TEXTBOOK OF PSYCHIATRY

BY

PROF. DR. EUGEN BLEULER

DIRECTOR OF THE PSYCHIATRIC CLINIC, ZÜRICH

AUTHORIZED ENGLISH EDITION

BY

A. A. BRILL, Ph.B., M.D.

FORMER ASSISTANT PHYSICIAN OF THE CENTRAL ISLIP STATE HOSPITAL AND ASSISTENZ-ARZT OF THE CLINIC OF PSYCHIATRY, ZÜRICH. LECTURER ON PSYCHOANALYSIS AND ABNORMAL PSYCHOLOGY, NEW YORK UNIVERSITY

Pew York
THE MACMILLAN COMPANY
1924

All rights reserved

TRANSLATOR'S PREFACE

When after about five years in the New York State Hospital I entered Burghölzli, the clinic of psychiatry at Zürich, I found a new spirit in psychiatry there. Having been accustomed to look at patients through the eyes of the German psychiatry, as notably represented by Kraepelin, Professor Bleuler's ways impressed me not only as more interesting but also as more instructive and farther reaching in scope and result. Professor Bleuler was the first noted psychiatrist who recognized the great value of Professor Freud's discoveries and impressed his feelings on his co-workers. In Burghölzli the psychoanalytic methods were applied to all accessible patients, and the Freudian mechanisms were investigated even in the organic psychoses. This resulted in many works of great importance which have exerted much influence on psychiatry and psychopathology in general.

It was while I was Professor Bleuler's assistant, in 1907, that he spoke to me about writing a textbook on psychiatry, and I volunteered to put it into English. Since then I have translated a number of Professor Freud's works and became closely identified with the psychoanalytic movement, but my interest in psychiatry, through which I first became acquainted with psychoanalysis, has remained just as deep. It is therefore with a strong feeling of satisfaction that I present this work to English readers.

This translation was made of the author's fourth German edition, and as far as was possible the German text was strictly followed. The only part omitted was the addendum dealing with forensic psychiatry. The author's ideas are based on the Swiss, German, and Austrian laws which are quite different from ours, and as ours are so numerous, so indefinite and so contradictory it was thought best to omit this subject for the present.

This book was primarily written to furnish the student and the general practitioner with a general knowledge of psychiatry. The author endeavors to present clear concepts, and whenever that is not

¹The works of the Zürich school are too well known to be mentioned here.
² For a complete bibliography of Bleuler's works the reader is referred to Hans W. Maier's paper on Eugen Bleuler, Zeitschr. f. d. gesammte Neurologie und Psychiatrie, LXXXII.

possible he lucidly exposes the existing gaps. He lays stress on the understanding of psychology, because, to put it in his own words, "psychiatry without psychology is like pathology without physiology, and also because a good physician can be only he who understands the whole human being."

Dr. George H. Kirby, Director of the N. Y. Psychiatric Institute, and Professor of Psychiatry at the Cornell University Medical College, who is most qualified to judge the development of psychiatric instruction in the United States, has rendered a great service by writing the introduction. I am further indebted to him for many helpful suggestions in the work of translation.

I owe gratitude also to Dr. M. S. Gregory, Director of the Psychopathic Pavillions of Bellevue Hospital and Professor of Psychiatry at N. Y. University Bellevue Medical College, and Dr. M. B. Heyman, the Superintendent of the Manhattan State Hospital, New York City, the former for his encouragement and valuable suggestions, and the latter for a number of handwriting specimens of patients in his hospital.

A. A. Brill.

November, 1923.

INTRODUCTION

The appearance of a translation of Professor Bleuler's textbook will supply a need long felt by psychiatrists in English-speaking countries. During his twenty-five years' service as a teacher at the University of Zürich and Director of the Cantonial Hospital at Burghölzli Bleuler has been a most indefatigable worker and painstaking investigator in the field of psychopathology and his numerous scientific contributions and original observations have brought him international recognition as an outstanding leader in the progress of modern psychiatry.

