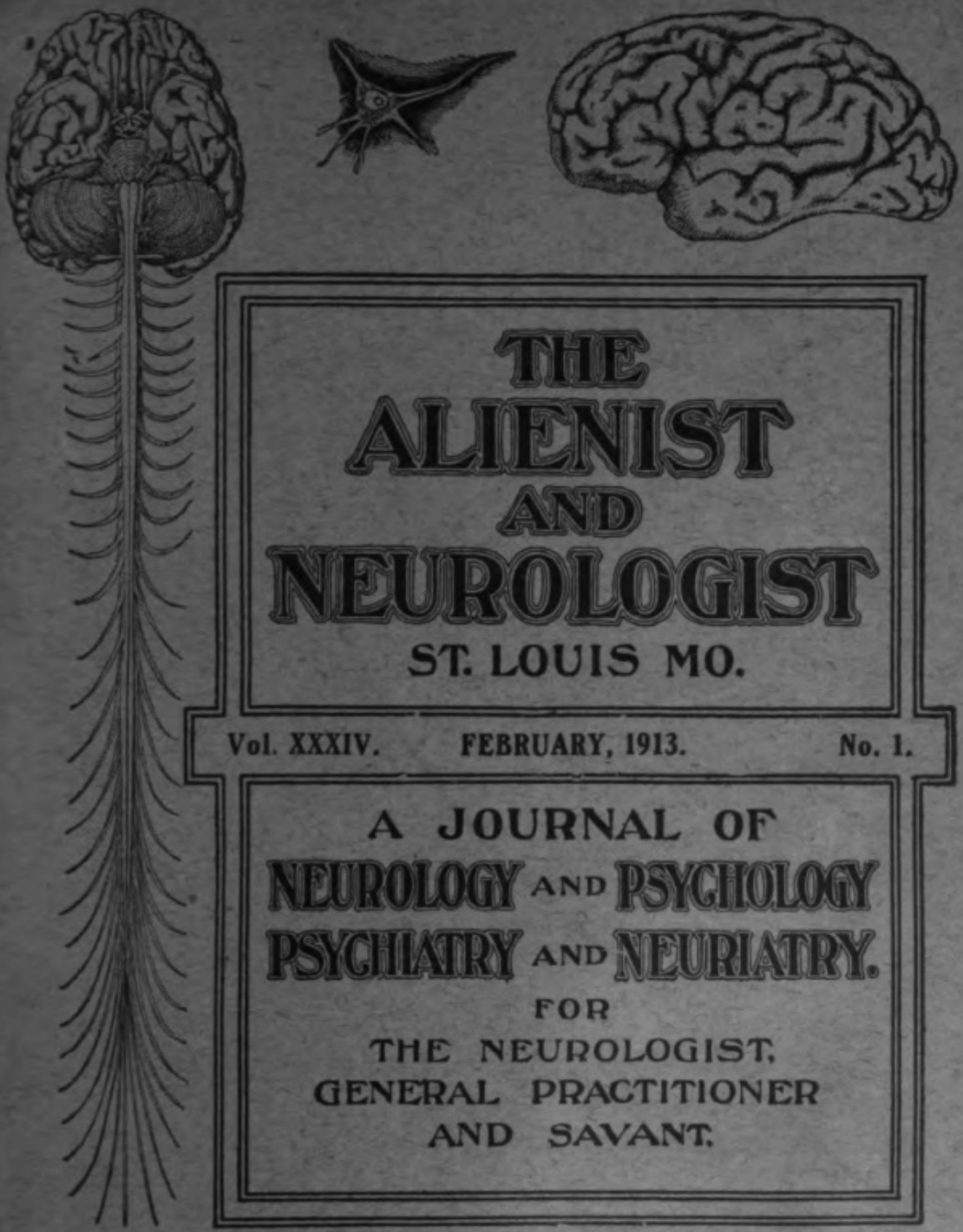

THE ALIENIST AND NEUROLOGIST

ST. LOUIS MO.

Vol. XXXIV. FEBRUARY, 1913. No. 1.

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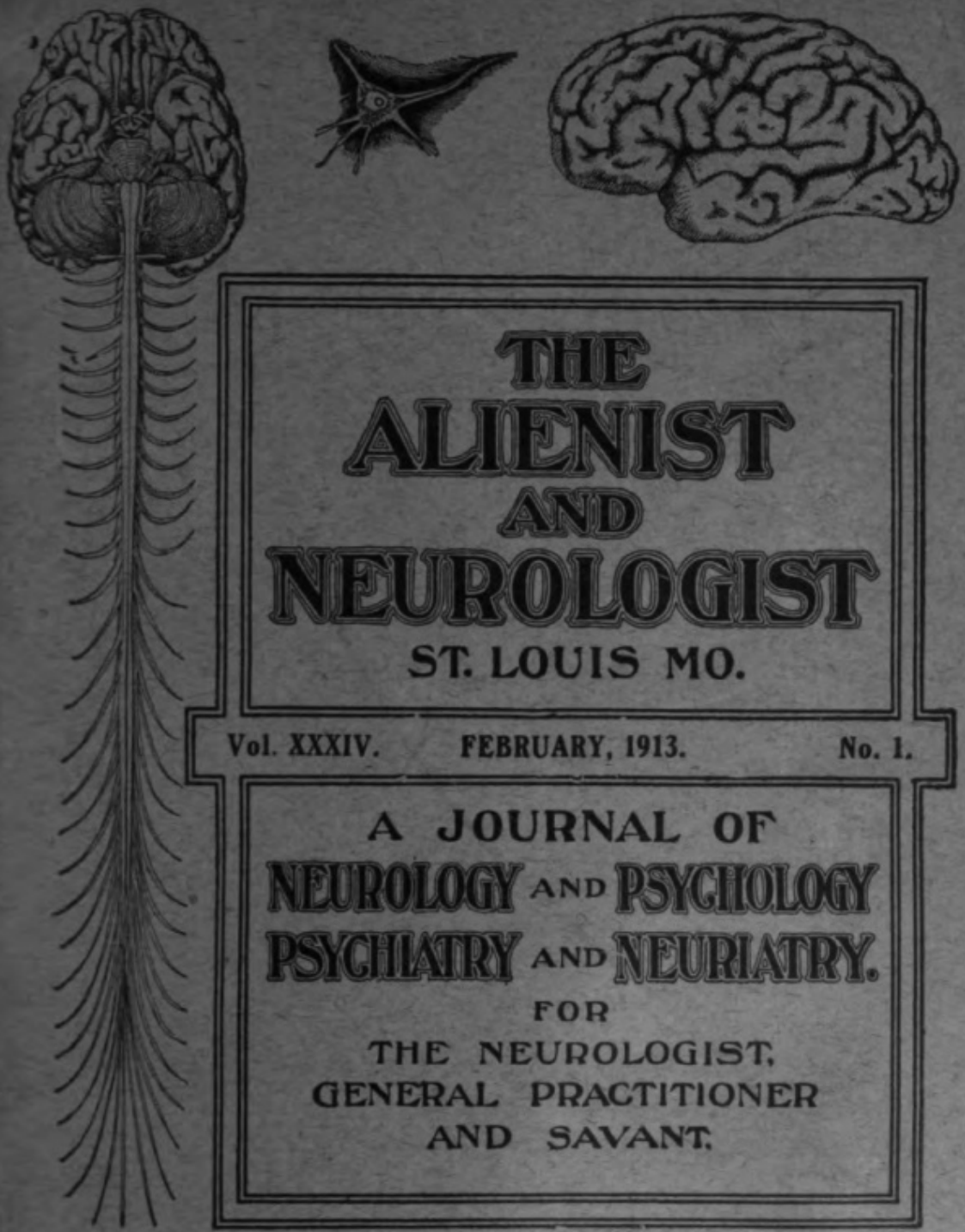

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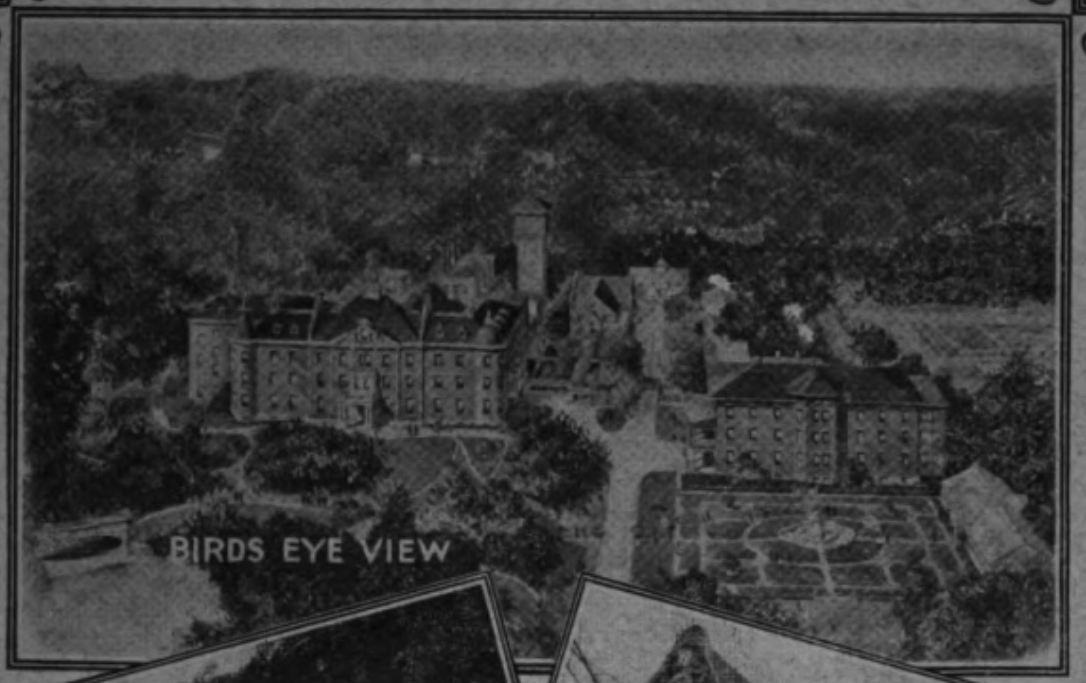

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THE
ALIENIST AND NEUROLOGIST

VOL. XXXIV. ST. LOUIS, FEBRUARY, 1913. NO. 1.

WHERE FANCIES FLY WITH PAINTED WINGS TO DAZZLE AND MISLEAD.*

By

MARTIN W. BARR, M. D.,

ELWYN, PA.

Chief Physician to the Pennsylvania Training School for Feeble Minded Children.

FEBRUARY 16TH.

MRS. MacKenzie had an attack of acute mania during the night. This morning she greeted me with: "Go home and brush your clothes, you untidy creature, you are covered with lint." And so I was. "Shut up, you talk too much with your mouth," was her reply to the nurse's remonstrance.

Upon Miss Levy wishing she could leap from the window and break her neck, Miss Ogilvy in her usual practical way, immediately began to plan how she might accomplish her object.

At tea Mrs. Tulloch advised Miss Ogilvy to eat some fruit for the sake of her brain. "Yes," interpolated Mrs. Warfield, "when I don't eat, you may be sure I am very sick mentally."

---

*Continued from November, 1912.

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Why does one always say "Down in Maine?" Miss Leigh asked. "Because," quickly returned Mr. Archer, "it is down on the map."

Asking if both Byron and Mrs. Shelley were not "queer," he added: "I do not agree with the chief physician's diagnosis of my case. Why? Because he has known me only a few years and I have known myself all my life."

FEBRUARY 17TH.

Miss Ogilvy is busy arranging a diet for herself. Thus: "If I eat the legs of a chicken, my legs will be correspondingly strong; if the wings, my arms will be."

Mrs. Warfield, very talkative to-day, rambled on: "You know I lived in Colorado nine years ago. I lived there for three years. I did not like the people. They would not call on me and I thought them haughty. One night in summer, in July or August, a storm came up naturally. The clouds gradually accumulated over Mr. Karkeek's ranch. I was weeding vegetables in the garden just at sunset. The storm increased from seven o'clock until eleven; it being terrific at eleven. For two hours I was as frightened as any woman could be, and my boy slept through it all. The rain sounded like pitchers of water being poured on the roof. The lightning was very intense; no one could see between the flashes. The thunder was not so loud as I have noticed. It was a grand storm, but perhaps you might have been disappointed, you are so fond of grandeur. But to me it was fine. The water flowed like a river past the house, and left the ranch nothing but a sand hill.

"It was an arid waste and the cows were starved out; there was no grass, and the poor things had nothing to eat. I called up my boy, six and one-half years old, that he might see it. He was quite a big boy for a little fellow, and I wanted him to see something for a change. Think of being called from your slumber, and seeing a river foaming where there was a garden the day before! It was a cloud-burst. I lost everything. Hard work has killed my intellect." I took æther at the dentists, and it has never gotten out of me. I took it to relieve the pain. I thought it wonderful. I did just as he told me. He said: 'breathe harder.' That music over

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I should have married an old man and been his darling. I wanted to be petted. My mind was not strong enough, nor my nervous system suited to the life of a man of moderate means. I am too nervous, and my husband never understood me at all. When I lived in Canada all the swell people with their prayer books, and flowers and cards and glasses, would call on me and sit for twenty minutes or half an hour, staring at me and talking stupidly about the weather or the theatre, or something. I felt sometimes as if I must strike them or scream, or run. They were so artificial. When they would go, I would run to the kitchen and talk to my servants. They would tell me the truth.

