of preventing them from becoming chronic and being sent to the county asylums. In the recent report of the Asylums Committee of the London County Council reference is made to the generosity of Dr. Maudsley, who is now over eighty years, in permitting the War Office to utilise it for the treatment of soldiers suffering from shell-shock and war neuroses, for which it is so admirably constructed and equipped. We only hope that he may live to see it utilised for the purpose he intended. When the King and Queen visited the Maudsley Hospital a few months ago they expressed themselves as very pleased with all the arrangements for the comfort and treatment of the many soldiers who have been sent over from France suffering from "shell-shock."

(1) Some abridgments and additions have been made, but practically the lecture remains as it was given, with the exception of a section on "Diagnosis," which would have been unsuited to a lay audience.—(2) Since this lecture was delivered I have had the opportunity of examining the brain of a man who died suddenly the day after he had been brought from the clearing station. He had been exposed to heavy shell fire; there was no history of gas or burial. There was no visible external injury, and Capt. Stokes, who made the *post-mortem* examination, from his findings came to the conclusion that the man had died of shell-shock. Microscopic examination showed no punctate hæmorrhages in the white matter which I have described as characteristic of gas poisoning, and which I have demonstrated as being due to thrombosis or embolism of terminal arterioles or venules. Nevertheless there were ruptured vessels in the medulla oblongata, the pons and the corpus callosum, and the condition of the heart and lungs showed that arrest of the cerebro-respiratory centres might have been the immediate cause of death. The full account of this case and another of death from the explosion of a large amount of cordite will be published shortly in the *Journal of the Army Medical Service*. The reader is also referred to a communication read before the Pathological Section of the Royal Society of Medicine entitled "Punctate Hæmorrhages of the Brain in Gas Poisoning," *Proc. Roy. Soc. Med.*, vol. x, Pathological Section.

Madness and Unsoundness of Mind. By CHARLES A MERCIER, M.D., F.R.C.P., F.R.C.S.(1)

IT is considerably more than a quarter of a century since I first promulgated the doctrine that madness and unsoundness of mind are not the same thing; that madness includes more than unsoundness of mind, and that unsoundness of mind very often occurs in the sane, and is, indeed, one of the most frequent disorders of the sane. This doctrine has always seemed to me as manifestly true as the doctrine of natural selection, and, like the doctrine of natural selection, needs, it appears to me, only to be stated to secure the adhesion of

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every reasonable mind. In fact, I have found by experience that to the immense majority of my acquaintance it does only need to be stated to secure their adherence. Nearly everyone —everyone outside the membership of this Association—to whom I have stated it, without a single exception, has, in fact, accepted as self-evident that what matters in influencing our judgment of madness or sanity is not what a man thinks or feels, but what he says or does; not his mind, but his conduct. Even within this Association the doctrine has many adherents among the younger members, for I often receive letters from them, telling me how great an assistance it has been to them; so that things are moving, and I trust that before long we shall reach the stage that I predicted in a correspondence in the *British Medical Journal*, when not only will the doctrine be universally admitted to be true, but also we shall all declare that we never held any other, and that any claim of mine to have originated it will be strenuously denied. However, *litera scripta manet*. The minute-book of the Educational Committee will show that when I urged that conduct, as being the most important factor in madness, should be systematically studied, I could not secure even a seconder. When I subsequently brought the subject forward in this Association I had not one supporter. Nor had I when I brought it before the Royal Society of Medicine three years ago. In the third edition of Dr. Craig's book on *Psychological Medicine*, which has just appeared, the doctrine is not so much as even mentioned, and Dr. Craig says that insanity cannot be defined. This he says in face of the fact that at the Royal Society of Medicine I showed that there are several different concepts confused under the name of insanity, and I carefully defined every one of them; nor has any one of my definitions ever been impugned. I venture to assert that if these definitions had emanated from a German source they would have been welcomed with enthusiasm and received with reverence.

I am weary of going over the old ground, but I suppose I must traverse it once more. I say, therefore, that to regard madness as disorder of mind alone, or as equivalent to unsoundness of mind, is manifestly an imperfect, inadequate, lopsided, and inexcusable view to take, and cannot be taken except by those who see no difference between mind and conduct, between feeling and thinking on the one hand and

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speaking and acting on the other. To them I have no more to say. If they cannot now see the difference between thinking and speaking, between thinking a man is a fool and calling him a fool; if they cannot see the difference between feeling and acting, between desiring money and stealing money, I have no more to say to them. They are beyond the reach of any argument of mine, and I must leave them. To my mind, and to the minds of very many others both within and without the medical profession, to whom I have opened the subject, the view of insanity as primarily disorder of conduct is the greatest advance that has been made in our contemplation of insanity since it ceased to be regarded as demoniacal possession, and came to be looked upon as disorder of mind.

