

Accum's relationship with Davy and other members of the Royal Institution had not yet deteriorated and there was no reason to depict the two as enemies.

Mrs. George's argument that it was customary to fix a paper with a name to the subject in order to identify him is of course valid for the majority of these caricatures. However, there is at least one other instance where this practice was modified. In an amusing caricature designed by G. M. Woodward, entitled 'The Kentish Hop Merchant and the Lecturer on Optics'¹⁵ and dated by her 1809, a man of little understanding stands before the lecturer; in his pocket is a paper lettered 'Treatise on Hop . . .' (the mis-spelling being his mistake). If this print preceded that of Rowlandson, who was closely connected with Woodward, it may have been in his mind when he drew his type of an ignoramus. Maybe he found it a good motive to confront the lecturer again with a type unable to understand and funnier still to place a copy of the lecturer's book in his pocket.

To me it seems unlikely for historic reasons that Rowlandson intended to caricature Accum at a time when his fame was at its highest. Besides, the good relationship between Rowlandson and R. Ackerman on the one side and Ackermann's friendship with Accum on the other, would have forbidden any antagonistic bias in a representation of the chemist.¹⁶

¹⁵ M. D. George, *op. cit.*, vol. 8, No. 11470.

¹⁶ William J. Burke, *op. cit.*, p. 10.

R. BURGESS

JOHANN ERNST GREDDING (1718–1775) A CONTRIBUTION TO THE HISTORY OF MODERN PSYCHIATRY

THIS communication wishes to correct a rather one-sided impression of Johann Ernst Greding's contribution to psychiatry, generally found in monographs on the history of psychiatry, and to call attention to his keen talent for psychopathological observation and description as reflected in his case histories.

Greding's German biographer, Th. Kirchhoff (1921), praised him for the earliest systematically performed post-mortem observations on the mentally ill, which he reported in his *Collected Medical Writings* (vol. 1, 1790; vol. 2, 1791), edited fifteen years after Johann Ernst's death by his nephew Carl Wilhelm Greding, also a physician. The editor¹ wrote and appended to the *Collected Writings* a biographical sketch of his uncle, which later provided Kirchhoff (*loc. cit.*) with material for his own biographical sketch on J. E. Greding.

Kirchhoff's emphasis on Greding's autopsies of brains of the mentally ill overshadowed and virtually relegated to oblivion the latter's brilliant psychopathological descriptions. His treatment of Greding's contribution to psychiatry became standard in works on the history of psychiatry. Both Birnbaum (1928, p. 22) in Germany and Zilboorg (1941, p. 335) in the United States presented Greding as an outstanding eighteenth-century psychiatrist whom they compared with his theoretically speculating (K. Birnbaum, *loc. cit.*) and scholastically compiling (Gr. Zilboorg, *loc. cit.*) contemporaries. Both based their highly positive evaluation on Greding's life-long

¹ The *Collected Medical Writings* are dedicated by the editor to Dr. Tadeas Bayer, protomedicus of the Kingdom of Bohemia, Professor of Medicine at the Caroline University in Prague, and Superintendent of the Prague General Hospital.

interest in anatomical research of the mentally ill, though they were of course aware of the futility of such a research.²

At the end of the eighteenth century, Sir Alexander Crichton (1798) translated a part of the *Writings* and appended it to his *Inquiry into the Nature and Origin of Mental Derangement* under the title of 'Medical Aphorisms on Melancholy'. In their introductory note on Crichton, Hunter and Macalpine (1963, p. 559) characterize Greeding in accordance with the established pattern.

To illustrate my point I reproduce and comment on one of J. E. Greeding's case histories, but first a few words about his life and work seem appropriate.