"When we came back to the city, I had trouble with my servants, and finally lost my mental balance and became insane. The servants were pert, pretty young things, and my husband said I was jealous of them and I did not know how to manage them."

Here Mr. Archer looked up, with: "Mrs. Smith, that is not right. Your conversation is becoming coarse and immoral. I do not like the way you speak of your husband. You speak of him as if he were an insect."

"Well," she replied, "we each ran our own machine."

"Heavens!" he exclaimed, "Why the woman talks as if they were bicycles or sewing machines. Mrs.Smith,you talk more silly nonsense in less time than any woman I ever knew. If you lolled at home as you do here, I don't wonder that your husband fussed at you. Not a bit. You have your husband and four children and you should be thankful for them, and say for these small blessings, Lord make me truly thankful."

"Are you tired of my peculiar style of wit?" he asked, as I rose to go.

February 19th.

The monthly ball is just over, and surely such a gathering was unique. Wealth, position, fragments of talent and wit, remnants of great beauty—all overshadowed by the cloud of mental disease—were there to be seen *en masse*, presented as moving pictures in the hall of phantasy.

As I entered, Mrs. Smith inviting me to dance, caught and whirled me until I was dizzy.

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Mrs. Warfield jumped and pranced. During an intermission, I asked her how she felt and she replied: "It would be preposterously ridiculous to say one felt anyway but well, when one takes so much exercise. We breathe oxygen and hydrogen. The gas is constantly going up and it has a sleep-giving effect. And when one is not sleepy, one is comfortable. No pain nor ache. This is the Gooda—a gas. It has to be watched that it may be protected and given to the pains. Therefore it has mind and thought. It wants to protect people from fright and pain. I have seen the Gooda move along my finger. It looks like flesh—almost transparent—melted ice or beautiful saliva. It is viscid. It is so wonderful, it is best to say little about it. God is good and God is in my life. I found this out when I was a little girl. I found it in the Bible. Then mother took me to Boston and the dentist gave me gas and that entered into me." All this in one breath, for which when I thanked her, she replied: "you are quite welcome; and it is very gentlemanly in you to appreciate me. I am a patient of God. Oh see!" she continued, "Miss Ogilvy's dress. The combination of pink, green and black is lovely, but she is rather slouchily arrayed."

"Yes" returned Miss Ogilvy, overhearing her, "I have on a beautiful dress, but confidentially I do not know to whom it belongs. I fear I have appropriated some one else's. I found it in a box directed to me, so I put it on. Wouldn't it be odd if the person who owned it, came in and ordered me to take it off? I am not sure of anything in this world, and am not surprised at anything. And now I find I am covered with cats. Will you kindly excuse me while I brush them off."

In the lancers, Mrs. Petre pinned a white carnation in my coat. "See" I said, "I wear your colors." "Yes" she replied, "I had some, and my nurse insisted in putting them in a sugar bowl. That was not a proper place for them, and so to get rid of them, I gave them all away. This one had a short stem, but I thought it would do for you. Besides you are the merest acquaintance. I might do better for you, if you were a friend.

Miss Leigh asked how long it took her to make a friend.

"Ten years," she answered.

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Mrs. Frere then observed: "But one becomes better acquainted in this place in a month, than outside in a year."

"Yes, but Dr. Barr has only been here three weeks," replied Mrs. Petre.

The Virginia Reel, closing the evening, was bizarre beyond description.

No one remembered it, but everyone danced it, and like the race in Alice's Adventures in Wonderland—each got up and sat down at will.

Mrs. MacKenzie stopped to make faces at Mrs. Tulloch; Miss Levy stood in the middle of the floor wailing, she was so stupid, she wanted to die; and Miss Ogilvy continued at intervals to shake off the cats.

Mr. Buckheath and Mrs. Frere would stop to flirt in the corners, till routed by the vigilant eye of the head nurse. Miss Gautier, gorgeous in lavender satin, old lace and antique cameos, in loud tones, compared this with a ball at the Tuileries, and herself to the Empress Eugenie.

Mr. Ransom, with Mr. Hewett in his arms, galloped round and round, overturning everyone in their path-way; while Mrs. Smith discoursed on the vulgarity of it all.

FEBRUARY 20TH.

Miss Ogilvy again lost her identity, and could not find herself.

Told of once going to the wedding of a Miss Ogilvy, who had married an Englishman of rank; and of later attending a Miss Ogilvy's funeral; therefore she could not determine to her satisfaction, whether she had been the bride on one occasion or the corpse on the other.

To-day Mr. Archer repeatedly urged me to tell him of the pranks of the various insane people I had met.

Miss Maitland was weeping because she wanted to go to Heaven, but hoped she would not have to wear a crown, as the nurse's caps here were bad enough; and she hoped she would not have to play a harp because she detested harp-music.

FEBRUARY 21ST.

Miss Vaisey, while visiting a friend last night, sat next a strange man at the dinner table, who remarked that he had never seen an insane person, and would so like to see one.

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Relating the circumstance, she said: "He did not know I was insane, and I had a notion to tell him I was. I did tell him that insane persons were just like anyone else, except that they were exaggerated in one way or another. The mistake the insane doctors make, is that they look at everything from an insane standpoint, and if one is a little eccentric, they think he is insane."

Mrs. Warfield was sitting in the sun this morning, admiring her rings: "When I lived in the west, before the cloud-burst, I used to wash the dishes in my diamond rings. How they did sparkle. It was a compensation for the dirty work."

Mr. Hood was admitted to-day. All the other patients, much interested, were eager to know if he was nervous—if he was in bed—what was the matter with him?

Mrs. Smith was as usual writing the names of her friends on the margin of a picture, and among others, that of Mr. Archer. She told him she liked him because, like herself, he was "the dribbled out remnant of a great family."

In the afternoon going to a matinee, she suddenly without warning, began to call to the actors on the stage, using the most vulgar and abusive language.

Mr. Cobham, under the delusion that he was the president of all the railway systems in the United States, to-day distributed "passes for life" freely. Mr. O'Dunne, petitioning him, he gave him one for fifty years.

"But this is only for fifty years!"

"Yes," he replied, "but it is for life. You are an old man, and besides you are such a miserable looking creature, that you will not live out your fifty years. So be satisfied."

FEBRUARY 22ND.

Mr. Bentley met me with: "Is it not a fine day for the birthday of Washington? I am glad Mrs. Washington had a safe delivery. Washington was delivered all right. So was I. But I——brought up at a mad house."

Mrs. MacKenzie showed me some silk lace she was crocheting for a petticoat. "See" she said, "I have done all this because I have not been excited for seven days."

Mrs. Warfield played "The Virginia Rosebud" and apologized for her rendition of it. Then after playing "Auld Lang

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Syne" she said: "I met him going down Washington street one day. He's crazy, and a Polonaise by Beethoven." I asked who she meant, and she replied, "You."

FEBRUARY 23RD.

Mrs. Warfield began to ramble on with: "Why did you pass candy last night to those people? It was too exciting for their brains and I know a lot of them that did not sleep for it. Look at Mr. Hewett. He is as thin as a rail. Sometimes I hate him because he is so hateable. I looked at you this morning and thought you looked like me. I am so interested in the wild animals in the west. The coyotes. I saw a bear and an antelope. I was with a lady and her husband. The antelope saw us and then darted away. The houses looked so beautiful against the horizon. The sun was hot, and the sand was hot too. We had a thunder storm for sixty afternoons in succession without cessation. The mountains were beautiful with the tops covered with snow all the year around."

Upon my asking Mrs. MacKenzie if she knew any Scotch songs, she became so excited that she insisted upon dancing the Highland fling. When quieted, she mentioned a number of songs and dances and talked very lucidly. As I rose, she said with a laugh: "Ye can't find many old women as well mannered as me; and me crazy too. Just think on it."

Mr. Archer has slight choreic movements, which attracted the attention of Mr. Hood, who inquired: "What makes you blink and wink so?"

Quick as a flash, he replied: "Why the light hurts my eyes." A few minutes after, upon Mr. Hood's observing: "I don't like the screens they put around my bed. It reminds me of a pig in a pen," Mr. Archer retaliated with: "You are very complimentary to yourself. I had thought of the comparison, but did not like to speak of it. I am glad you put my thoughts into words."

FEBRUARY 24TH.

Mr. Hewett observed, during my morning visit, that he was afraid he had melancholia, then began to read his prayer-book.

Miss Levy sighed: "I was so sorry to awake and find my-

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self alive."

"Well," retorted Mrs. Frere, "did you expect to awake and find yourself dead?"

"No, but I am wasting time, money—everything here."

"Not everything, I see that you are not wasting away. Your cheeks are too red and round for that," returned Mrs. Frere.

After breakfast Mr. Archer, referring to Mr. Hood, called him peculiar. "I think that fellow is queer. He has no idea of the fitness of things at all. Doesn't even know how to eat."

"Doctor, how do that young man's peculiarities manifest themselves? What visible sign does his insanity take?" inquired Mr. Bentley.

Later he saw him while playing billiards, suddenly cease to play, put up his hands and toss his hair. Then he refused to go to walk, or to dress for gymnastics. Claimed that all the other folks did as they pleased, and he should do the same. Paced to and fro in his room. Laughed and complained of feeling "dazed." When told that the gymnastic teacher was waiting for him, he replied: "Let her wait. If I am not there, school can begin without me. It always does." No amount of persuasion could induce him to go. When offered a sleeping potion, refused it saying: "If I cannot sleep I will knock this fence (screen) down, pull over the bed, cry fire and pull the parrot's tail." Becoming more excited, he burst into tears, sobbing: "But I don't know why I am crazy; I can't help it." Later when in bed he said: "This is a queer place, my first meal at table was worth a dollar to hear the funny talk. I laughed until I was black in the face."

FEBRUARY 25TH.

Just before dawn, Mr. Hood called his nurse, asking if it was cold. Stripped naked, he sprang suddenly upon the man and began to beat and choke him. When he threw him off, he splintered the upper panels of the door with fist and feet, and sprang into the arms of two waiting attendants, declaring he intended to kill his own attendant. Once overpowered, he went quietly back to bed, and asked for a drink of water, saying: "I do not know why I did all this." In the scuffle, one of his eyes was blackened, and he said: "Some one black

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my other eye or I will do it myself. I would have killed some one, if I had not been stopped. I thought they were going ot flood my room. I was in the den and heard the lions growling. I did not mind them, but was afraid of the water. I did not see any, but I felt it." In the midst of the melee, Mrs. MacKenzie poked her head out of the door and called: "The gentlemen are up, I had better get up too."

"The fools are up,"answered Hood, "at least two of them."

Mr. Ransom upon hearing the noise, said: "He is just like me when I am wild."

Mrs. Warfield remarked at breakfast: "The fun last night was due to gas. I think he must have had sufficient to last him to life everlasting. He must have taken a great deal, and it is a most horrible thing to take."

"Perhaps they were moving." said Mrs. Frere.

"Well if they were they must have been moving very rapidly judging from the noise. Why they must have gone at the very acme of speed."

Miss Vaisey threatened to fine Miss Levy twenty-five cents for every remark she made about herself.

"Oh don't"she answered, "my father is not rich enough for that. He can only pay for things in reason."

FEBRUARY 27TH.

"My doctor—my court physician," cried Mr. Koplik, "I am going to give a grand entertainment—the finest exhibition of legerdemain that ever was seen; and my dearly beloved doctor, you will be there. You shall have a front seat and will be my honored guest. A little licorice please."

Mrs. MacKenzie's greeting was, "Good morning, doctor. You are like a bad shilling, always turning up. I wish I could get well and go home to glory and my Heavenly home. I had a jolly time last night. I laughed and laughed until I thought I was crazy."

Mr. Ransom, believing he has been appointed in charge of Mr. Hewett, tells him, to his intense annoyance, when to sit and when to stand.

Miss Maitland, while driving, passed a store kept by one Peter Fae, and stopping to ask if he was any relation to Margaret Fae in Mrs. Barr's novel of "Jan Vedder's Wife," was

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much offended when he laughed and said "No."

Mr. Buckheath, an expert at cards, was teaching me whist, and notwithstanding his careful instructions, I carelessly played my ace before my king. Whereupon he leaned over the table and shook his finger at me with: "Young man, do you know there are men in Europe going about without dinner or bed, because they played their ace first?"

The next deal, holding queen, king and ace, again I played my ace first. Once more he leaned across, to say patiently: "Young man there are men in Europe going around without gloves and stockings, because they played their ace first."

The third round, holding the four face cards, I again led the ace.

"There! Now I will not have to run around Europe without dinner and bed, gloves and stockings!"

With a profound sigh he leaned back in his chair and replied: "My dear sir—if you play like that you are never likely to see Europe."

FEBRUARY 28TH.

Mrs. Frere remarked: "I told a white lie to-day. White lies and conventionalities are the hedges which separate human beings from savages and keep them from being brutes."

Mrs. MacKenzie after a gentle reproof from the head nurse, spent the afternoon muttering to herself:

"Ours not to make reply"
"Ours not to reason why."
"Ours but to do and die"
"Nurses to right of us"
"Nurses to left of us"
"Nurses in front of us"
("They are ubiquitous")
"All volley and thunder."
"Stormed at with tongue and mouth."
"Badly we meet defeat."
"I am the poetress laureate of the whole world!"