It is disorder of mind—in part. Disorder of mind enters into the concept of insanity, but it is not the whole of the concept nor the most important part of the concept. Disorder of brain-function is another part of the concept, but first and foremost comes disorder of conduct; and for this reason, that conduct and disorder of conduct can be directly observed. We can see it or hear it. It is made evident to our senses. Disorder of brain-function cannot be directly observed. Disorder of mind cannot be directly observed. They can neither be seen, nor be heard, nor be felt. They are completely hidden from observation. In as far as they exist in madness they can only be inferred, and inferred from the observation of conduct; that is to say, of what a man says and of the way he acts. I do not argue this, for again I say that those who cannot see it are beyond the reach of argument. It is, I submit, as plain that disorder of conduct enters into the concept of insanity as that two and two make four. It is as plain that disorder of mind alone does not constitute insanity as that two do not make four until we add the other two.

That, then, is one of the theses that I have been trying for twenty-seven years to get this Association to accept, and I understand that at length I have been in large measure successful; but there are still some who bow the knee to the old Baal of the doctrine that madness is unsoundness of mind and unsoundness of mind is madness.

I assert, on the contrary—and this is the second part of my thesis—that there are many disorders of mind that are quite compatible with sanity, that often occur in the sane

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without compromising their sanity in the least, and that no one would or could consider insane. At the last meeting of the Association Dr. Steen read his paper on "Hallucinations in the Sane." I pointed out at the time that hallucination is disorder of mind; and if hallucinations may occur in the sane, and it is common knowledge that they do, then disorder of mind may occur in the sane, and this knocks the bottom out of the doctrine that madness is the same thing as disorder of mind. Let me now point out that among the hallucinations of hearing, which are common both to the sane and the insane, is tinnitus. Tinnitus is not usually considered to be hallucination, but unquestionably it is so. If the hearing of voices when there are no voices to hear, no sound-waves impinging on the tympana, is hallucination, then the hearing of musical notes or of blowing off steam when there are no musical notes or there is no blowing off of steam to hear is equally hallucination. I say if, for I have taught that it is very doubtful whether there is any true hallucination of hearing. Certainly in many, and I believe in all, cases of so-called hallucination of hearing there are impressions on the auditory nerve coming either from without or from within the body; but these impressions are misinterpreted. In that case they would not be hallucinations, but illusions. But what we call them does not matter. In any case, they are sensations received and interpreted by the mind—by the mind, I repeat—and the erroneous imagination or misinterpretation, it does not matter which, is disorderly action of the mind. Aurists speak of noises in the ears; but alienists know, or ought to know, better. The noise is not in the ears, but in the mind, just as the blue colour of the sky is not in the sky, but in the mind. Tinnitus, then, is disorder of the mind; and does tinnitus never occur in the sane? Is this disorder of mind the same thing as madness? If disorder of mind is insanity, then tinnitus is insanity. From this conclusion there is no escape. It cannot be denied; it cannot be controverted; it cannot be disputed. But if reasoning that is rigorously exact leads to a conclusion that is manifestly absurd, where is the flaw? What is wrong? It is the premiss from which we started, and this premiss is that disorder of mind is madness, and madness is disorder of mind.

Then if madness is not disorder of mind, or unsoundness of mind, or disease of mind, what is it? Disease of brain,

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you will say, perhaps, but that won't do. Cerebral tumour is disease of brain, but cerebral tumour is not madness, and may exist without a discoverable trace of madness. Cerebral hæmorrhage is disease of brain, but cerebral hæmorrhage is not madness, and may exist without a discoverable trace of madness. It is not proved, and it is not provable, but it may be that in every case of madness there is disease of brain, and for my part I believe that in every case of madness there is disorder of the function, or of some function of the brain; but madness is certainly not the same thing as disorder or disease of the brain, for if it were, we could never observe it; for we cannot observe disorder or disease of the brain, at any rate, without opening the skull; and we do not open the skull in order to recognise insanity. It is not proved, and it is not provable, but it may be that in every case of madness there is disorder or disease of mind, or unsoundness of mind; but madness is certainly not the same thing as disorder, or disease, or unsoundness of mind, for if it were we could never observe it, for certainly we cannot observe what is going on in the minds of other people.