At least two of Bleuler's monographic studies have already been translated into English. His description and illuminating analysis of negativistic phenomena was translated by Doctor William A. White in 1912 under the title of "The Theory of Schizophrenic Negativism." In the same year another of his important studies, entitled "Affectivity, Suggestibility, Paranoia," was translated by Doctor Ricksher. American psychiatrists also have had an opportunity to become acquainted with another of Bleuler's important contributions, a summary of which he gave in an address on "Autistic Thinking" delivered at the opening exercises of the Phipps Psychiatric Clinic, Johns Hopkins Hospital, in 1913. Those who had the pleasure of hearing and meeting Professor Bleuler on that occasion were immediately charmed by his pleasing personality and scholarly attainments, as well as impressed by his ability to present a complex subject in clear and simple language and to show by a penetrating analysis of symptoms how the ordinarily incomprehensible or illogical ideas and bizarre reactions of dementia præcox had very plainly their counterparts in normal day-dreaming and in childhood phantasy and play.

Of Bleuler's special studies, that on dementia præcox is generally conceded to be the most important. This monographic work of over 400 pages was published in 1911 as one of the volumes of Aschaffenburg's Handbook under the title of "Dementia Præcox oder Gruppe der Schizophrenien." Unfortunately this work has not been translated although the textbook which now becomes available in English contains a comprehensive chapter on Schizophrenia (dementia præcox)

with an admirable symptom-analysis, and psychological interpretation of the development and course of the disorder.

The first edition of the textbook which appeared in 1916 was a crystallization of Bleuler's long experience as a teacher and investigator and contained a systematic presentation of his important psychopathological formulations and their application in clinical analysis. The warm reception accorded the book is attested by the fact that four editions have already appeared.

The book marks a notable advance in psychiatry in that it emphasizes sharply the contrast between the older descriptive psychiatry of Kraepelin and the newer interpretative psychiatry of the present time which utilizes the psychoanalytical principles and general biological viewpoints developed by Freud and his pupils in Europe and by Meyer, Hoch, White and others in this country. Bleuler was apparently one of the first psychiatrists to grasp the great importance of a psychodynamic viewpoint in the study of mental disorders and as early as 1906 he published a paper on Freudian mechanisms in the symptomatology of the psychoses. Although he became convinced of the value and importance for psychiatry of many of Freud's formulations, he has always preserved a well balanced and distinctly independent attitude toward psychoanalytic theories and in the course of his work he has not hesitated to criticize certain aspects of the Freudian psychology.

As an introduction to the study of clinical psychiatry the physician and the student will find the chapters dealing with the principles of psychology and psychopathology particularly helpful and stimulating. While Bleuler adheres to Kraepelin's general scheme of classification of clinical types, it will be found that unlike Kraepelin he does not stop with the mere enumeration of symptoms but seeks through the application of psychological principles to give an interpretation and explanation for the particular reaction type under consideration. This applies not only to the so-called functional mental disorders and psychopathic states but he also discusses most interestingly the psychology and affective reactions of the toxic and organic syndromes.

Bleuler's book will be of interest and help to all those who wish to advance beyond the formal descriptive psychiatry of a period now rapidly drawing to a close. Teachers, practicing neuropsychiatrists and state hospital physicians will find the book to be of great value and assistance in their clinical work, as it will furnish them a comprehensive presentation of the principles of modern psychiatry and their practical application in a form not hitherto available in a psychiatric textbook. It is a work which, as already intimated, marks a distinct

advance beyond the boundaries of the Kraepelinian psychiatry. To Doctor Brill, a former pupil of Bleuler's, the profession is indebted for the successful completion of the difficult task involved in the translation.

GEORGE H. KIRBY.

Psychiatric Institute, Sept. 1, 1923.