Mr. Hewett, after reading the Bible all day, towards evening became restless and uneasy, and suddenly, with a water pitcher, struck his attendant over the head, exclaiming: "It serves you right."

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Mrs. Tulloch, in a state of depression, first talked to herself, asking questions and answering them herself. Next imagined she could not speak. Thought she was a pony and then a duck. Next tried to choke herself with a handkerchief, saying she was going to her own funeral and wanted to throw herself under the horse's hoofs. Her nurse found a note on her dresser: "If there is money enough left by selling my clothing, watch and chain, I would like a little head-stone with 'Mama' on it. It matters not where I lie. I have no home, no friends, no husband, no children—save in dreams. I will write no more letters—it does no good. I am in everyone's way. I am so homesick, but I don't think I shall ever see home again. I am insane and never will be well. I have begged and prayed for death. I do not know how I got the name of Tulloch. First I got it by falling off the fence. No, I will explain. I am either sane or insane. If I am sane, I can explain things—if I am not, I cannot. I dreamed my husband was crucified. I never will get over the crucifixion, for I am afraid I have killed him."

Mr. Cobham, greatly excited, boasted he was the greatest portrait painter in the world; could paint anything. Ordered that his dinner be sent to his room, or he would tear the house down.

In the afternoon, came to the parlor clad only in a shirt, drawers and stockings. Next he appeared in evening dress, talking grandiloquently of his friends as "glorious, magnificent, sweet and lovely." Expatiating at length upon inventions he claimed to have made, he gradually grew sentimental, telling of his "loves" in the past, and how a famous authoress whom he had jilted, giving her name and history, had in revenge portrayed him as the villain in one of her most popular novels. Expressed himself as much interested in the insane people about him; wanted to get photographs of them, and to write their peculiarities on the backs of the cards.

Said most men would be disheartened or discouraged by being insane, but on him it had the opposite effect. It braced him up.

At supper the conversation turning on platonic friendship, Miss Ogilvy observed: "When I eat off plates, it is

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platonic, and as Mr. Pate sits opposite, we must be platonic friends." As she and Miss Levy were returning from a drive, the latter called to me: "I don't believe I am improving. I am hopelessly insane."

"Yes, you are improving" I replied, "isn't she Miss Ogilvy?"

"Yes, I suppose she is," was the answer. "She has only wished she were dead three times during the last half hour if you call that improving—well—yes." Later upon my telling Miss Levy that she had a good command of language, Miss Ogilvy interpolated: "Yes, she has. It is wonderful—the many different ways she talks of dying and committing suicide. It is ingenious to say the least, but it does grow monotonous."

"Yes," assented Mrs. Frere: "She has a depressing influence over one; she has no animation; indeed she reminds me of a tomb-stone."

Miss Levy appealed to Mr. Archer for sympathy with: "I wish I was not crazy. I am so tired of it." To which he promptly replied: "And so is everyone else."

"I am just crazy mad" said Mr. Bentley, "because my cup is cracked. I am not used to drinking out of such common china. I found my pitcher set in my basin too, and I am not accustomed to such vulgarity. It reminds me of a country hotel." Upon my trying to quiet him, he retorted "I've been to church conventions, and heard the finest speakers in congress, but you cap them all."

Miss Vaizey was busy all day with her manuscript, a novel which has since been published and was a season's success; no one, except the few initiated, dreaming that it was conceived and written by one insane. She gave me a volume of her short stories, in which she wrote the following lines:

"COMMUNION"

I would not in my verses celebrate
The narrow record of one selfish love or hate,
But seek to voice the universal soul
That blends all human life and passion in one whole,
So that in crowds or deepest deserts thrown
The most unfriended heart is never quite alone.

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Mr. O'Dunne, in a talkative mood, told of how he never allowed his four sons and three daughters to receive company or have friends of the opposite sex; adding that he kept a small whip, and waiting outside theatres or churches, if he saw them accompanied by the interdicted friends, he would lash them all the way home, every stroke drawing blood, so he said. Blood-thirsty little Irishman, how he did gloat and laugh at my horror!

MARCH 1ST.

Mrs. Petre, labouring under the delusion that some one enters her room at night and paints her face, is printing the following notices, which she pins on her door and scatters over bureau, chairs and bed.

"NOTICE!"

"Fifty dollars fine for ruining me—my eyes, my ears, my hair and my complexion. Pay me. Mrs. Petre would like to be paid."

Mr. Cobham sat to-day quietly reading. Spoke only when spoken to. Toward evening became irritable and excited and said six bottles of beer would put him right. Told of living unhappily with wife. Is going to get a divorce and marry Miss Vaisey.

He expects to make hundreds of thousands of dollars out of his various inventions: a rubber device to prevent the rattling of carriages and cars; a table with a stove under one end, which will keep food warm while people sit at the other; a breech-loading cannon of peculiar design, which he claims has already been offered to the British war office.

Mr. Buckheath, wildly insane and entirely nude, crying: "Doctor, I am filled with remorse at my past life; my cries are those of a lost soul, who has deliberately broken up families. When I heard husbands weeping for their lost wives, I laughed in glee and gloried in my relations with women. Faith is what I want. Everytime I open the prayer-book I see something to rebuke me." He opened his book, gave a cry, and staggered back, pointing to the Collect of Advent. 'Almighty God give us grace that we may cast away the works of darkness, and put upon us the Armour of Light,**** that in the last day when He shall come again in His glorious majesty to judge

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the quick and the dead, we may rise to the life immortal.' When he finished reading, he broke down and wept like a child.

Mrs. MacKenzie, in a state of wild excitement, and furious at her nurse, who had done absolutely nothing to offend her, called out: "I am ashamed to have you speak before this educated gentleman. The idea of your speaking to me, a lady of my education and money. I can eat at the first table. Dr. Barr, order Mrs. MacKenzie's carriage and the Spanish horses and I will go home. Mrs. Nurse, if you were quiet and peaceable and gentle, I would like you better."

MARCH 2ND.

Mr. Cobham this morning, quite brilliant, failed for once to attract the attention of Miss Vaisey, who very sad, was absorbed in enacting the heroine of her novel, posed in the attitude of Evangeline.

"Never shake hands with me Doctor," said Miss Ogilvy, "because if you do I might want to marry you."

Miss Gautier, much amused, whispered: "I wish you better luck than to marry a crazy old thing like that."

"Miss Ogilvy!" said Mr. Archer: "you speak in airy persiflage."

Miss Leigh asked: "What great moral lesson does a weather-cock on a church steeple teach us? Can't you guess? Why that it is a vain thing to a spire."

MARCH 3RD.

Mrs. Warfield said mysteriously: "Robespierre was here last night. You know he was the leader of the French Revolution. He did not stay long because he met the head nurse and she was too much for him. He was so kind and pleasant to her that she might have been kind to him in return. Maybe she was, but this morning she is as cross and ugly as ever. She is part Indian and part Maine, and can you find a more vulgar combination than that? I should like to murder her, but she is as quick as a flash. If I took up a dumb-bell in the gymnasium to throw at her, she would'nt let me have it. Last night I thought I died in convulsions. If I had died it would have been perfect bliss. The Supreme Being—God—is an odd person. If you don't do as he tells you, you get in a scrape—and scrapes are so disagreeable. I wish I could endure my-

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self and be good."

"You ought to use your prayer rug more," I suggested, to which she replied: "You need not expect any praying from me. I never pray except when I am frightened or want something. The head nurse and housekeeper would never get over it if I did. They would think me horrible."

Mr. Buckheath also has taken a dislike to the head nurse, Says: "When my friends come, she reminds me of a Greek root, and flops down on me like a tad-pole. The old harpie. I heard the old cat tell a patient she would like to spank her and I was disgusted."

"She certainly has an original way of expressing herself," I said.

"Original!" he replied, "I should call it aboriginal, for the old rip is not yet civilized."

Last night Mr. Bentley announced; "The time has come for me to die," and began to pinch his throat, but he pinched too hard and soon desisted with: "No, I guess the time has not come quite yet."

Miss Levy wailed: "I do so want to die." "Well," replied Mrs. Tulloch: "I'll help you. I have a little paint box that you might like to swallow, and it will do the deed."

Miss Maitland saw some horse-chestnuts and wondered if they would hatch out little horses and if they would be dead or alive.

Mrs. MacKenzie met me with: "I am an educated person and the Queen of Europe." Then pointing to her supper: "Isn't this a frugal supper for a Queen?"

Miss Amherst was moaning: "Get a coffin and screw me down. That is the best thing that could happen to me. It must be so pleasant to lie down in the ground and hear the rain patter on one."

Mrs. Frere remarked: "It would be rather close breathing though."

Miss Vaizey very wild. Saw (in a vision) the man to whom she was engaged five years before eloping with another woman. Says she feels as if the covering of her brain were torn off.

Mr. Cobham also excited, is making a scrap-book. Wrote

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poetry in morning, which he tore up in the evening. Said he and Miss Vaizey would soon be married, and then write and illustrate a book which would bring them an immense fortune.

MARCH 4TH.

"What is the sign when one's nose itches?" asked Mrs. Smith of Miss Maitland.

"Why you will kiss a fool, meet a stranger, or be in danger."

"I do not like that. Miss Levy kissed me, and Mrs. Frere called me a fool." Mrs. Frere apologized most humbly but she refused to be pacified, whereupon Miss Levy put in: "Well,I don't know that she was far wrong if she referred to me."

MARCH 5TH.

Mr. Bentley called Mr. Buckheath a "*rastaqouere*," and when asked what it meant, replied: "It is a slang Parisian word meaning a foreigner who makes a great show of wealth and about whom no one knows anything."

"Why is a cat better than a swallow?" asked Mrs. Frere: "Well I'll tell you. Because it takes many swallows to bring a summer; and only one cat to make a spring."

MARCH 6TH.

Asking Mr. Hewett if he was going to church, he blushed and smiling in a sad way, answered: "No, I shall wait a few days. It is too soon after my attack of—nervous confusion."

"Ah!" said Miss Ogilvy, "I wish I could go to the childrens' service. Perhaps my poor deluded brain might be able to comprehend a simple service."

"What do you want?" was Mr. Sawyer's greeting. "What do I want?" I replied: "Why I came to bask in the sunshine of your smiles." "Well bask," he said, pushing me into a chair, "I am smiling" and he gave a most fiendish grin.

"Why you are the living picture of Benjamin F. Butler—spoons and all," laughed Mrs. Petre.

MARCH 7TH.

The head nurse blowing her nose quite loudly to-day, Miss Leigh called out: "Don't be alarmed. It is only Gabriel blowing her horn. I have dubbed her 'Sister Gabriel' because she is always blowing her own trumpet."

Offering to shake hands with Mr. Hewett, he refused with: "No I will not—I am tired of it." "You are very peculiar,"

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I said. "Certainly I am," he replied. "I would not be here if I were not peculiar."

Mr. Buckheath in a jolly mood said:"Mr. Archer looks like Isaac Walton, the father of anglers," and sang to him as the milk-maid does in the Complete Angler: "Come live with me and be my love."

Then he quoted from Andrew Lang:

"Old Isaack, in this angry age of ours,
This hungry, angry age, how oft of thee
We dream, and thy divine tranquillity.

* * * *

Ah! happy hours! we cry—Ah! halcyon hours!
Yet thou, like us, hadst trouble for this realm
But naught could thy mild spirit overwhelm.
Oh, Father Isaack, teach us thy content,
When time brings many a sorrow back again!"

Miss Vaizey told me at length of her frequent visits to the house of a great English poet, and of the practical suggestions he had given her in regard to writing; and also read to me a number of delightful letters of advice.

Miss Gautier passed a wild night. This morning claimed her name was not Julia, but Frederick, that they called her Julia because her sister Julia, an idiot, had been sent to an institution, where she was trained and became able to marry. Then she (Miss Gautier) took her sister's place at home, and everyone thought she was her sister.

MARCH 8TH.

To-day Miss Gautier is better. Gave me many points on French Court etiquette and showed me with great pride, a diamond ring, the setting three inches long, made from a shoe-buckle formerly worn by the "DUC DE LA--" to whom her father was first gentleman in waiting.

Mr. Cobham, in a state of exaltation, was painting industriously all day, painting out as fast as he painted in, talking all the time.

At dinner, speaking of alligators, Miss Ogilvy remarked: "I must be one because my name is 'Allie' and I wear gaiters, therefore I must be an alligator."

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Mr. Bentley said he intended giving his attendant a little money, and when I asked if he would not give me some, he said: "No, you go work for it. You are a young, strong man. Shame on you, to beg of a poor, old insane man."

MARCH 9TH.

"Good morning, Mrs. Warfield," I said, "What have you to tell me good this morning?" "God is good," she replied sweetly, "now, always and forever."

All too soon, came to a close my days of service at the hospital, and this character study I had found most interesting. The patients were all drawn up in the hall to wish "farewell and God-speed," each in characteristic fashion to one they were never to see again. And so I passed from their midst, bearing with me a strange memory of these"dead who do not die, but who may not live;" these victims of the misfortunes or the failings of themselves or of others. Truly the consequences of our acts are eternal for as Kipling and Goethe have both emphasized:

"We are after all but the sum of our ancestors, plus our own individuality;" and, "Deck yourself in a wig with a thousand locks; ensconce yourself in buskins an ell high; you still remain just what you are."

