

Raue

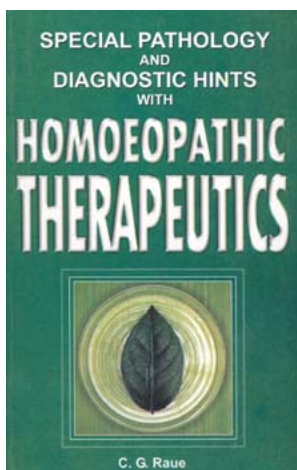
Special Pathology and Diagnostic Hints with Homoeopathic Therapeutics

Reading excerpt

[Special Pathology and Diagnostic Hints with Homoeopathic Therapeutics](#)

of [Raue](#)

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RAUE'S SPECIAL PATHOLOGY.

MIND.

MENTAL DISEASES.

We find very little agreement in the classification of mental diseases among the different authors on the subject. The difficulty to agree lies undoubtedly in the varied combinations of psychical and physical symptoms which constitute these various and constantly changing affections. Are they purely mental, or are they merely the effects of somatic (cerebral or systemic) disorders?

In many cases it is certainly difficult to decide where the origin of the trouble lies. For instance, *mania* may be the effect of purely psychic causes, such as anger, chagrin or sorrow, especially if associated with emotions partially depressing and partially exciting like fear and love, sorrow and ambition, great joy after great depression, enthusiasm even fanaticism after desperation and despondency.

As regards somatic origin it may be caused by excessive heat or cold, fever, suppressed eruptions of all kinds, periods of evolution, excessive loss of vital fluids, of sleep, starvation, etc. And in some cases it may be the effect of both mental and bodily causes working together at the same time, for instance, when excessive intellectual or emotional excitations undermine the system upon the basis of which the continued nervous strain produces an outbreak of maniacal fits.

All this proves merely that soul and body are very intimately connected and that in mental diseases the cause may rest on psychical as well as bodily ground and that, therefore, in treating such disorders we will have to look most carefully on both, sides of the question.

On the reciprocal relation between soul and body, I have treated in my "Psychology as a Natural Science," to which I here refer, especially to chapters 109 and no, and for the reason that this reciprocity establishes such great uncertainty between what might be a clear psychical or a clear somatic foundation, I shall dismiss the idea of classifying mental diseases into purely psychical and purely somatic affections. This cannot be done, because both are continually intermixed and the bodily cause is in most instances unknown. We will fare better if we establish our classification on a basis which the natural spheres of mental manifestations suggest, instead of attempting an

artificial grouping of the subject. These spheres are the intellectual, the conative and the emotional spheres of psychic modifications. Even in this way we should not expect to escape all complications arising from the mixing of the different classes, but we at least build upon a ground which by its predominant symptoms will clearly characterize the class to which these symptoms belong.

We must also take into consideration that all mental diseases, even the most violent and strangest, grow out of natural psychical developments, so that even in these disordered conditions there lies nothing of a foreign nature to the natural development of the soul. All are either exaggerations, or depressions or perversions of natural psychic developments, and there is no definite line between a sound and a morbid mental development. The one may so gradually deepen or rise into the other that no one can say, here lies the boundary between the two. Insanity is therefore a term indefinable, and designates merely an abnormal or unsound state of the mind, either as an exaggeration or a depression of the mind in one or the other or several spheres of mental development.

I. The sphere of the intellect or understanding may **become deranged**, first, by the excessive growth in strength of one or a group of mental modifications, so that fixed ideas of various kinds grow to dominant or leading modifications of the mind and constitute all sorts of insane notions, as we find in *Paranoia* (insanity, *Verrücktheit*) in its different forms, or secondly, by the great weakness of many or all mental modifications, which constitutes imbecility, dementia, stupidity, idiocy, cretinism either by an inborn weakness of the primary forces (idiocy, cretinism); or by a disturbed psychic development in consequence of bodily causes, such as epilepsy, apoplexy, acute fevers of all sorts, excessive sexual indulgencies, or excesses in drinking spirituous liquors, excessive heat or cold, starvation, etc., or in consequence of psychical causes, such as fright, grief, anger, excessive joy, etc., or by a natural development during old age—*dementia senilis*.

