

CORRESPONDENCE.

THE TEACHING OF PSYCHOLOGY IN MEDICAL SCHOOLS AND ASYLUMS.

SIR,—Your correspondent J. B. T. expresses his opinion that my students "would be more benefited by the restriction of my course of instruction to simple descriptions of insanity as it exists as a bodily disease, than by disquisitions on occult metaphysical theories, which have little or no bearing on practice". He also advises all teachers of this department of medicine to bear in mind "the grand words of Griesinger", to the effect that it is a mistake to suppose that "the study of ordinary medicine has no direct bearing upon it, or that the only entrance to psychiatry lies through the dark portals of metaphysics". I am very willing (as probably are my colleagues) to be instructed by J. B. T. His advice would be more cogent, however, if it were better founded. He seems to confound psychology with metaphysics. Further, it is a groundless assumption, and incorrect, in fact, in any reasonable interpretation of the words, that I mingle occult useless metaphysical theories with my teaching; I certainly and of necessity mingle theories. And, thirdly, so far from any intelligent teacher needing the "grand" warning of Griesinger against the error that the study of ordinary medicine has no direct bearing on psychiatry, I suppose all who have any scientific knowledge of the question are of opinion that there can be no solid psychology or metaphysics without that knowledge of the laws of life and of consciousness which the science and practice of medicine give. Let me suppose, however, that we professors of the practice of medicine were to restrict our teaching in psychiatry, in accordance with J. B. T.'s advice, "to simple descriptions of insanity as it exists as a bodily disease", we should have to ignore all recent researches into the anatomy, physiology, and pathology of the brain; in short, to abandon all theory and science whatever. For, the moment we went beyond the simple description to the reasons or theory of the symptoms and of the best treatment, we should at one plunge our audience into "occult metaphysics" like those which the researches into aphasia have produced, and we should treat of impulses, habit, the will, memory, the arrangement and localisation in the brain of the mental faculties, and the like; otherwise anatomy, etiology, and rational therapeutics, must all be left out of the course.

But, in fact (and J. B. T. would realise it painfully if he had to teach), these "occult metaphysics" cannot be avoided even when we restrict ourselves to the most simple descriptions. In describing properly disorders of the memory, for example, and their relations to insanity and to other brain-disorders, we cannot avoid distinguishing the two elements into which psychologists divide memory, namely, the conservative and the reproductive; because the one may be affected without the other, as in old age, when the memory is vivid as to what happened half a century ago, but a blank as to the events of the previous day. So defective are even intelligent physiologists in such simple psychological knowledge, that one who reviewed a book of mine mentioned this distinctness in the elements of memory, and its application to practice, which he found in the book, as something curious and novel, whereas the only novelty was in the practical application.

Doubtless it would be much easier for both teacher and student to display a brilliant and what J. B. T. seems to think a sagacious ignorance of, and contempt for, such troublesome studies; but is there not too much of that already amongst those who devote themselves to psychiatry specially? Complaints have often been made that our asylums do not contribute their proper quota of scientific knowledge; that the opportunities for research are splendid—the results small. Will it help to obviate these complaints if I and other teachers restrict our teaching as J. B. T. advises? If a superintendent of a county asylum, would exclude psychology from teaching, *a fortiori* he will neglect it in scientific investigation, and justify that neglect in his assistant. I may say that, on these grounds alone, I do not see my way to the adoption of J. B. T.'s recommendation. On the contrary, I think I shall best serve the profession and the public by combining science with practice in this department, as in the others of my course, albeit the science to his imagination may assume the appearance of something occult. And on this point I would observe that Griesinger, in "the grand words" quoted by J. B. T., referred, not to psychology, but to those German systems of metaphysics which are founded on pure thought. What confusion these must have been to his mind, may be gathered in some degree from what he thought lucid psychologically in describing homicidal insanity, a disease so important medico-legally. "Most generally," he observes, "there arises a profound and mournful division of the consciousness, an internal struggle and storm of the most