J. E. Greeding was born in 1718 in the family of the ducal hairdresser in Weimar. When he was ten years old, the family moved to Greiz. The family's financial position was not such as to permit young Greeding's full intellectual development. Although of a 'lively spirit and eager to study'—as described by his earlier biographer—he was forced by circumstances to learn his father's trade which he practised until he was seventeen. At the age of nineteen, after two years of private tutoring, Greeding finally went to Jena to enrol in the school of medicine. His biographers do not state whether his family provided him with anything more than their permission and their blessing. After three years in Jena he went to Leipzig hoping to earn more money by tutoring in this larger and prosperous city. In 1740, at the age of twenty-two, he defended his thesis on the *Nutrition of the Nervous Fluid*,³ and took the position of medical practitioner in Zwickau. Before finally settling in Zwickau he returned to the University of Jena for his licentiate degree which he obtained in 1742 and for which he submitted still another thesis: *On the Post-Mortem Examination of Corpses or on a Lawful Autopsy*.⁴

Little is known about Greeding's life and his medical practice in Zwickau. In 1758 he was offered the position of medical superintendent in the nearby Waldheim asylum, which he held until his death in 1775. The Waldheim asylum was a refuge not only for indigent and aged patients but also for the mentally ill. To them Greeding devoted seventeen years of his life and his literary work.

Greeding was a medical practitioner in the broad sense of the term. In a remote Saxonian locality he tried to cure or at least to improve the condition of his patients, administering to them extracts of hemp, henbane, and thornapple.⁵ Empirically-minded as he was, he watched his patients and recorded changes in their behaviour which might have been caused by the medication. This was apparently one of the lines along which he developed his skill for psychopathological observation and description. The case history reproduced below illustrates his capacity to grasp and record data about his patients, interpreting them in terms of principles that were to be discovered much later. Greeding's background in the theory of contemporary medicine and his empirical orientation saved him from the Scylla or Charybdis of mere speculation on the one hand, or mechanical routine practice on the other.

² J. E. Greeding believed, for instance, that the brain of a mentally ill person could be recognized by its bad smell.

³ In German, *Ueber die Ernahrungsmoeglichkeiten der Nervensaft*.

⁴ In German, *Von der Untersuchung eines todtten Koerpers, oder von der gesetzmaessigen Leichenoeffnung*.

⁵ Greeding's therapeutics form the main content of the first volume of his *Collected Writings*.

The following case history is taken from the second volume of the *Collected Writings* (p. 11–12).⁶

A.R.G., a poor peasant woman, fell into a state of melancholy for the first time after she had given birth to twins at the age of twenty-six. Before the onset of her illness she had been very worried about the expense of bringing up her two new-born babies. The disease actually broke out when one of the twins—in accordance with the patient's secret wish—died. Afterwards she began to emphasise that the child's death resulted from her lack of care. The medical practitioner succeeded in restoring her good health by repeated bleedings. Later on, the patient had several more children. During the war⁷ she neglected one of her children and when it died she persuaded herself of having been the sole cause of its death. This resulted in a new onset of melancholy. When, shortly afterwards, her husband died, she fell into an even deeper depression. Her condition was associated with terrifying visions and images. They induced immense anxiety in the patient. Until her death she persisted in complaints of having been put in Hell by the Supreme Devil, handcuffed and chained and placed in the lowest and most dreadful spot of Hell. The regular prayers of an unknown priest had relieved her for only a short while. She had nevertheless to return to Hell. The Devil had pushed her brain and intestines through her eyes and ears and squashed them. Therefore, she could not hope of remission of her pain or of reconciliation with the angry and almighty God. In a state of permanent melancholy against which there was no medicine she was losing weight. She repeatedly complained of stabbing pains in her head, of hunger pangs, and of constipation. At the end of 1769 her body was open in all its natural ways, though she was plagued by tenacious thirst and swallowing was difficult. At last the patient was unable to swallow at all. Her throat was neither swollen nor inflamed. It was covered by badly smelling mucous membrane. The last symptom the patient treated by gargling. On January 2, 1770, the patient died quietly praying, aged forty-nine years.