Of some I have since heard:

Mr. Koplik died of cerebral hemorrhage. Miss Levy finally succeeded in leaping from a high window to find the rest she longed for. Mrs. Frere recovered and returned to her home; as did Miss Leigh, now living happily with her mother.

Mr. Cobham and Miss Vaizey have realized their aspirations, both intellectual and sentimental; he as a fair artist and she as a writer of fiction. They are happily married, and prove congenial mates, fortunately without children. Now and again he seeks a sanitarium, and occasionally his wife takes her turn at retirement. He still has his amours, but his wife does not mind, and they are good artistic chums.

Mr. Archer, "Isaac Walton," still lingers fat and content to live the life of ease.

Mr. Buckheath, now living abroad, is happily married

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to an ordinary woman, not of his class, but who succeeds in making him happy in a quiet home.

For those who remain, the years begin to throw long shadows eastward, and the time is near at hand when they will soon push aside the gates of life and enter into the fullness of joy along the path that leads to happiness for-ever-more. Heaviness will endure for the night, but with the dawn they will have crossed the threshold to the joy that comes with the full morning-tide.

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IS GENIUS A SPORT, A NEUROSIS OR A CHILD POTENTIALITY DEVELOPED?*

By James G. Kiernan,

Chicago, Ill.

Formerly Assistant Physician Manhattan State Hospital (1874-8) and Superintendent Chicago State Hospital (1884-9)

Fellow Chicago Academy of Medicine, Foreign Associate Member French Medico-Psychological Association; Honorary Member Chicago Neurologic Society, Honorary President Section of Nervous and Mental Diseases Pan-American Congress 1893, Chairman Section on Nervous and Mental Diseases American Medical Association 1894; Professor Neurology Chicago Post-Graduate School 1903; Professor of Nervous and Mental Diseases Milwaukee Medical College 1894-5; Professor of Nervous and Mental Diseases Medical Department Loyola University 1905; Professor of Forensic Psychitary Kent-Chicago College of Law.

A congenital sexual twist of another type appears in a great student of Ruskin. Oscar Wilde was born in Dublin October 16th, 1854. His mother hoped before he was born that he would be a girl. Her disappointment was great; she treated him as a girl and kept him in dresses as long as it was possible. A portrait of Sir William Wilde, Oscar's father, according to Sherard, reveals "an extraordinary mixture of intellectuality and animalism, of benevolence and humanity with bestial instinct." The face is not unlike that of the son in which the contrasts were equally marked. His "forehead and eyes were those of a genius or an angel; his mouth was ugly, almost abnormal." Wilde was brought up in luxury, although

*Continued from Alienist and Neurologist, Nov. 1912.

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his parents did not belong to the wealthy class; still they were comfortably off and his home in Dublin was attractive, even luxurious. Oscar took kindly to luxury. In his more opulent days he spent hundreds of pounds a year in cabs. At one period he used to take a cab by the day, and the first address that he gave daily to the driver was a florist in the Burlington Arcade. Here he bought himself a bouttonniere at half a guinea, and another at half a crown for his cabman.

According to Sherard,† Wilde escaped that taint of precocity for which the English dictionary had another and less euphonious term and, until his inherent perversion broke out (but probably because of it) he escaped the air of his father's house. Here high thinking did not go hand in hand with plain living. The house was a hospitable one; it was a house of opulence and carouse, of late suppers and deep drinking; of careless talk and example. His father's gallantries were the talk of Dublin. His mother, although of spotless life and honor, had a loose way of talking. One of her sayings still remembered in Dublin gives an echo of her revolt against the accepted and the commonplace. "There has never been a woman yet in this world who would'nt have given the top off the milkjug to some man if she had met the right one." The mother's salon, the father's consulting table, were frequented by boozy, boisterous Bohemians, of whom Dublin furnishes such strange specimens. How free was the conversation may be gathered from a remark which Oscar Wilde once made to a fellow undergraduate at Trinity college. 'Come home with me,' he said, 'I want to introduce you to my mother. We have founded a society for the suppression of virtue.' It is obvious from this phraseology that an atmosphere of mixoscopia existed. Had it not, the term conventionalism would have replaced virtue. Here Wilde, as a youth, differs from Macaulay, in finding the agreeable, unvirtuous; Ruskin's association with Wilde was a natural result of the attraction of conventionally unconventionals with a Narcissan sexual trend in each. The mentality which created Dorian Gray, had much in common with that of the victim

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† Sherard:Life of Oscar Wilde.

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of the chastity of impotence, the denouncer of vivisection and of the United States.

At school Wilde was a remarkably brilliant scholar in everything but mathematics. He was not very popular with his school fellows, one of whom says that "he used to flop about ponderously." He never played games and objected to cricket, "because the attitudes assumed were so indecent." This remark seems to imply the mentality of the invert. His manner was reserved and he kept aloof from other boys. In his school days Wilde showed his fondness for eccentric attire, and even then wore his hair long. Despite Sherard's opinion, something was decadent about Wilde when a schoolboy. At Oxford Wilde came under the influence of Ruskin. He was one of the "ardent young men" who gathered around Ruskin in his practical demonstrations of the Gospel of Labor. Though Wilde hated exercise and held games in abomination, he broke stones on the highway and had the honor of filling Mr. Ruskin's special wheelbarrow. Being interested in art, Wilde dabbled a little with the paint brush in his undergraduate days, but nothing that he did was worth while or has been saved. Notwithstanding his aversion to games, Wilde was physically strong. While a young man in London he assisted a man, a friend, to escape from the police, and in the furtherance of this object exercised great physical strength, holding a door against a number of constables, while the fugitive was clambering out of the window to safety. In Paris he once desired to learn rapier, so that he might be able to impose silence at the point of the sword on the slanderers who were attacking his reputation.

Aesthetism, a naturally fetichic product of Narcissan homosexuality, Sherard regards as a pose. "There is no doubt that Oscar Wilde's early eccentricities created an erroneous impression concerning his capacities, which for years militated, and in certain quarters still militates, against the reputation which his high genius entitled him to enjoy. Fame is no t to be violated with impunity, and when the claims of the Pon t d' Arcole were denied, could the peacock's feather and the sunflower prevail. The pose, such as it was, was eminently suc[c]essful. If notoriety were sought after, it was gained to

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the fullest extent. Punch celebrates week in and week out, the eccentricities of the school. The part played by DuMaurier and Burnand, Mr Hamilton's book, shows:"All the time when Oscar Wilde was thus mumming and masquerading, the bitterness at his heart was great. Knowing what was in him; feeling the flame of the genius that burned within; conscious of the part that he might have been playing on the stage of the world, to none more than himself can his notoriety, acquired as it was and kept alive by such means, have appeared despicable and a matter for regret."

If Hichen's story, "The Green Carnation" were well based it was much more and had its foundations deep in homosexuality. Green is said to be peculiarly favored by inverts.

Green however, was the color of the Duke of Artois, who afterwards became Charles X. It is still worn by the descendants of Mahomet. While the Koran denounces homosexuality, there are some suggestions of it in the paradise provided for the true believers. The acceptance of green by the Irish seems to have been largely an 18th century matter. It is by no means improbable that the Fians or fairies had a greater influence over the Gael, who remained in Ireland, than those who settled in Scotland, since green was tabooed as the color of the fairies to the latter. For the opinion that the Fians, Fens, Fenians and Fairies were a mixed Caucasic-Mongoloid race allied on the one hand with the Ainus and on the other, with the Laps, Fins, Picts, Quens and Eskimos, MacRitchie has advanced exceedingly strong evidence. Green was the favorite color of these races in Ireland and Great Britain. The Picts were called virides or green men from their favorite tattoo. The Irish Gael had not the prejudice against green as a heathen color, which the Scotch retain since the leprechaun is a fairy dressed in red. St. Patrick was more tolerant of non-essentials than the later Roman missionaries, who created that prejudice against hippophagy as a survival of Odin worship, which still persists among English-speaking peoples. That homosexuality is frequent among descendants of the Feno-Gael cannot be said. It was notoriously frequent among the Normans, who crushed out Celtic civilization and Celtic Christianity. Their appreciation of green may have

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dominated the Irish Gael in the same way that their type of Christianity dominated the Christianity of St. Patrick and St. Columba. Certainly, green was not the color of the standard of the last great elected over-lord of Ireland, Brian Borhoime.

The New York inverts and perverts who go in the underworld under the title of "fairies," wear an ornate red necktie to characterize them. Quite a number of these are Germans and Hebrews however. In Philadelphia perverts are "brownies".

The principles laid down by Oscar Wilde in his highest contribution to literature, "The Soul of Man Under Socialism," significantly demonstrate elements which underlie aestheticism: "A man is called affected nowadays, if he dress as he likes to dress, but in doing so he is acting in a perfectly natural manner. Affectation in such matters consists in dressing according to the views of one's neighbors, whose views as they are the views of the majority, will probably be stupid." Practically, this is the sentiment which emerges from the gnarled cant of "Sartor Resartus."

The individualism, however, of Wilde is infinitely higher than the authoritarianism of Carlyle. There is a primitive skatalogic tendency which Zola has depicted in *La Terre* which coarsens all its touches and which underlies the so-called popular influence on Art. This is peculiarly well put by Wilde in his discussion of English-speaking journalism, the most emphatic expresson of this element in public opinion. "Public opinion, according to Wilde, tries to constrain and impede and warp the man who makes things that are beautiful in effect and compels the journalists to retail things that are ugly or disgusting or revolting in fact, so that the English-speaking peoples have the most serious journalists in the world and the most indecent newspapers."

(To Be Continued.)

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NOTES ON THE HISTORY OF PSYCHIATRY. VIII.*

By Smith Ely Jelliffe, M. D., Ph.D.,
Adjunct Professor of Diseases of the Mind and Nervous System,
Post-Graduate Hospital and Medical School.

THIS installment continues the translation of Falk's Psychiatry of the Ancients. Notwithstanding the recent appearance of Kirchoff's chapter on the History of Psychiatry in Aschaffenberg's new Handbuch der Psychiatrie, this chapter of Falk still remains unique among historical contributions. Kirchoff's chapter falls far below it in insight and value and makes this English translation all the more desirable.

Our previous installment brought us to the work of Oribasius.

Oribasius—Among the fragments of Oribasius, which we possess, we find the VIIIth book of the Synopsis, which deals with the head and nerve diseases, also with melancholia. (We also find a prescription for pediculi. Opt. XXVII.) He is essentially a compiler and generally quotes his authorities (as Philumeno on apoplexy,) but in this chapter he gives no names, although we find the Galenic doctrines concerning the nature and the treatment of hypochondria.

Again we find the recommendation of the use of hellebore. With great circumstantiality he explains in Medin. collect. lib. VIII, cpt. I the particulars of the hellebore cure. He recommends its use as the moon is waning. Further he adds that the treatment of melancholia is the same as that for insania. Philumeno had praised bryonia root in their treatment. He briefly takes up the subject of lycanthropy, but in the meantime makes the remarkable insertion of the treatment of those whom love has depraved to grief, insomnia and refusal of food. He recommends distractions of all kinds,

*Continued from page 322, Vol. XXXIII, Aug. 1912.

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bathing and the like. That he not only has pure and modest love in mind, I should like to note that he reproaches the way of living of certain ones and describes as characteristic the hollow, tearless, but sensual eyes with everlasting tremor of the lids, which alone are in motion, whereas all remaining organs grow weak. Otherwise somatic remedies are alone discussed for the well.

Oribasius is the first who says nothing of phrenitis. However, he speaks of his "inflammatio cerebri" ex Philumeno, in which fever, continuous headache, redness and swelling of the entire face and head, also of the lids, occurs. If we are inclined to interpret this as erysipelas it is very striking that he also speaks of a brain erysipelas by which burning, headache, a pale, cold face and a hot tongue have been observed.

Finally he describes hydrophobia in which the patients are quite mute, yet recognize their relatives and refuse nourishment.

Recent authors have written concerning the educational rules of Oribasius for the strengthening of the body and mind of the youth.[1]

AETIUS—Another compiler, Aetius of Amida, devotes likewise in his Tetrabibl. II. Sermo II. a paragraph to the different head diseases, and no doubt in similar combination as Oribasius. But he makes a distinction between phrenitis (Posidonius,) and inflammation and erysipelas cerebri, and seems to regard delirium as pathognomonic of the former condition. Utilizing Galen's psychology, he distinguishes three kinds of phrenitis, accordingly as only the imagination, or only the reason, or the memory—these, however, with the loss of such faculties—are involved. In the first instance the anterior part of the brain, in the second the middle, and in the last the occiput is the site of the lesion.

Loss of memory can also arise apart from phrenitis through acute disease, old age and excessive study. What he writes concerning the therapy of phrenitis and imbecility (fatuitas) is Galenic.

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1. Frederich, Literar Geschichte, etc. pg. 75. Sprengel, Op. cit.

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We have already reported concerning the book of Rufus on melancholia.

"Insania" is described by *Archigenes* and by *Posidonius*. As in all of the hitherto described diseases, here also the brain is the suffering part, as either too much blood, as in drunkenness, or yellow bile flows to the organ. In the first case there is extravagance as the patient imagines he sees something funny, and sings. The patients also believe that they hear music, being misled by the buzzing in the ears. In the latter case the patients are anxious, sad, irascible and finally break out in wild delirium, during which they may become very dangerous, believing, as they do, that those about them are enemies. Sometimes both forms occur simultaneously. By a moderate diet the brain is often cleared of its overflow and amelioration or intermission of the excitement sets in. Sometimes insomnia appears periodically (per cuicuitum quendam irruit insania coacervato videlicet quod morbosum est. Opt. VII. "Insania" here is exactly the same as mania of the earlier authors). It preferably attacks the avaricious, hard tempered individuals, drunkards and such, in whom the habitual secretions are suppressed. The treatment is purely somatic.