CONTENTS

	PAGE
Translator's Preface	v
Introduction	vii
CHAPTER	
I PSYCHOLOGICAL INTRODUCTION	1
The Psychological Principles	1
The Psyche	1
Consciousness	2
Concerning the Theory of Cognition	3
The Unconscious	8
THE INDIVIDUAL PSYCHIC FUNCTIONS	10
a) The Centripetal Functions	12
Sensations	12
Perceptions	12
b) Concepts and Ideas	13
Concepts	13
Ideas	16
c) The Associations, Thought	17
d) The Intelligence	23
	28
e) Memory	
f) Orientation	32
g) Affectivity	32
h) Attention	40
i) Suggestion	42
• k) Dereistic Thinking	45
l) Belief, Mythology, Poetry, Philosophy	47
m) The Personality, the Ego	49
n) The Centrifugal Functions	50
II General Psychopathology	54
1. Disturbances of the Centripetal Functions	55
Disturbances of the Sensory Organs	55
Central Disturbances of the Sensations and	00
Perceptions (Hyperesthesia, Anesthesia, An-	
algesia, Perception, Comprehension, Illu-	F.C.
sions, Hallucinations)	56

		PA
2.	Disturbances of Concepts and Ideas	6
3.	Disturbances of Associations and of Thought	7
	General Facilitation of the Psychic Processes.	
	Flight of ideas	7
	Melancholic Retardation of Associations (In-	
	hibition)	7
	Associations in Organic Psychoses	7
	Schizophrenic (Dreamlike) Disturbances of	
	Association	7
	Associations of Oligophrenics	8
	Associations of Epileptics	8
	The Associations of Hysteria	8
	Associations of Neurasthenics	8
	Associations of Paranoiacs	8
	Other Disturbances of Association	8
	Confusion	8
	Diffuseness and Circumstantiality	8
	Overvalued Ideas, Obsessions (Obsessive Acts)	8
	Delusions	(
4.	Disturbances of Memory	ç
5.	Disturbances of Orientation	11
6.	Disturbances of Consciousness	11
	Clear Mindedness (Besonnenheit)	11
7.	Disturbances of Affectivity	11
	Morbid Depression	11
	The Pathological Elated Mood (Exaltation,	21.12
	Euphoria)	12
	Morbid Irritability	12
	Apathy	12
	Variable Duration of the Affects	12
	Emotional Incontinence	12
	Affective Ambivalence	12
	Congenital Deficiency and Perversions of Par-	
	ticular Affective Groups	12
	Exaggerations and Onesidedness of the Affec-	
	tive Causes, Morbid Reactions	12
	Pathology of Affective Disturbances	13
8.	Disturbances of Attention	13
9.	Morbid Suggestibility	13
10	Disturbances of Personality	15

CONTENTS	xiii

CHAPTER	11. Disturbances of Centrifugal Functions (Actions, Weakness of Will, Stupor, Inhibited Actions, Akinesis, Hyperkineses, Stereotypes, Morbid Impulses, Compulsive Actions, Katalepsie, Negativisms, Inadequate Manifestations of Affects, Speech Anomalies, Writing Anomalies)	142
III	Physical Symptoms	157
IV	The Manifestations of Mental Diseases Morbid States Syndromes	161 161 164
$^{\circ}V$	The Course of Mental Diseases	167
VI	The Borderlines of Insanity	170
VII	Classification of Mental Diseases	173
VIII	The Recognition of Insanity	184
IX	Differential Diagnosis	193
	cance of Individual Symptoms Disturbances of Perception Disturbances of Association Disturbances of Orientation Disturbances of Memory Affective Disturbances Some Special Syndromes	194 194 195 196 196 197 198
\mathbf{X}	Causes of Mental Diseases	200
XI	THE TREATMENT OF MENTAL DISEASES IN GENERAL	214
XII	The Significance of Psychiatry	226
XIII	The Individual Mental Diseases	230 230
	I. Insanity in Injuries to the Brain	240
	II. Insanity in Brain Diseases	242
	III. Syphilitic Psychoses	244
	IV. Dementia Paralytica V. Senile and Presenile Insanity (Senile Psy-	250
	choses)	$\frac{276}{279}$
	Trosonic Insanty	213