PARANOIA, INSANITY, VERRÜCKTHEIT.

This form of mental derangement is either acquired or inherited. In either case it grows to be of a chronic nature and its course goes often in leaps or jumps. Such aggravations are frequently attended by cerebral or psychical symptoms. In both cases we have as main mental disorder delusive ideas which frequently develop upon a prenatal tendency towards constitutional neuroses, such as neurasthenia, hysteria, hypochondria and abnormal or perverse sexual desires and habits—commencing in the inherited form early in life, of which in one thousand cases Dr. Kraft-Ebing observed not a solitary cure, although frequently lucid intervals of varying duration and also long continued remissions with total latency of the delusive ideas of sensory deceptions have been observed. The acquired form is much more frequent than the inherited, and commences usually not before the 5th decennium, usually in females during the climacteric changes, although it may develop also at an earlier time of life.

The main contents of the delirium of such patients are fixed ideas of being **persecuted** or of being **grand or rich personalities**.

Dr. Kraft-Kbing gives in his *Lehrbuch der Psychiatric*, a work from which most of the newer writers have drawn much of their information without giving the source where they found it—a description of a typical form of acquired Paranoia:

The victims are queer from childhood; they are quiet, irritable, suspicious subjects. Their main trouble is the fixed idea of persecution, constantly imagining that they are wronged either by a particular enemy or a general conspiracy against their life, welfare or prosperity.

Exciting somatic causes are Catarrhal affections of the stomach, uterine troubles, climaxis, neurasthenia, in consequence of masturbation, constitutional hypochondriacal or hysterical neuroses. By degrees their surroundings appear to change in their imagination against them, and they appear to themselves as the victims of all kinds of intrigues about them. By degrees also their own behavior toward the outer world changes to greater irritability until at last the height of the disease may slowly or more suddenly transform the patient into a most dangerous and aggressive maniac, who kills not secretly, but openly, that which excites his suspicion, in the fullest belief of necessary self-defence.

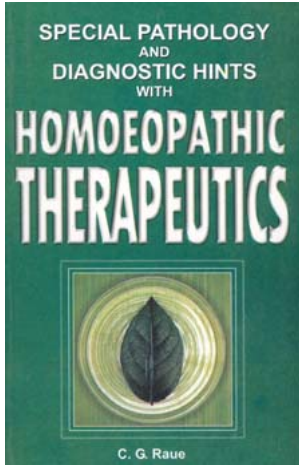
This condition of the patient terminates either directly in imbecility or is transformed into a different kind of delirium, into the opposite of what the patient has thus far imagined to be. From a poor persecuted victim the patient rises in his own imagination to the dignity of a prince, *empefor*, prophet, God, Messiah, ruler of the whole world, motherJOŁ Christ, etc., etc.

"This interesting change of the personality is" found at least in one-third of the cases, and, as far as rny experience teaches, without exception in hereditary cases." —Kraft-Ebing

The paranoia sexualis, a sub-division of the paranoia persecutoria, is found in the male almost exclusively in consequence of masturbation, which causes neurasthenia of the genitals or neurasthenia in general; in the female it may be brought about by th- same causes or by diseases of the female organs, such as mal-positions of the uterus, etc.

Its main features in both sexes are jealousy, with delusive ideas of being wronged and persecuted by their partners as well as by acquaintances and strangers. These delusive ideas are nurtured in both sexes by the slightest signs, or accidental incidents, which the jealous victim at once accepts in confirmation of his belief that his partner is false to him. By degrees it may be exaggerated to violent dēeds toward the partner or the person who is supposed to be the rival.

But just as the paranoia persecutoria frequently turns into delusions of grandeur and riches, so does the sexual paranoia frequently change into the expansive form of erotomania, which consists of the fixed idea of being the favorite and the beloved of a person of the opposite sex of high rank. It



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