Both compilations are of value for medicine in that they make us acquainted with what has been lost in the originals. The study of these interesting chapters of both authors is not quite fruitless for us since they contain Galenic as well as Hippocratic doctrines on the etiology of mental disease.

ALEXANDER OF TRALLES—A rich personal experience speaks from the writings of Alexander of Tralles. Alexander has been considered the greatest of the physicians of the ripest period of Greek and Latin natural sciences. So far as psychiatry is concerned he has however simply taken over what his predecessors have given him without increasing it. Yet it is probable that quite independent of Caelius Aurelianus, perhaps also unacquainted with the writings of Celsius, he made several good and striking observations, for which, according to his own statement, his wide experience offered abundant opportunity.

In Chapter XII of his Book I, we learn nothing noteworthy regarding phrenitis. He also explains an inflammation of

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the brain and its membranes as induced by yellow bile, whereas lethargy is due in quite a similar manner to mucus.

We here find the humoral pathology in full bloom, just as it is in melancholia, which is distinguished from phrenitis only by means of its chronicity and lack of fever.

Melancholics are sometimes cheerful, others very violent, others quite idiotic. (Cum torpore molto se segnitie, quos Graeci vocant "moroi." Dementia or melancholy with stupor?) Some are afraid of death, others desire it. Again others believe they are able to prophesy the future. Some have quite free intervals in which they can attend to their business, others are continuously absent-minded. He distinguishes between forms of melancholia in which there is too much blood, in which the blood is mixed with yellow bile, and in which the blood is mixed with black bile. The first form occurs particularly in people who have led a life of grief and sorrow, also following severe attacks of hemorrhoids. In the second case the patients develop raving attacks with great ease. Purgatives and baths are warmly recommended. Scammony is well adapted as a laxative, and it is easily given in wine or in raw egg. (Patients should not be forced to take it against their will.) Stimulating laxatives, such as hiera, do harm in that they may induce attacks of great violence.

The humors are harmful because they fill the brain with bad vapors and spoil the animal spirits. Melancholia due to black bile in the blood is the worst of all. These patients are very depressed and finally develop very crazy ideas. They believe they are other persons, even lifeless objects, as is seen in many examples To take away such illness psychic remedies are advised, especially suitable clever deceptions, such as have been understood by skillful physicians, and were successfully used by the author. He relates one of his own experiences in which a wife became melancholy during a long absence of her husband, but as he unexpectedly entered the room she fell upon his neck and from that time, without any other remedy, recovered. Such sudden changes of mind are proper for those who through grief and sorrow have developed the disease.

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But if the disease has become deeply rooted neither reflection nor any other tricks are of value. Very often the disease is incurable. One may then try hiera, and if the patient seems to improve after its use (one can determine this by a lessening of the anxiety or by the patients becoming more quiet) it may be repeated several times. Lapis Armeniacus has seemed to be of service and is to be preferred to the old fashioned veratrum. His method of giving these drugs is explained in detail.

Alexander naturally maintained the well settled opinion held by all the great physicians since the days of Galen that the brain was the seat of the soul and of mental disease. The lever of all mental activity was the pneuma. Since his etiology included somatic and psychic causes, his therapy was a mixed one. However, the choice of psychic remedies, and the presentation of his entire method, is by no means as clever, nor as thorough, as are those of Caelius Aurelianus. His somatic therapy, to which he however ascribes the most important role, he seems to have elaborated quite independently. Numerical increase of remedies is no great progress. He acknowledges the unfavorable prognosis in some cases. Superstitious remedies, which he advises for other diseases (Sprengel, Op. cit. Bd. II) are not found in this paragraph.

Paul of Aegina—A third compiler, Paul of Aegina, only needs to be mentioned in brief words. He does not give anything new. He repeats almost word for word the opinions of his predecessors, especially Oribasius. His therapy is somatic. In the treatment of love sickness, which, classed with the brain diseases, he holds is not absurd, (Ad cerebr. affectiones etiam amores adjungere nihil absurdi est quum curae quaedam axist nt. lib. II cpt. XVII) he considers mental entertainment in addition to good nourishment to be suitable.

Actuarius—And now it may be permitted us to close the chain of the most important medical authors with the name of a man whose sphere of activity was occupied much later than that of Paul of Aegina, but one who however is of great interest for us as he supported with success the doctrines of the great philosophers and physicians of antiquity, especially in the field of psychology. It is Johannes, also called Actuarius,

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who lived in the thirteenth century. Thierfelder (L. c.) acknowledges in him the greatest psychologist of the middle age. Although the study of the documents of Actuarius[2] make me feel that this praise is somewhat excessive, yet it cannot be denied that the descriptions and method of writing in his psychological work is truly attractive and noteworthy. I do not think it necessary to develop his psychological views here in extenso, as it does not come quite within the scope of our inquiry and furthermore Hecker has already given[3] in a clear and precise manner the thought of his psychology. I will only call attention to the fact that among the activities of the mind, according to Actuarius, phantasy localized in the anterior and memory in the posterior part of the brain, they could be disordered separately, as for instance in people who have had a great deal of distress. But if reason, which resides in the mid portions of the brain becomes sick, both of the other parts of the brain are likewise affected. The mind now suffers because the πνευμα ψυχικον, which is the cause of the same, has its seat in the brain, and since it is very thin, it extends its arms like a polyp through the entire brain and destroys it. This takes place since the juices already mentioned may bring about excitement or depression according to their abnormal compositon.

Since the πνευμα ψυχικον is thinner and dryer than the pneumata formed in the liver and heart, and which govern the vegetating functions, the proper remedy to preserve the mental health is to carefully regulate the bodily fluids, to live moderately and to strive to cultivate the intellect by means of music. Fully developed mental diseases are best combated by diet and by drugs, especially with purgatives and narcotics. (lib. II. cpt. XVII.)

In order to properly appreciate Actuarius, it is sufficient to bear in view that his thorough studies of the old established doctrines were made at a time when scholasticism had begun to cloud the comprehension and the doctrines of philosophers and physicians.

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2. (Physici et Medici Graeci minores Alexander Tridentinus. De Spiritu Animali. 1567. Latin Translation.)

3 (Geschichte der Heilkunde, Th. 11, pg. 355)

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Now that we have passed in review the series of authors and physicians and we have had the opportunity of becoming acquainted with the transformations in the comprehension of mental diseases, it seems necessary to recapitulate the most important points which can be gained from the preceding considerations.

Mental disease is as old as disease in general. The oldest sagas, the children of the phantasy of the people, describe several cases of transitory or fatal mental disturbances. The history of psychiatry proper, so far as classical antiquity is concerned, begins with Hippocrates. Most of the later physicians have more or less taken his teachings as examples, although modifying the same in many relations as a result of their experiences. Some have shown a greater variety of forms of psychic illness, others have developed more minutely the psychological processes obtaining in mental diseases, while still others have considered therapy in greater detail. None of the authors mentioned have adopted the opinion of his predecessors unconditionally and without criticism. Even the compilers of later times do not seem to have simply repeated the ideas of the older physicians and masters, but have compared them with the results of their own experiences. Each, with the poet, has sought from the inheritance of nature to acquire something of his own.

The multifarious correlations of body and mind, in health and in disease, have naturally not escaped the ancients and they have quite naturally explained them in such a way that they located the mind in a special organ of the body, and between the mind organ and the remaining parts of the body they assumed a more or less close relation.

Which part of the body was to be taken for the organ of the soul had been already correctly determined by a Pythagorean. Hippocrates has further explained that all the mental processes took place in the brain and drew therefrom the first conclusions regarding pathological conditions. His immediate successors did not follow him unconditionally in all his statements. Plato puts the "divine soul" in the brain only, the passions and desires were assigned to the heart and abdomen. Aristotle places all of the intellectual faculties in the heart,

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but sees in the brain a sort of control apparatus for immoderate activities of the heart. Asclepiades differs entirely from Hippocrates, as he apportioned no distinct organ to the soul. According to Celsus, who is a follower of Asclepiades, it is seen, especially in his therapeutic teachings, that Asclepiades referred the seat of all abnormal action to the brain. Galen warmly accepted the old Hippocratic doctrine, and though he seems to be inclined to the Platonic doctrine that the liver is the seat of desire, yet nevertheless he develops very clearly the results of experiments and experience that the brain is not only the central point for sensation and for involuntary movement, but it is also the location of the mental processes of man. It was also he who made the effort to make a psychological analysis of the mental faculties of man. His ideas later found an interesting development by Johannes Actuarius. Galen, but still more Aetius, also tried to locate the different psychical qualities in different parts of the brain. From the time of Galen on the brain occupied its important place in the medicine of the ancients. It was also Galen once more who showed that these correlations between the brain and the rest of the body take place through the intervention of the nerves, and that those organs rich in nerves, such as the abdomen, were in close physiological and pathological connection with the brain. It must be noted that the old physicians never expressed themselves concerning the further relation of the psychical activities to the brain, and the relation of mind to matter in an extreme sense. Nowhere do we find in them such a crass materialism as is seen in the sayings of Lucretius. It may here be recalled that Lucretius claims the frequent occurrence of psychic disturbances as evidence for the mortality of the soul. The soul is, as he says, only a portion of the organism such as the hand or the leg.

Even the later schools, such as the pneumatics and the methodists, who seemed rather inclined to accept a material point of view for the psychical processes, do not entirely reject the possibility of a dynamic principle, and Galen, who however was no enemy of theoretical speculation, nevertheless came out with much emphasis that all such theses and hypotheses were of no value in practice.

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According to their physiological point of view, the old physicians had a correct insight into the nature of mental disease. Already Hippocrates opposed the opinions of former physicians as well as those of his contemporaries, as he does not admit these affections to have a transcendental origin, but tries to see in them natural processes, as in all other diseases. They are diseases of the brain, he states, and all of his successors shared his opinion. Even if Celsus does not apportion these diseases to any definite place, yet nevertheless in his therapy he uses such remedies as act on the brain, many being locally applied to the head. Caelius Aurelianus has spoken most definitely upon this point. Mental diseases, he says, although not in the same words, are diseases of the brain which show psychic symptoms in the greater number of cases, but not always. Like all diseases they come within the domain of the physician's care. Thus far no philosopher has been able to bring about a complete cure.

It did not escape any of the students that to the psychical anomalies in these diseases multifarious somatic symptoms might be allied, partly as coeffects of the original brain affection, partly as further consequences of the abnormal mental condition. From the time of Hippocrates on, every one had called attention to these concomitant bodily symptoms. That they indeed have always laid the chief importance thereby upon the psychic manifestations is seen, among other things, that, as will be shown, they observed in a disease, in which in addition to the disturbance of consciousness there were many abnormalities of the vegetative sphere, a mental disease quite in the sense of to-day.

Of these bodily symptoms the nervous ones were the most prominent, and the ancients thus recognized also the close relation between mental and nervous diseases. Hippocrates had already referred to the close connection between epilepsy and mental diseases, to which Aristotle called attention. Later on Aretaeus developed in the most striking way the relation beween these two processes, and all those who devoted a special chapter to mental diseases have, with the exception of Celsus, followed or preceded it by a chapter on nervous and brain disease showing principally bodily symptoms, and

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in a more definite manner, Aretaeus pointed out the complication of mental disease with spasms as well as paralyses. Hippocrates especially mentioned the connection of the mental diseases with spasms and other nervous troubles, which had their origin in functional disturbance of the female sexual organs and therefore had been designated by the ancients as Hysteria.

So far as the mechanism or origin of mental disease is concerned, they had of course only hypotheses. Hippocrates upheld the theory of constitution and temperament, which played a great role in his physiology and pathology, as applying also to the psychoses, in that he assumed them to arise from disturbances in his hypothetical juices. All others have more or less advocated this theory, and especially Galen, who supported it with great dialectic, and the belief became so universal as to be taken up by the laity, as can be seen in the poets and dramatists. It is all the more striking that we find no trace of this doctrine in the work of Caelius Aurelianus, whereas even physicians of later activity, even Johannes Actuarius, eagerly followed this hypothesis. It is naturally abandoned at the present time, although certain expressions, showing their early origin, have been retained, largely for the sake of convenience. However, with reference to the significance of this ancient theory, I would like to refer to the words of Damerow (in the already mentioned critic of Friedreich's book, Zeitschr. f. Psychiatrie, XXIII. 5): "The derivation of most of the forms of mental disease from bile and mucus is certaily something very poor and tedious, but, not taking them too literally, it is undeniable that the forms of insanity originate from their corresponding temperaments as organic bases."

With respect to the elemental psychical disturbances in mental disease, Galen sought to develop these anomalies of thought out of the normal activities described by him, and later compilers have reprodueed his representations, whereas Johannes Actuarius has modified the opinion of Galen somewhat. To all authors from Hippocrates on it was clear that insanity consisted very largely in disturbance of feeling, mostly of a sad nature.