CONTENTS

		PAGE
	Arteriosclerotic Insanity	279
	Senile Dementia (Simple Dementia Senilis)	286
	Presbyophrenia	294
VI.	The Toxic Psychoses	299
	1. The Acute Toxemias	299
	Pathological Drunkenness	300
	2. The Chronic Intoxications	303
	A. Chronic Alcoholic Poisoning	303
	The Simple Drinking Mania	303
	Delirium Tremens	326
	Alcoholic Hallucinosis	341
	Alcoholic Psychoses with Or-	
	ganic Symptoms	345
	The Alcoholic Korsakoff Psy-	
	chosis	346
	Alcoholic Pseudoparesis	350
	Polioencephalitis Superior	350
	Alcoholic Leukencephalitis of the	
	Corpus Callosum	351
	Chronic Delusions of Jealousy in	
	Alcoholics and Alcoholic Para-	
	noia	351
	Dipsomania	351
	Alcoholic Epilepsy	353
	Alcoholic Melancholia	354
	B. Morphinism	354
	C. Cocainism	359
VII.	Infectious Psychoses	361
	A. Fever Deliria	362
	B. Infectious Deliria	363
	C. Acute Confusion, Amentia	364
	D. Infectious States of Weakness	365
VIII.	Thyreogenic Psychoses	365
	Psychoses in Basedow's Disease	365
	Myxoedema (Cachexia Strumipriva)	366
	Endemic and Sporadic Cretinism	367
IX.	Schizophrenias (Dementia Praecox)	372
	A. The Simple Functions	373
	B. The Complex Functions	384
	C. The Accessory Symptoms	387

	D. The Subdivisions (Paranoid, Catatonia,
	Hebephrenia, Schizophrenia Simplex)
	E. The Course
	F. What Is Included under the Term
	G. Combination of Schizophrenia with
	other Diseases
	H. Diagnosis
	I. Prognosis
	K. Causes
	L. Frequency and Prevalence
	M. Anatomy and Pathology
**	N. Treatment
X.	Epilepsy
XI.	Manic-Depressive Insanity
XII.	Psychopathic Forms of Reaction (Situation
	Psychoses)
	1. Paranoia
	2. The Delusion of Persecution of the Hard
	of Hearing
	3. Litigious Insanity
	4. Induced Insanity (Folie à Deux)
	5. The Reactive Mental Disturbance of
	Prisoners
	6. The Primitive Reactions
	7. Reactive Depressions and Exaltations
	8. The Reactive Impulses (Impulsive In-
	sanity of Kraepelin)
	9. The Reactive Changes of Character
	10. The Neurotic Syndromes
	A. Hysterical Syndrome "Hysteria"
	B. The So-Called Neurasthenic Syn-
	drome. Neurasthenia and Pseu-
	doneurasthenia
	Actual Neurasthenia, Chronic Ner-
	vous Exhaustion
	The (Pseudo-) Neurasthenias
	C. The Expectation Neurosis
	D. The Compulsion Neurosis
	E. The Accident Neuroses
XIII.	The Psychopathies
	A. Nervosity §

٦	r	٦	,	1	

CONTENTS

CHAPTER	i e	PAGI
	B. The Aberrations of the Sexual Impulse.	572
	C. Abnormal Irritability	582
	D. Instability	582
	E. Special Impulses	586
	F. The Eccentric (Verschrobene)	587
	G. Pseudologia Phantastica (Liars and	
	Swindlers)	587
	H. Constitutional Ethical Aberrations	
	(Enemies of Society, antisocial be-	
	ings, moral oligophrenics, moral	
	idiots, and imbeciles. Moral Insan-	
	ity)	587
	I. The Contentious (Pseudo-Litigious)	591
XIV	OLIGOPHRENIAS (Psychic Inhibitions of Development)	593

