

knew well personally and professionally, was an experienced neuropsychiatrist besides being a psychoanalyst, he certainly would have reprinted also the post-mortem protocol *in toto* or in parts if there had been any indication of brain pathology further to the signs mentioned in the re-printed summary.

Baumeyer has written four articles on the subject. The first paper,⁵ the one quoted briefly by Macalpine & Hunter,² seems to have been a preliminary note. The essential paper³ referred to above was, probably abridged, translated into English.⁶ The last one⁷ gives additional information on Schreber's life provided by his adopted daughter still alive in 1970, emphasising Schreber's "unimpaired vitality" ("ungebrochene Vitalität") during the time from 1902 when he was discharged from hospital, until 1907 when he was readmitted for the last and final in-patient period. The two papers in German^{3,7} are also included in the first⁸ of two reprints^{8,9} of Schreber's book. Both volumes list further publications, apparently all referring to psychoanalytical or sociological contexts, and none to a discussion of a possible organic cause of his psychosis.

By going carefully through the whole material available, I did not find "stringent proof" either of Stanley's¹ hypothesis or of Schreber's own assumption of a physical disease of the nervous system which consequently must still be considered as delusional and part of an endogenous psychosis.

I hope Dr Stanley and the readers of his fascinating paper will be interested in the additional information presented. It is a pity that studies like Dr Stanley's have become rare. Nowadays, work of this type seems to require the leisure of retirement, enjoyed also by the writer of this letter.

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DEAR SIRS

I am grateful to Dr Boroffka for his comments and the news that there was in fact a post-mortem examination. The multiple haemorrhagic lesions in the pons are an interesting finding. Were there any histological reports on the CNS?

Schreber certainly had many hypochondriacal delusions; for example at one time he believed that Professor Flechsig's soul was within his abdomen—"a fairly bulky ball or bundle, which I can best compare with a corresponding volume of wadding or cobweb".¹ (He finally let it escape through his mouth). I am, however, confident that many of his somatic symptoms were due to physical disease of the nervous system, as he claimed in his Memoirs. He gave delusional 'explanations' for these symptoms, usually attributing them to the action of rays, or to miracles.

Dr Boroffka mentions the testimony of Schreber's adopted daughter that he was in good health in the interval between the two illnesses. Freud² quotes Schreber's own account: "After the recovery from my first illness I spent eight years with my wife; years, on the whole, of great happiness, rich in outward honours, and only clouded from time to time by the oft-repeated disappointment of our hope that we might be blessed with children."

Freud expressed some doubt about his theory that this catastrophic illness was due to 'an upsurge of unconscious homosexuality' when he wrote: "It remains for the future to decide whether there is more delusion in my theory than I should like to admit, or whether there is more truth in Schreber's delusion than other people are as yet prepared to believe".

Encephalitis lethargica would explain all his somatic symptoms (some very unusual, and in combination virtually unique to this disease), and it could certainly account for the severe psychosis. Long periods of remission were a recognised feature.

In the College discussion which followed a paper on encephalitis lethargica by Goodall³ Sir Hubert Bond said: "It must be patent to all present that Dr Goodall is dealing in his paper with a malady which accounted, in its end products, for at least 50% of mental hospital patients."

Judge Schreber died six years before the disease appeared in epidemic form in 1917. One wonders whether his claim that he suffered from a physical disease of the nervous system¹ would have been so readily dismissed if he had developed his illness during an epidemic.

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