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Hippocrates had discussed in a few words—the later authors very completely—that in contrast to depressed and exalted moods and their resulting judgments and conduct in normal people, such moods may constitute the foundations of disease when a slight cause has sufficed to bring about a long continued action or increased activity, or when without external cause they originate from within. Also in the anomalies of the will in the mentally diseased the ancients clearly saw that the weakness of the will, as well as the marked impulse to activity, even to acts of violence, especially those dangerous to society, were evidences of disease.

It is of interest to note that Aristotle remarks that not only the violently maniacal but also the epileptic are dangerous in this regard.

Suicide and refusal of food in the mentally diseased, and their origin in most cases from melancholy have been much discussed by the ancients. Even Hippocrates speaks of the analgesias and hyperaesthesias of such patients. He had also recognized the significance of hallucinations. He himself has only referred shortly to these deceptions of hearing and sight. Later authors have occupied themselves more in detail with these manifestations. Nowhere do we find the expressions "illusion and hallucination" in our authors' works, the words phantoma and imago are in general use; nevertheless Asclepiades clearly differentiated both ideas. Hallucinations, in a narrow sense, alone seemed to him to be of central origin. Further instruction is obtained neither from him nor from other authors who have paid but little attention to them.

As to the causes which the ancients suggested for mental disease and of such effects, which were not transcendental but originated like any other disease, and as to the classification of these afflictions, we shall return later.

So far as the pathological-anatomical knowledge of the old physicians is concerned it is not surprising that they cannot enrich our knowledge. It is known that in antiquity hardly any dissection of human bodies took place (perhaps however more often than is usually believed.) But how can we expect any information from the ancients about the anatomical processes in the normal or morbid activities of the mind, when

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even our present complete anatomical methods leave us in doubt? Asclepiades first, and mostly all of those following him, describe phrenitis as a disease of the membranes of the brain, whereas in the remaining psychical illnesses the brain itself is attacked. How they supported their statement does not appear in the text, and I have already tried to prove that we are not permitted to consider phrenitis as a meningitis alone.

Hippocrates also states that anemia of the brain can cause mental disturbance. Though this statement concerns chiefly acute processes, it is evident that it is not based upon observations made at the dissecting table, and though to him, as well as to later physicians, the concomitant, sometimes causative, affections of the abdominal organs were not unknown, this coexistence must have been comprehended through observations on the living. And even if they do not mention many complications seen in the living, we can draw no conclusions from that fact.

Regarding the prognosis of mental diseases the ancients agreed upon the severity of the condition; the acute forms (one must bear in mind that phrenitis represents the majority of these) are always critical, though not always fatal, and the fever and delirium accompanying the acute diseases share in the prognosis of the fundamental disease. The chronic psychoses are tedious at best, but even they may have a fatal termination, as for instance during an attack of frenzy. The frequent relapses were first pointed out by Celsus; Aretaeus adds that the prospect of recovery diminishes with the number of relapses.

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(To Be Continued.)

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HALLUCINATIONS, THEIR STUDY AND SIGNIFICANCE IN PSYCHIATRY. AS TAUGHT BY PROF. TH. ZIEHEN, IN BERLIN.*

MAX A. BAHR, M. D.,
Clinical Psychiater, Central Indiana Hospital for the Insane.

AN hallucination is a sensory perception without an external stimulus—for example, the hallucinant sees forms in the clear and cloudless sky and hears noises in absolute quietude.

In the discussion of hallucinations we must take into consideration the following points:

1. The quality and the intensity of the hallucinations.
II. Feeling tone of the hallucinations.
III. Localization of hallucination.s
IV. Sources of origin.
V. Influence of the hallucinations upon the outflow of the association of ideas.
VI. Theory of the seat and origin of the hallucinations.
VII. Diagnosis of hallucinations.
VIII. The occurrence of hallucinations.

I.

QUALITY AND INTENSITY OF THE HALLUCINATIONS.

Hallucinations arise in all sensory areas and show definite characteristics within each of them.

Visual hallucinations or visions occur in the most manifold forms. The simplest consist in the seeing of sparks, lights, the appearance of flames, fogs and shadows. The most complicated present, with all detail, entire landscapes and persons. Sometimes the patients see themselves in the most variable situations (so called autoscopic hallucination.) At times, they are completely colorless, "shadow or silhouette

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like" as educated patients express themselves. At times, especially in alcoholics and epileptics, they show the most vivid and glaring colors. The definiteness of the outlines also varies much in different cases. At times they appear more flat, as "paintings" or "pressed into the bed covering;" at other times as plastic as the actual reality. The number of objects hallucinatorily seen varies very much. At times the whole field of vision is filled with a swarm of forms (animals) especially in the alcoholic psychoses. In other cases, especially in the hysterical psychoses, a multitude of forms arises exclusively in one half of the field of vision, usually directly in that which corresponds to an hemianoptic defect. Still more frequently the hallucinatory forms appear more isolated. These individual hallucinatory forms have at times "giant size" e. g., in the epileptic psychoses. In other cases the visions represent "miniature pictures." Most frequently they are of natural size. At times they appear directly before the eyes of the hallucinant, at times at the farthest distance. When one of my patients held her hand in front of her eyes, the visionary forms appeared in the palm of the hand diminished in size. The actual objects are at times completely concealed by the visions; at others they appear "through the visionary formations." "If the visions were false," said one educated hallucinant to me, "they would have no shadows." In rare cases one observes that the hallucination presents a reduplication or multiplication of an actual object (hallucinatory or illusionary diplopia and polyopia).

Auditory hallucinations or akoasms in their most elementary forms consist of all kinds of rustling, hissing, ringing, thundering, whispering, speaking, etc. The more complicated akoasms consist of words. At times the hallucinant hears them in their natural tone; at others high-pitched or low-pitched. Frequently he differentiates, according to the tone color of the voice, various persons speaking to him. He also differentiates the voices of men, women and children. At times he hears individual words—e. g., calls for help, at times whole sentences, even speeches and conversations. At times, the akoasms are shrill and loud, more frequently they are faint and as the patient expresses himself, even "almost inaudibly

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faint." An educated patient told me for example—"The voices are not even as loud as when a flame crackles, at most as loud as the moving atmosphere of the room and yet sensorially perceptible." If one requests the patient to imitate the hallucinatory voices with his own voice, they not infrequently explain that it is impossible for them,"the voices had an entirely supernatural tone." In other cases the hallucinatory voices resemble real voices in every detail, and enable the hallucinant to imitate them with more or less accuracy. Occasionaly, instead of spoken words, melodies without words, and even whole orchestras are also heard. At times the akoasms are located in the far distance, at times the patient states that the voice screams or whispers directly in the ear. Rarely the patient expressly states that he hears the voices in one ear, but usually he hears them symmetrically throughout in both ears. Frequently it happens that the voices appear intermingled in striking contradiction; thus for instance, the patient hears abusive and flattering words intermingled, etc. (contrary or antagonistic hallucinations).

Hallucinations of taste in the limited sense of the word are very seldom isolated. Physiological psychology particularly teaches that only four qualities of taste exist: viz—bitter, sweet, salty and sour, and that the so-called"taste"of many eatables is due to the fact that in the posterior part of the oral cavity, food particles evaporate, and so reach the nasal cavity, where they induce perception of smell. In psychopathology it is customary to include these perceptions of smell which accompany perceptions of taste with the taste perceptions in a broader sense. The close blending which takes place between these perceptions of smell and the special perceptions of taste, justifies the combination, and also explains that in cases of illness, the corresponding hallucinations arise joined together. Such hallucinations of taste in a broader sense are very frequent. The patients state that they suddenly perceive a taste of faeces, or blood, etc., in the mouth.

Isolated hallucinations of smell are quite frequent. Odors of tar, sulphur, smoke, corpses, faeces, perspiration, cholro-

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form, and on the other hand, of roses and other flowers, appear with more or less intensity.

Hallucinations of touch occur over the entire surface of the skin (tactile hallucination). Frequently the tactile perceptions are also located within the body (mucous membranes, etc.). At times the patient receives a sudden blow or stab, or a kiss or an invisible caress,at times he perceives over the entire body-surface a net of spider webs, particles of glass in the bed, or electrical currents, or the running about of invisible animals or"dwarfs." The multiplicity of these tactile hallucinations is exceedingly great, and in no way exhausted by this enumeration. A patient with persecutory delusions perceived while out walking, as if an invisible person preceded him and continually stepped upon the patient's toes with his heels. The same patient frequently felt upon his oral mucous membrane as if a viscid broth was being smeared upon the same. One hears frequently that "the mouth is full of hair," "the skin becomes raised in folds." Other patients feel as if human bodies (especially of children and persons of the opposite sex, often also animals) are placed beside them in bed. "I am entirely embedded in warm meat,". one hallucinant related to me. Generally to the hallucinatory tactile perception an hallucinatory heat and cold perception is also superadded. The tactile hallucinations in the sexual field also claim a special significance. It reaches here a complete cohabitation hallucination, i. e.—there arise hallucinatorily all the numerous tactile perceptions accompanying cohabitation, often inclusive of the accompanying tones of feeling. The superstitious beliefs of middle ages spoke of succubus and incubus in such patients, in that they underwent an invisible cohabitation with the devil. All kinds of abuses of the genitals are also perceived hallucinatorily.

Hallucinatory organ-perceptions are also closely related to the tactile hallucinations. Insane patients often complain of peculiar perceptions in this or that organ of the body, especially so of peculiar displacements, movements and transformations of the viscera, without it being possible to show

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by the most painstaking examination, any form of peripheral source of irritation.

Kinaesthetic hallucinations are hallucinated perceptions of movement. The perception of the passive and active movement of our extremities is very composite, apparently it originates predominately from the joint-sensibility. Like every other perception, these perceptions of passive movement can also arise hallucinatorily, i. e. —without any external stimulus. Thus many patients declare that they suddenly have a feeling as if their arms were raised, or their legs stretched, etc. Farther on it will be mentioned what peculiar influence these hallucinatory movement-perceptions have upon the movements of such patients. At times such hallucinations of movement also occur in the field of the muscles of speech. By the contraction of the muscles of our lips, tongue, palate and thyroid in speaking, the sensory nerve terminals likewise are stimulated, and so produce perceptions of movements, as with other movements. These speech–movement perceptions are also occasionally hallucinated. The patient then has the perception "as if he were speaking a definite word."

The vestibular hallucinations are closely related to those just mentioned. By the vestibular nerve, we perceive the position of our head in space. Hallucinations also occur in this field of perceptions; the patient feels as if he is suddenly lifted in the air, turned toward the right or left, etc. "My head is continually distorted, and because of it, I feel distinct dizziness," complained a patient.

Combined Hallucinations.

Sometimes the existing hallucination confines itself to one sensory area, often however, hallucinations associated with several sensory areas unite to simulate a real object. At times it happens that the visionary forms are speechless, at most the lips move noiselessly, and the voices remain indistinctly audible. About as often, however, visions and akoasms combine, i. e.— the visionary form speaks audibly to the patients, the voice "appears" to him. At times also a tactile hallucination is superadded thereto; the patient

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feels that the form that is visible to his eye and speaking to him also touches him. One of my patients said "The milk tastes of phophorus, it shines extraordinarily." Just such combined hallucinations are scarcely distinguishable by the patient from the reality. Very frequently also, hallucinations of movement associate themselves with other hallucinations, especially with tactile; the patient not only feels as if his head is moved involuntarily, but he also feels the touch of the hand which carries out this imaginary movement in him. One patient stated: "First it rings, then I feel as if I were carried upward." In another, the voices first gave notice by a tickling sensation in the back, and then the patient feels the tickling, and then hears the voices whisper, "That is approaching consumption of the spinal cord." The number of these combined hallucinations is exceedingly great. Frequently in the course of a psychosis, it can be observed how one sensory area after another is gradually involved, in order to participate in the building up of such combined hallucinations. For months the patient feels, for example, at first only a dagger stab in a definite part of the body, later he also sees the form bending over him in a hostile manner and carrying out the dagger stab, and finally he also hears the threatening words.

Finally it must be expressly emphasized that the specific quality of the hallucinations, especially so far as they are of limited sensory activity, at times is not sharply defined for the patients themselves. Thus are explained the statements of the patients as "I hear the voices more by the feeling than by the ear. I feel something red burning about me. I hear blue clouds trembling about me."

II.

Feeling Tone of the Hallucinations.

Like normal perceptions, hallucinatory perceptions also have their tones of feeling; generally the tones of feeling of hallucinations are especially strong. Hallucinations of indifferent content are relatively rare.

III.

Localization of Hallucinations.

In speaking of the quality of hallucinations, it has already been mentioned that the hallucinatory perception

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of the patient is localized at one time in the immediate locality, and at others, at a greater distance from the patient. This special projection takes place in general according to the same rules as those of the normal perceptions. Accompanying concepts of movement lie at their basis. Generally, when the hallucinations begin to disappear in the course of an illness, they not only tend to become less frequent and less intense, but also recede to a further distance. In patients with strabismus, the hallucinatory objects are sometimes seen double. At times definite visionary forms appear, always in a definite location of the field of vision. The same is also observed at times in akoasms; thus. e. g. —a patient always hears a friendly voice speaking in his right ear, a hostile one in his left ear. If the hallucinant moves his eye, or turns his head, the visionary object frequently follows this glance. In patients with nystagmus, there occasionally occurs a continual to and fro swinging of the hallucinatory images. The localization of auditory hallucinations is usually not influenced by the turning of the head.