ILLUSTRATIONS

F16.	Paretic expression	251
1.	Paretic expression	252
2.	Paretic writing	253
3.	Cortex in paresis	262
4.	Normal cortex	264
5.		265
6.	Gliosis in paresis	266
7.	Round cell infiltration	
8.	Plasma cells	269
9.	Senile writing	291
10.	Pyramidal cell in senility	293
11.	Presbyophrenic	295
12.	Cortex in presbyophrenia	297
13.	Plaques in presbyophrenia	298
14.	Plaques magnified	298
15.	Normal cortical cell	299
16.	Writing of a chronic alcoholic	305
17.	Writing of a delirious patient	334
18.	Cretin	368
19.	Two cretins in profile	369
20.	Myxoedematous cretin	370
21.	Cretin excitation	371
22.	Hebephrenic	381
23.	Catatonic	382
24.	Hebephrenic writing	395
25.	Schizophrenic writing	396
26.	Paranoid praecox writing	397
27.	Drawing by paranoid praecox	399
28.	Letter of schizophrenic patient	401
29.	From a note book of a chronic catatonic	402
30.	Catatonic attitude	403
50.	xvii	

xviii	ILLUSTRATIONS
-------	---------------

	FIG.		PAGE
	31.	Permanent catatonic attitude	404
	32.	Stereotyped attitude	405
	33 a	and 33b. Snout cramp	406
	34.	Grimacing catatonic	408
	35.	Manic schizophrenic woman	409
	36.	Chronic catatonic women	421
	37a.	Manic writing	470
	37b.	Manic writing	471
	38.	Melancholic expression	472
	39.	Veraguth's fold of upper lid in depression	473
	40.	Normal fold	473
	41.	Writing of depressed patient	477
	42.	Mixed condition in constant euphoria	480
	43.	Imbecile somewhat microcephalic	605
	44.	Imbecile laughter	606
	45.	Pygrocephalus	607
	46.	Microcephalus	608
	47.	High grade microcephalic	609
	48.	Cerebral infantile paralysis	610
	49.	Idiot	612
	50.	Idiot	613
4	51.	Microgeria in imbecile	614

TEXTBOOK OF PSYCHIATRY

CHAPTER I

PSYCHOLOGICAL INTRODUCTION

THE PSYCHOLOGICAL PRINCIPLES 1

THE PSYCHE

The human psyche is so largely dependent in all its functions on the cerebral cortex and on this alone that it is said to be located there.² But not all functions of the cerebral cortex belong to the complex which we ordinarily call psychic.³ Thus what has been called psychic fluctuations of the vascular tone or of the secretions are cortically directed functions, which though depending on the psyche in some manner are not psychic.

Like the reflex mechanism, the purpose of the psyche is to receive external stimuli and to react to them in a manner beneficial to the individual or the genus. There are, however, great differences between the two modes of reaction. The influence exerted upon a reflex through a stimulus other than the one initiating it (or the initiating and directing group of stimuli), is so limited qualitatively and quantitatively, that we ordinarily take no account of it. On the other hand, in the psyche this influence is qualitatively and quantitatively almost unlimited. It is particularly noteworthy that not only actual stimuli play an essential part in determining the reactions, but also former stimuli, especially "experiences" and "memories"; on the other hand, such memory effects play a very slight part in the reflexes. In other words, the reflex always reacts in the same manner to the same stimulus, while the psyche has infinite possibilities of reaction, which are highly complex and plastic, that is, they differ with the same stimulus according

¹ Comp. Bleuler Naturgeschichte der Seele, Springer, Berlin, 1921.

² In many vertebrates evidently not all psychic functions have gone into the cerebral cortex; that is particularly true of the lower ones. Even in man there is still some connection between basal ganglia and affectivity.