On the other hand, it is provable and it is proved that in every case of madness there is disorder of conduct. When we certify a person as mad, we certify to facts indicating insanity that we have ourselves observed, and we certainly have not observed disorder of brain or disorder of mind. What we have observed is something the patient has said or something the patient has done; and what the patient says or does is not part of his brain or part of his mind; it is part of his conduct. If there is no disorder, or failure, or defect, or fault in anything he says or does, it does not in the least matter what the state of his brain is or what the state of his mind is. He is not mad, and no one could possibly consider him to be mad, and the question of his madness or sanity would never arise and would never be inquired into. Whatever the state of a person's mind may be, he is not considered mad if he behaves in every respect like a sane person; and if he behaves as a madman, he is mad, whatever the state of his mind may be. It is behaviour, it is conduct, that we go by. And behaviour can be directly observed. We can see it or hear it. Disorder of brain we can neither see nor hear. Disorder of mind we can neither see nor hear. Neither of them can be observed. We

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are to put in our certificates facts observed by ourselves, and the only facts we can observe are facts of conduct or behaviour. We cannot see or hear the delusion in another person's mind; all we can see or hear is the expression of it in speech or gesture or some other mode of conduct.

Really, gentlemen, I am ashamed to have to put before you such elementary truisms as these. Of the innumerable persons outside this Association before whom I have placed them I have never found one that did not tumble to them instantly. The Royal College of Physicians has officially adopted my views. The Royal Commission on the Feeble-minded officially adopted my views. The Home Secretary, in framing the Mental Defective Bill, officially adopted my views. Parliament, in passing the Bill, officially adopted them. How long will this Association lag behind?

Some views I do not hold are commonly attributed to me in this connection. I am sometimes jeered at for holding and teaching that conduct is the only disorder in madness; that madness is disorder of conduct, and nothing else. I have never said so and never thought so. I am always careful to say that madness is *primarily* disorder of conduct; that is to say, that disorder of conduct is the *most important* ingredient in conduct. I am sometimes supposed to hold that in insanity there is no disorder of mind at all. Since I deny that madness is disorder of mind, and nothing else, it is assumed that I deny there is any disorder of mind in madness. I have never said so and never thought so. The very first time I stated my doctrine, seven and twenty years ago, I said: "No doubt disorder of mind is always present in insanity, and salt is always present in sea-water; but salt is not the same thing as sea-water and disorder of mind is not the same thing as insanity." Again, it is commonly foisted upon me that since I hold madness to be primarily disorder of conduct, therefore I hold that all disorder of conduct is madness. I submit that my critics have no right to attribute to my mind the muddle that exists in their own. I make these protests, well knowing that they will be ineffectual now, as they have always been ineffectual in the past. My critics make up to me for rejecting the doctrine that I do hold by attributing to me other doctrines that I do not.

I shall be curious to discover what the attitude of the

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members of this Association now is to this doctrine of mine, that disorder of conduct is the primary ingredient in insanity. Will they scout it as so manifestly absurd as not to be worth discussion, as they scouted it when I brought it before the Educational Committee? or, short of this, will they discuss it, but discuss it with contempt, and unanimously reject it, as they did last time I brought it before the Association? or will they discuss it as a doctrine worth discussion, and be divided in opinion over it? or will they declare that they have always known it and agreed with it; that there is nothing new in it, and that I am making a pother about nothing? That is what I hope to gather from the discussion that will follow.

(1) Read at the Annual Meeting of the Association, held in London on July 25th, 1917.

Materialism and Spiritualism. By HENRY MAUDSLEY LL.D.Edin.(Hon.), M.D.Lond., F.R.C.P.Lond.

OF all the consoling illusions which mankind have harboured to irradiate, hearten, seduce and dupe them in their onward way to the perfection, universal peace and brotherhood which they hope and expect to approach, if not attain—after the devastating deluge of this long war for an unknown Divine event is over—none is perhaps more wildly irrational than that of a complete regeneration of human nature, and the coming of a perfect transformation scene on the troubled earth; for all the world as if the method of vital progress which has been since the beginning of life is appointed to come abruptly to a stop, or to be reversed; with the optimistic belief, too, that life shall be thereby exalted and glorified immeasurably. Could the fatuity of egotistic optimism go farther? Was the universe specially created to be a stage on which man—equally with other species and the rest of animate nature—lives, suffers, decays, and dies, might play his transitory part? Was that the illusive goal which at its outset launched it on its transcendental aim and its mysterious career, along which it has groaned since in long protracted travail? Naturally in that matter the devotees of

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