In many cases the hallucinations are also located within the body itself. Thus, I knew a patient who claimed that he had complicated visions (trees with faces of demons) within his thoracic cavity, at times within his head. A patient stated definitely that he also often sees visionary images behind him. Much more frequently does this occur with auditory hallucinations. The patient often hears the voice speaking in his head, or in his thoracic cavity, or in his abdomen,at times the patient even locates his akoasms in individual fingers. A patient of Siemens heard two men chattering in his left eye. Sometimes other stimuli, and concepts associated with them, are also determining for the localization of the hallucinations. Thus, the auditory hallucinant is readily induced to locate the voices in the chimney, or ventilation openings, etc. This localization is generally a secondary one. In the beginning the localization of such akoasms has been an entirely different or indefinite one; but since the hallucinant does not see the speaker, yet distinctly hears him, he forms the concept that the same is concealed, for example—within the ventilation shaft. This concept then determines the localization of all

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succeeding akoasms. Sensorial stimuli occasionally can also be directly determining for the localization of the akoasms; thus it happens that the patient heard the voice in that part of the body which is the seat of neuralgia or other pains.

IV.

Sources of Origin.

If the visual hallucinant closes his eyes, one frequently finds that the visions disappear for a shorter or longer period of time. On the contrary, there are patients in whom the closure of the eyes is the necessary essential for the appearance of visions. Likewise, the closure of the ears in one hallucinant exercises an increasing influence upon the akoasms, in another, a decreasing one. In many cases the shutting off of external stimuli is generally without influence. With this is also connected the further observation, that many auditory-hallucinants, in the stillness of the night or in seclusion, hallucinate particularly actively while others must hear faint actual noises so that akoasms appear along with these. Likewise visions arise in one patient predominately in the objectless field of vision (in the dark or in the empty heaven,) in another patient predominately amidst numerous actual objects.

The simultaneous influence of actual stimuli in other sensory areas often weakens the hallucination momentarily. Thus a sudden noise, a vision, and an interesting picture can momentarily displace an akoasm. On this account many patients who wish to listen to their voices, close their eyes, or hide themselves under covers or in a corner. It is much less frequent, on the contrary, that an actual stimulus in another sensory area is necessary in order to call forth the hallucination. Thus, a patient, when she saw a knife or a pair of scissors, regularly and exclusively, had the tactile hallucination that her fingers were being cut. The tactile-deception was so active in her that she senselessly attacked the person who held the scissors or knife in his hand. The consciousness that she was dealing with a delusion was entirely wanting. Another of my patients, as soon as she saw a brooch on a waitress, felt "immediately a hook in her mouth." These hallucinations differ from the secondary sensory-perception in that another concept e. g., in the cases related, the concept

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of the cutting, is inserted between the normal primary-perception and the hallucination.

Bodily movement, in individual cases, intensifies the hallucinations. In others they are most prominent in the morning after awaking. It is also very interesting that the movements of mastication intensify the akoasms, and that, on the other hand, by the pressing together of the teeth, the voices occasionally abate.

The so-called attention in many cases also has great influence upon the occurrence of the hallucinations. Many patients hear voices as soon as they listen, either as the physician requests it, or as they themselves wish to ascertain something of the voices. Others see forms as soon as they fix their gaze upon a definite point in space. Here the attention of the accommodation-apparatus of the ear and eye, and the constellation of the concepts induce the sensory deception. It is on this account that many patients can hallucinate "voluntarily" as one chooses to call it. In many cases the voices become louder by actual noises. Individual patients relate that the voices come nearer so soon as they listen.

Finally the question, as to how far the hallucinations correspond to the momentary concept-content of the patient is of greater diagnostic and prognostic value. No hallucination of the patient is a complete new creation. Patients only hallucinate what they have formerly perceived, and what already exists in the form of memory-pictures or concepts, in their brain cortex. Certainly it often enough happens that the patient sees faces that are entirely unfamiliar to him and hears combinations of syllables that never before occurred to him, and whose meaning is puzzling to him but also in these cases, the hallucination is not a complete new creation, he has only created new combinations of partial memory-pictures of former perceptions. The capability of combining, by which we form new complex concepts out of the remnants of memory-pictures, we designate in healthy persons as phantasy. In the healthy, the phantasy is not sensorially active; our phantasy concepts just remain concepts. In the hallucinant they attain a sensorial activity, or in other words, they become perceptions. Just as the phantasy concepts in the healthy

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are not new creations, but only new combinations of old memory-pictures, so also the hallucinations, in spite of their occasional strangeness of character in the latter role, are traceable directly to the memory-pictures of actual perceptions. Upon this also depends the fact that visions never arise in those born blind, and akoasms never arise in those born deaf, while acquired blindness and deafness in no way excludes hallucination.

Our brain contains countless concepts or memory-pictures. The most of these are latent, i. e., for the time being exist only as material traces without psychical parallel-processes in the brain cortex, and only a few are momentarily actually existing, namely—those of which I directly think at the moment, as we popularly express it. The hallucinations may therefore be classified with advantage into those which correspond in content to the momentary consciousness content at the time being, that is to actual concepts, and those which have no relation with the momentary consciousness content but rather envolve from latent memory-pictures, in part half forgotten, whether they are in old or new combinations. The former are designated as immediate or accompanying hallucinations, the latter as mediate. The immediate hallucinations are usually less active sensorially, especially less defined in color and sharpness, in loudness and distinctness than the mediate. Corresponding to the constant change of the content of consciouness, they are very changeable, while the mediate hallucinations are often characterized by great stability.

In immediate visions the patient readily declares "that all his thoughts are directly arranged into scenes" the immediate akoasms he often designates directly as a "repetition," a "pronunciation," a "hearing," or "audibility" of his thoughts. At times, the patients also speak of parallell sounds. If the patient reads, especially if he reads softly, then a chorus of voices speaks everything aloud to him. In writing, the words are "foretold" him. Just these immediate akoasms are especially frequently located within his own body, especially within his own head, in the manner above stated. The tone-color of the akoasms is, in these cases, generally very indistinct, at times it corresponds to that of the voice of the patient, less frequently it corresponds to a strange voice.

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Often the immediate hallucinations do not represent a simple repetition of the momentary concepts of the patient, but they only stand in unmistakable relationship to the latter. This holds good especially for the akoasms. The voices make marginal comments to the thoughts of the patient. One patient compared them directly with the chorus of a Grecian tragedy. In many cases it comes to a complete play of questions and answers between the patient and his voices. The patient is sometimes surprised at the appropriateness of the hallucinated remarks. Thus I knew a patient who regularly studied Italian; when he repeated words to himself, it sometimes happened that he did not know a word or pronounced it incorrectly, and then the voices pronounced it correctly for him.

In patients with immediate hallucinations, new hallucinations can also frequently be called forth by suggestion (without hypnosis) or influence in content—previous hallucinations. It suffices at times that a definite object is shown or named to such patients, and so calls forth the concept corresponding to the object; the concept incited by suggestion immediately induces hallucinations, which stand in relationship to the corresponding object. To this belongs also the so-called "voluntary" production of a definite hallucination by active thinking of the corresponding concept.

If it deals with patients with delusional-concepts, then some immediate hallucinations are found with special preference in the sense of this delusional-concept.

The mediate hallucinations are frequently surprising to the patient himself. The remotest memory-pictures of early childhood may suddenly induce an hallucination. The infrequency of the combination of partial memory-pictures to apparent new creations surprises the patient, sometimes directly in regard to his wealth of unthought-of phantasy. Furthermore, in many patients there occur both mediate and immediate hallucinations at the same time. There also exist graded transitions between the two conditions.

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V.

Influence of Hallucinations Upon the Outflow of the Association of Ideas.

The most important question here is, whether the hallucination is attributed to reality or not, by the hallucinant. From this standpoint, there are three varieties to differentiate:

1. The hallucinant accepts an external stimulus for his hallucination just as if it were a normal perception.

2. The hallucinant differentiates his hallucinations indeed from the usual perceptions produced by external stimuli, but yet attributes to them particular significance and is influenced by them in his conclusions and actions. The hallucinant willingly interprets the hallucination in this case as a divine revelation.

3. The hallucinant is conscious of the subjective origin of his hallucinations, and indeed then generally correctly recognizes in them the product of a pathologically excited phantasy; sometimes, at any rate, he traces this excitation to poisonings or other influences on the part of imaginary enemies.

The conditions presented under subdivisions 1 and 2, are most frequent in hallucinations which arise simultaneously in several sensory areas. If the hallucinations confine themselves to a single sensory area, then whether the hallucinant succumbs to the delusion or not, depends upon their intensity, their frequency and their relationship to the actual concepts, and especially to the mental condition otherwise. If the hallucinations exist for years, even in the limitation to one sensory area, then it is the rule that the patient finally ceases to doubt, and believes in the reality of his hallucinations.

Hallucinations and also illusions, which force themselves repeatedly upon the patients in a compulsory manner and are accompanied by consciousness of disease, are designated as compulsory perceptions. Thus, some patients again and again see a pointed object approaching them, etc. Thus, otherwise infrequent compulsory percepts generally originate

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from compulsory concepts. Generally their sensory activity is not marked.

If the hallucinant is convinced of the reality of his hallucinations, then the influence of the latter upon his thinking and acting is almost an overpowering one. For example the hallucinant believes and obeys, etc., a voice which forbids him to eat, if he regards it as real, more than he does the demand of hunger and of the physician, who requests him to eat. This has been observed in thousands of cases. The hallucination shows itself more powerful than all normal perceptions and reasonable considerations and persuasions. The hallucinations arise out of the imaginative life, and the association of ideas does not, as a rule, deny their own offspring. Thus it is also explained, that the patients often complain directly of a compulsion to yield and answer to the demands of the voices.

The influence of the hallucinations upon the further overflow of the concep‘s in formal relationship is very variable. At times the hallucinations act inhibitorily, at others, accelerativelyupon the same. In the former case we speak of secondary hallucinatory flight of ideas. In uniform, frightful, or religious-ecstatic hallucinations, inhibition general predominates, while numerous exalted hallucinations in general often lead to flight of ideas. Still it is often difficult in the individual case, to ascertain why the pre-existing hallucinations just produce inhibition, or in another case, just produce acceleration of the outflow of concepts. If the hallucinations become much more increased, and at the same time dispense with the connections between them, then they also act disturbingly upon the connection of the concept outflow, and produce a complete confusion of the association of ideas, which especially manifests itself in confused speech, and is known as secondary hallucinatory incoherence. The patient is no more in the condition to join together into an arranged concept-series, the numerous disconnected concepts which the massive and scattered hallucinations incite. Combined with this hallucinatory incoherence, as a rule, there is also a secondary disorientation, i. e., produced by hallucinations. The hallucinatory appearance of persons living at a distance, and of distinct landscapes, disturbs the orientation as to time and

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place; the patient believes he lives in another time and at another locality.

Finally hallucinations frequently cause direct disturbances in the content of the thoughts, i. e., delusional ideas. A voice, for example, calls directly to the patient, "You are Christ," and immediately the patient is firmly convinced of his becoming the Messiah; through his hallucinations he has acquired a grandiose idea. Upon the basis of indefinite foreign hallucinatory perceptions in his arm, the patient asserts that, "someone has introduced a foreign body into his arm." If his thoughts become audible then the patient states, for example, "that they make use of special physical apparatus for the purpose of ascertaining his thoughts, or that they prompt him in all his thoughts," etc.

Similarly the actions of the hallucinant will shape themselves with endless variations according to the content of the hallucination. At first the hallucination pictures itself in the facial expression of the patient. The strained attention and sudden listening betrays, for example, the presence of akoasms. The visual hallucinant generally stares into vacancy, his gaze wanders hither and thither, without any noticeable object moving. One often also observes characteristic movements of defense by which the hallucinant seeks to avoid disagreeable hallucinations. The visionary hallucinant closes or conceals himself under the covering, or sticks cotton into his ears, and into the key-holes. The taste hallucinant expectorates, or does not touch the food placed before him. The olfactory hallucinant holds his nose closed, or suddenly breaks the window in order to free himself of the hallucinatory vapor or smoke by fresh air. If the patient refuses information, then one can frequently learn to intrepret correctly their movements of defense only after the recovery of the patient. Thus, I knew a patient who continually carried out the most peculiar rotary movements of his head. During the course of the disease, any information in regard to the motive of this movement was not obtainable. During recovery the patient said that he continually saw a gallows before him, and felt a rope around his neck, and endeavored to draw his head out of the loop by these movements of the head.

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Of special significance is also the influence of the hallucinatory perceptions of movement upon the movements of the patients. A hallucinatory movement-perception may act in a double manner; either the hallucinant endeavors to counter-act the supposed hallucinated movement by an antagonistic, or, as one might say, a compensatory movement, or the hallucinated perception of movement induces him to actually carry out the supposed hallucinatory movement. If the patient, for example, has the hallucination that his head is being suddenly turned to the right, he will endeavor either to compensate the supposed turning to the right by an energetic, continuous, or also frequently repeated spasmodic turning of the head to the left; or the hallucinated perception of the movement will, on the contrary, directly cause a turning to the right of the head. Why, in the one case, this, and in the other case, that motor re-action takes place can often not be determined. These peculiar movements are also designated "hallucinatory re-action movements." "Hallucinatory compulsory speaking" presents a special instance of this; here the above mentioned hallucinated perceptions of movements in the field of the speech musculature, induce the patient to the pronunciation of the word, whose incident muscular contractions the patient believes he perceived. In either case, the patient endeavors by definite positions, to counteract the hallucinated movements. Such positions are designated as "hallucinatory-compulsory-positions." Since the hallucinations which induce such compulsory-movements and compulsory positions often recur for hours and days in a similar manner, such patients often repeat the same compulsory-movements stereo-typically for hours and days, and remain continuously in certain stereotyped compulsory-positions.