³ Contrary to general assumptions, the line of demarcation between psychic and non-psychic cortical functions is quite indefinite. It is certain that only small parts of the cortical functions are conscious. (Cf. Section on "Unconscious.")

to the particular circumstances, while those of the reflexes are simple and very stable. Thus as far as objective conditions are concerned the difference between reflex and psychic reaction is enormous in degree, but none in principle. An absolute difference is ordinarily assumed on the subjective side, whether correctly or incorrectly no one can tell (Pflueger's spinal cord soul!) The assumption is that only psychic functions can become conscious but not reflexes.

Consciousness

Some authors consider consciousness as the very essential quality of psychic processes. It is an indefinable something, a quality of the same, in fact that quality which most clearly differentiates us from an automaton. We can imagine a machine which will perform complicated reactions but we will never ascribe consciousness to an apparatus constructed by us, that is, we cannot assume that it "knows" what it is doing, that it "feels" the influences of its environment, that it knows the "motives" of the reaction. The same idea is expressed by the word "conscious," when we inquire whether someone has consciously or unconsciously arranged his hair.

To compare consciousness with a form which has for its content conscious processes is misleading. Nor can one do anything in psychopathology with such a definition as "the sum of all real or simultaneously present ideas" (Herbart), which is about what one would call the actual psyche. We cannot get along, however, without differentiating between conscious and unconscious psychic processes on the one hand, and between psychic and physical on the other.

Wundt defines consciousness as the "association of the psychic structures." This definition is also used elsewhere in the concepts referring to the "disturbances of consciousness," where it is merely a question of a disturbance in the association of the psychisms. Consciousness in our sense cannot very well be disturbed; it is either present or absent. On the other hand, extent and clearness of consciousness are relative terms. The extent of consciousness corresponds to the number of the (actually or possibly) simultaneously existing conscious ideas, and clearness of consciousness depends on the completeness of one conscious concept or on one idea of a partially forming concept, as well as on the degree of exclusion of irrelevant ideas.

The psychism itself and not a mere quality or form of it is involved in expressions like "consciousness of time and place" for which we had better substitute "orientation as to time and place."

⁴ See pp. 7-8.

The expression "dual consciousness" for "dual personality" is just as inappropriate.⁵

Furthermore, one is inclined to assume consciousness in our sense, when one observes purposive actions. This is not correct, for even reflexes may be purposive; even an automaton may react differently to different situations, as in the case of automatic scales in the mint. The ability to remember a certain experience has often been considered as a sign that consciousness had been present, and it has also been said that an action performed in a twilight state has been "without consciousness." This is also wrong.

Likewise one should not identify "conscious" and "voluntary." The act of dressing oneself is usually voluntary, but not conscious, whereas compulsive actions are conscious, but not voluntary, that is, they are contrary to our will. And neither of these holds good in automatic actions like scratching oneself, mimicking motions, etc.; and in pathological automatisms.⁶

Concerning the Theory of Cognition 7

Consciousness is said to differentiate psychic from physical occurrences. Two fundamentally different series of experiences have been assumed, those that refer to the "inner life," to that which "takes place merely in time," the conscious or the psychic, and those experiences which refer to the outer world or to that which has extent, namely, the physical.

The relationship between these two forms of experiences is differently conceived. Most suitable for the naïve mind is the conception of *Dualism*, which assumes a carrier of consciousness independent of the body. One sees the body remaining after death, while all psychic manifestations disappear with the cessation of life. The "soul," used here according to the earlier views, representing not only the psychic, but a fusion with the term life, has separated itself from the body. That it has not simply been resolved into nothingness is shown by its reappearance in dreams, in waking hallucinations, and in the illusions of those who survived. And that the observer's own soul can free itself from his body is shown by his dream experiences, during which, regardless of time and space, he perceives things which are far removed from his motionless body.

⁵ Disturbances of Personality, p. 137.

⁶The subject of "self-consciousness" will be discussed at the end of the chapter on personality, p. 50.

⁷ Ziehen, Zum gegenwärtigen Stand der Erkenntnistheorie Wiesbaden, Bergmann, 1914.