painful nature with these new and fearful ideas, against which the whole former contents of the *I* resist with all their power, which of course varies in different individuals. Frequently, during the combat, the individual is only able to prevent the total discomfiture and defeat of the *I* by retiring from the struggle and betaking himself to a solitary neighbourhood, where the impulse which thus besets him no longer finds an object," etc. In quoting this, I do not defend it, but give it as an example of the muddling effect of speculation upon science. Here is not one scientific word about the brain, or how it is involved in homicidal insanity; nor of the relations of the morbid instinct to the ideas, such as the study of the killing instinct in the lower animals would help to discover. In short, we have psychology as founded on thought about the *ego*, instead of as founded on observation of brain-structure and function as applied to medicine. The like confusion is made of a modern doctrine of brain-function of great pathological importance and simplicity. Griesinger taught the doctrines of reflex action in their applications to psychological medicine, and gives them a place in his practical work on *Mental Diseases*, from which J. B. T. quotes. It will be seen that the doctrines are not of the physiological kind. He observes: "The ideas transform themselves into effort and will under the impulse of an internal force, in which we recognise, even in the innermost sphere of the life of the soul, the fundamental law of reflex action." This may be occult. Whether or no, it is not in accordance with the scientific method, which never enters that "innermost sphere". This I may say, however, for Griesinger, that a man may appear to be psychologically occult, and yet the better for what makes him appear so. What a grand school of psychiatry we should have if J. B. T. and all superintendents of asylums were of the Griesinger stamp! I am glad to remember that some of my pupils are amongst them, and likely to do as good work as Griesinger, because of their scientific training. Upon the whole, then, I think we teachers of the practice of medicine may be excused from following J. B. T.'s advice as to our method of teaching.

I am, etc.,

T. LAYCOCK.

University of Edinburgh, March 27th, 1871.

SIR,—I quite agree with J. B. T.'s letter of this week, about the want of proper teaching of mental diseases in Edinburgh. It cannot be held that Professor Laycock's elaborate lectures, delivered in the summer, are part of his ordinary course of lectures on the Practice of Physic. At least, when I was a student, we never understood them to be so; and we had to pay an extra fee for them. As for his statement that thirty-one students attended them last summer, such a number may include the whole of his winter class, for aught I know; but it certainly is a very small proportion of the entire number attending lectures on the Practice of Physic in Edinburgh. Professor Laycock would do better by sparing a few lectures from the winter course, and devoting them to a short account of the leading features of the diseases termed insanity, than by delivering forty elaborate disquisitions on "psychical abnormalities" so important to the general practitioner as the "hunger and thirst of diabetes".

He gives two reasons for a "distinct but essential" course of lectures on Psychology being delivered by the Professor of Practice of Physic: first, that the study of insanity is an essential part of the practice of medicine; and secondly, that insanity, in its wide sense, is to be found throughout the whole range of the diseases within the province of the physician, and instances some "psychical abnormalities" as above. Now, as to the first, no one denies that the study of insanity is an essential part of the practice of medicine; and so are pathology, therapeutics, midwifery, forensic medicine, physiology, anatomy, and many more. But does Dr. Laycock deliver "distinct but essential" courses of lectures on all these subjects? To put it in another form, suppose the next occupant of Professor Laycock's chair (an appointment which, I trust, will be long deferred) to be one with a leaning towards precipitates, what is there to prevent him giving a "distinct but essential" course on the chemistry of food, showing the digestive abnormalities occasioned by a rash mixture of claret and whiskey, or beer and pea-soup? "No, no, you must play Pyramus." Then, as to the second reason—that insanity, in its wide sense, is to be found in many other places than asylums—no one denies that. But it is possible that an intelligent and cultivated asylum-physician, such as, for instance, Dr. Skae of Morningside, could give as clear and faithful, and certainly as practical, an account of insanity in all its forms, from "psychical abnormalities" to acute mania, as Dr. Laycock; while at the same time the making it a special study would be a more useful and surely more intelligible proceeding than turning it into a "distinct but essential" part of the course of lectures on the Practice of Medicine.

March 25th, 1871.

I am, etc., B. W.