It is to be remembered that quite analogous movements may arise upon the basis of primary excitations of the motor region even without kinaesthetic hallucinations. The patients then speak words, or carry out other movements which they themselves consider as compulsory or inspired. Thus a paranoiac said to me, "On Ascension Day, God gave me a wink that he wished me to sit to his right; he did not say it, but he let it be explained to me and I had the feeling."

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Apart from the movements of attention and defense hitherto considered, the hallucinations also induce numerous complicated actions. Of most influence from this standpoint are the so-called "Imperative hallucinations," i. e.—voices ordering the patients to do this or that action. One person kneels at the command of the voice, another sets fire to the house, a third mutilates himself, etc. Some patients themselves state that they carry out this or that action at the command of the voices, but only become conscious later that they have obeyed the voices thereby. In other cases the hallucinations exercise a motor inhibition. Thus, for example, patients remain motionless for weeks lying upon the back, because a voice threatened them with death as soon as they would move. I knew a patient who stood motionless in one spot during the whole day for more than a month, the saliva dribbled from the opened angles of her mouth, the urine and faeces were voided involuntarily. Later it was ascertained that she saw abysses, immediately at her feet, and for that reason did not move from that spot. Besides frightful visions, visions of splendor, (especially of religious content) may also occasionally lead to motor inhibition. Thus patients are observed, who see heaven open, God surrounded by his angels, and Christ on the Cross and, absorbed in this spectacle for days, do not move a limb. Such hallucinations are designated as "fascinating hallucinations." If the hallucinations are numerous, very changeable, and accompanied by strong, especially positive tones of feeling, then the accelerating influence upon the motor inervation generally predominates; there arises the so-called hallucinatory agitation which frequently increases to pronounced delirium.

VI.

Theory of the Seat and Origin of the Hallucinations.

Physiological psychology teaches that material parallel processes exist for all perceptions in the brain cortex, for visual perceptions in the visual area of the occipital lobes, for auditory-perceptions in the auditory area of the temporal lobes, etc. We must therefore assume that pathological perceptions in hallucinations also have their seat there, the visions in the visual area, the akoasms in the auditory

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area, etc. All hallucinations, as regards the localization, are also cortical. Another question is, where do the hallucinatory excitations arise? In former explanations it was indicated, that the hallucinations take their origin, in the first place, from our memory-pictures or concepts. For the purpose of illustration, we will make use of the following hypothetical scheme:

Normally, a stimulus 'S' produces 'P', an excitation in the cortical perception-cells-complex, which corresponds to the perceptions in hallucinations also have their seat there, and besides this leaves a permanent alteration in the memory-cells-complex, which under certain conditions corresponds to the memory-picture of the perception or the concept. Normally the excitation always takes the course SPC. In hallucinations this course is reversed. The memory-picture deposited in 'C', the concept, promotes 'P' in co-excitation, and produces there the related perception, i. e., an hallucination, because an 'S' is wanting. The memory-picture in 'C' is at times a latent one, at others, an actual one, i. e., at times the hallucination lies at the base of a concept, which at the time being does not exist in our consciousness, content, at times, a concept, of which we are actually thinking at the time. We have already differentiated accordingly immediate and mediate hallucinations. By the observation of our figure, one can speak directly of the abnormal centrifugal course of the excitation from the memory-cells to the perception cells. Herein lies the essential pathological course of every hallucination. In many hallucinations, however, there yet arises a second factor. It is often possible to show that 'S', a stimulus acting upon the perception-cells, is not entirely wanting. Thus it appears, for example, in the visions of alcoholics, who see bees flying all about them, that the 'S' is at first entirely wanting. An external stimulus, in the ordinary sense, as a matter of fact is also wanting, although more accurate investigation teaches that stimuli are indeed present in the path from the sensory organ to the brain cortex. Such stimuli are especially found quite frequently in the sensory

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organ itself; here belong, e. g. the opacities of the vitrious of the eye, and chronic inflammatory processes in the middle ear. Such entopic and entotic stimuli are perceived as such outside of the psychoses, i. e. the opacities of the vitrious as "muscae volitantes" the irritative processes in the middle ear, according to the law of the specific energy, as simple subjective rustling, buzzing, ringing, etc. As soon as a psychosis breaks out, these "muscae volitantes" become bees buzzing about, the simple noises become hallucinatory words. A patient who for many years previous to the onset of his psychosis had suffered from a humming in the ears due to a chronic catarrhal otitis media, related very characteristically, "the voices repeat every thought with tenfold strength; the ringing in the ears had become impure by the hearing of these voices." The proof that in many cases such entopic and entitic stimuli lie at the basis of the hallucinations is based upon the fact that in the course of the disease one is able to follow the gradual transition of the simple subjective noises into voices, etc.; and later, during the decline of the illness, the retrogression of the voices into noises. There are also infrequent cases known in which the removal of catarrhal otitis media (exceptionally also a plug of cerumen) had caused the disappearance of the hallucinations. Finally, the unilateral hallucinations which one occasionally observes, are similarly explained, in that it deals here with patients who hear their voices only in one ear and see their visions only in one eye; a close investigation generally suffices to reveal peripheral diseases in the ear or eye, which are the seat of the hallucinations. It has also been possible to demonstrate a similar condition in all other sensory areas. At times the source of irritation is not in the sensory-organ, but is to be sought for within the nerve tract. Thus, atrophy of the optic, auditory and olfactory nerves, excluding hallucinations distantly located, directly furnish the necessary stimulus material for the origin of hallucinations. The same has also been observed in multiple neuritis. Flechsig found in an auditory hallucinant concretions in the posterior corpora quadrigemina which were infiltrated into the auditory path, etc.

The more one accustoms himself to examine closely the

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peripheral sense organs in every hallucinant, the oftener he will discover a peripheral source of irritation for the hallucinations. If one strictly adheres to the definition of an hallucination given at the beginning, in which an entire absence of every stimulus is required, then evidently all the cases just considered, in as much as a stimulus is demonstrated in them, would be classed with illusions. For practical reasons this is not done. If we wish to adhere strictly to the definition, then on account of the difficulty of demonstrating a disease of the peripheral sense organs in the insane, one would be compelled in very many cases to leave in suspense the decision, whether the sympton is an hallucination or an illusion, and renounce every indication to include all the above cases under hallucinations and accordingly in the definition of hallucination, only to require the absence of external stimuli. In the future presentations the word hallucination shall always be used in this broader sense. It must be borne in mind, however, that a large part of hallucinations in this broader sense are fed by stimuli situated within the superficial surface of the body. By reference to the above given scheme, this may also be expressed in the following way: In every hallucination, a morbid excitation-process in the memory cells stimulates the perception cells and so generates the hallucination; in many cases this centrifugal excitation of the perception cells is facilitated if the latter are already found in an abnormal excitable condition, as by centripetal stimuli (entopic and entotic.)

VII.

Diagnosis of Hallucinations.

The most frequent occasion for the physician to presume an hallucination in a patient is that a patient reports a sensory perception for which in all probability every external stimulus has been wanting. This presumption, however, always requires a more accurate examination. An hallucination may be erroneously presumed, especially in consequence of the following mistakes:

1. For actual perceptions; the abusive words which the patient says he has heard, the blow which he says he has felt, has actually occurred.

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2. For dreams; the patient sometimes mistakes the experiences of sleep for those of the waking condition.

3. For illusions; it has actually been spoken, a stimulus was present, but the patient heard the words differently than they were spoken, he transformed 'P'.

4. For so-called delusional-explanations; the patient has perceived correctly an actual pre-existing 'S', i. e. without transformation, but has joined entirely false concepts to this normal perception.

5. For active phantasy-concepts; such pathologically active phantasy-concepts; and therefore closely approaching the hallucinations, are designated as phantasms. They differ from the hallucinations by their more limited sensory activity, from the delusional concepts in that they deal with an experience in which the judgment entirely recedes.

Of the dangers of these various mistakes, the following case offers an illustration: a patient informed the physician that she heard her children scream the previous night. It would be entirely wrong to presume directly from this expression an hallucination. One will first best assure himself that the children of the woman adjoining did not actually cry. We take it for granted that this is to be excluded. Then one will determine if the patient, at the time at which she was supposed to hear the voices, did not perhaps sleep, and reported to the physician as a perception while awake what she actually dreamed. If also this is to be excluded, then one must decide whether at the time in question, there was not perhaps some other noise present (e. g. an 'S') which the patient had perceived in an erroneous manner as the cry of her children—(an illusion.) Finally, the possibility is to be borne in mind that the actual cries of children had been heard in the night, that the perception of the patient entirely corresponded to the external stimulus, and that the patient only interpreted erroneously the cries as that of her children who were actually absent (delusional explanation.) Only when all these possibilities have been excluded by examination of the relatives

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and attendants, and questioning of the patients themselves, is one justified in accepting an hallucination. Especially in the noisy life of an institution one must be cautious in a hasty acceptance of hallucinations.

Equally as great, if not greater, is the danger, on the other hand, of overlooking hallucinations. In this respect it is especially to be considered that many hallucinatory insane dissimulate, i. e. in the consciousness that the hallucinations are a diseased condition, or, more frequently, in the consciousness that the hallucinations may be taken for a diseased condition, deny that they hallucinate. In such cases the physician is dependent for his conclusion upon the facial expression and the actions of the patient. These same difficulties exist in patients who are so confused that they can give no clear information of their inner processes. In patients suspected of dissimulation it is often of assistance to request the patient to write letters and cause inquiry to be made from fellow patients of casual utterances. Dissimulators often entrust their hallucinations preferably to paper and to other patients rather than to the physician and to the attendants.

VIII.

The Occurrence of Hallucinations.

In the mentally healthy, i. e., without any other psychopathic symptoms, hallucinations very rarely occur. Generally, the hallucination is to be looked upon as a partial manifestation of a psychosis, and even in the rare cases where other psychical manifestations of disease are wanting, it is always to be looked upon as pathological. Those instances of men in history cited as having hallucinations, were mostly cases of illusion. If we deduct all cases like these as not belonging here, then only one case remains in which hallucinations occasionally arise as the only disease symptom; this is the appearance of hallucinations in individuals psychopathically tainted, but not otherwise psychopathic, after bodily or mental over-exertion, as well as in severe emotions. Especially in childhood, unquestionable hallucinations without any other manifestations of disease can now and then be observed under such conditions.

These are the so-called hypnagogic hallucinations, which rather frequently arise even in the healthy by closing the eyes, es-

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pecially before going to sleep, when by a particular position, they usually deal with vanishing colorless faces, less frequently entire figures and landscapes. The so-called auto-illumination of the retina, without doubt, plays a part in the development of these.

With much greater frequency the hallucinations combine with other psychopathic manifestations, and indeed they are quite definite etiological factors, which, independently of the pronounced psychosis, bring to a focus hallucinations and other psychopathic symptoms.

The most important of these are the following:

1. The intoxications and indeed especially, but not exclusively, the acute intoxications. Thus it is known that opium, belladonna, datura, hyoscyamus, hashish, and other alkaloids, particularly frequently, cause hallucinations, especially in psychopathic endowed individuals. In these cases disturbances of the association of ideas are regularly found. Alcohol, especially in chronic misuse, leads to hallucinations and indeed, at times, to isolated ones, at times to massive and persistent ones, e. g. by the sudden withdrawal of the customary quantity of alcohol.

2. Febrile conditions. Even in these a psychopathic endowment generally appears as a predisposing factor. In many cases the factor generating the hallucinations (the so-called fever delirium) appears to be less the temperature elevation itself than the infective poisoning. At least, these fever deliriums are by far the most frequent in febrile infectious diseases.

3. Disturbances of nutrition, as they occur in severe hemorrhage (e. g. childbirth), in inanition, etc. Such cachectic hallucinations are also observed especially after febrile diseases as secondary manifestations of the disturbances of nutrition brought about by long-continued fever (empyema, tuberculosis, etc.)

4. Caloric injuries (insolation, etc.)

5. Some neuroses; hysteria, chorea and especially

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epilepsy. In the latter one often finds hallucinations as an aura, i. e. an hallucination immediately preceding a convulsion. The epileptic hallucinations are generally characterized by frightful or religious content, and by great activity (variegated forms and loud voices.) If hallucinations occur in epileptics, and especially hysterics during a prolonged period of time, one occasionally observes that the consecutive hallucinations exhibit a moderately-connected hallucinatory experience after the manner of a dream.

If these etiological factors are excluded, and only pathological pictures of the psychosis is followed, then it is shown that many psychoses include hallucinations amongst their principal symptoms, especially so in the so-called hallucinatory forms or paranoia, while other psychoses, as mania and melancholia, only exceptionally manifest hallucinations. Finally, there are psychoses, such as dementia paralytica and dementia senilis, which very frequently show hallucinations without one being able to designate these as a characteristic symptom of the psychosis. Acute and chronic psychoses manifest hallucinations quite uniformly, but visions generally tend to be more frequent in the acute psychoses than in the chronic forms.

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