This short case history presents several features different from what can be found in the comparable production of Greiding's contemporaries. It tries to account for the patient's previous mental condition, not restricting itself to the time spent under the writer's care and observation. It also tries to present the illness in relation to the rest of the patient's life story. This approach was maintained by Greiding in describing both the recurrent onsets of melancholy. What is impressive about Greiding's presentation is the temporal sequence of the woman's 'secret' wish that one of the twins should die and the subsequent outbreak of illness accompanied by feelings of guilt when the wish had been fulfilled.

Greiding's perceptiveness made him apparently the first psychiatrist to record the connexion between an illicit idea or wish with the subsequent feelings of guilt and depression. His concept of a *secret* wish could even lead us to question the extent to which he was aware of the varied levels of consciousness.

The two-hundred-year-old case history provides a persuasive testimony of its writer's insight into psychopathological phenomena and their relationships.

Having read his case history, one gets the impression of how unjustly J. E. Greiding has been treated by the historians of psychopathology who have emphasized his systematic anatomical research alone.

In conclusion, I wish to confess to feelings of being touched by this example of brilliancy in psychopathological description manifested by a medical practitioner in a remote Saxonian locality, far from the contemporary centres of learning. It is this feeling that is mainly responsible for this note.

⁶ The reproduced case history has been translated from German into English by the writer—M.B.

⁷ This was the third Silesian war called Seven Year War because of its duration from 1756 to 1763. The belligerents were Austria and Prussia.

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MILOS BONDY

DOCTOR VERSUS PATIENT: TWO FOURTEENTH-CENTURY LAWSUITS

THE medieval medical practitioner, like his fellows in every age, was vulnerable to accusations of negligence. The least fortunate, or perhaps the most negligent, might find themselves liable to public prosecution,¹ despite some recognition that treatment was hazardous anyway.² More commonly, the doctor might face a private lawsuit by a dissatisfied patient; a cursory glance through Talbot and Hammond's *Biographical Register* reveals more than a dozen cases.³ It is small wonder that in at least one instance a surgeon arranged indemnity before undertaking an operation,⁴ and the contemporary textbook insistence on obtaining fees in advance is at least partly explained.⁵ For the most exalted practitioners, however, the major sources of professional income were the annual retainers paid by magnates or by institutions; in the event of apparent negligence, the retainer could be withdrawn. Although the doctor probably had ecclesiastical as well as professional income, it is not surprising that two attempts to regain such annuities have left traces in the legal records which throw some light on the services expected of the medieval physician.*

The traces are to be found in two types of legal source. In the first place there are the records of the court of Common Pleas, which embraced the bulk of civil litigation in the later medieval period.⁶ These court rolls were definitive; despite the vagaries

* These cases were kindly brought to my attention by Mr. L. C. Hector and Mr. Paul Brand.

¹ In 1395 a jury presented William Leech of Newark for taking fees without affecting cures (B. H. Putnam, *Proceedings before the Justices of the Peace*, Ames Foundation, 1938, p. 130, no. 7); also, a coroner's jury found that Gerard Goss had caused the death of a patient by operating, and he was prosecuted for felony (Public Record Office, London: Just[ices Itinerant] 2/156, m.3 d; K[ing's] B[ench] 27/527, Rex m.7).

² Thomas and Pernel de Rasyn were pardoned for their negligence (*Calendar of Patent Rolls 1348–1350*, 561).

³ C. H. Talbot and E. A. Hammond, *The Medical Practitioners in Medieval England: A Biographical Register*, London, 1965: Balthazar de Gracys, John Harwe *et al.*, John Barbour of Colchester, John of Cornhill, John Isyng, John Luter, John West of Leicester, Matthew Rellesford, Matthew Rutherford, Richard Cheyndut, Peter Blank, William Forest of Exeter, and Thomas Butolf.

⁴ John Catlew, in 1394 (*ibid.*).

⁵ E. A. Hammond, 'Incomes of medieval English doctors', *J. Hist. Med.*, 1960, 15, 154–69, especially 155–58.

⁶ See M. Hastings, *The Court of Common Pleas in Fifteenth-Century England*, New York, 1947.