
Preface to This Translation

This translation of Wernicke's *Grundriss der Psychiatrie* grew from the long friendship one of us (R.M.) had with Valentin Braitenberg, born in 1926, and who died in October 2011. Valentin visited Otago, New Zealand, in 1993, and both of us (R.M. and K.J.D.) knew him and recognized in him a person of great generosity, wisdom, and integrity. On his bookshelf in Tübingen were many interesting volumes, some of historic significance. One of them was the 1900 edition of *Grundriss*.

The process of producing this translation was as follows: K.J.D. who is fluent in German produced, lecture-by-lecture, a very literal translation of what Wernicke wrote and sent his versions to R.M., who has basic German, but wide knowledge of many areas of psychiatry and neuroscience. His task was to render these initial versions into fluent modern scientific prose, aware of some of the scientific and clinical nuances which might not emerge in a literal translation. Sometimes, at this stage, words or concepts were unclear, so there were further exchanges of messages between the two of us to resolve uncertainties. In translating and editing Wernicke's text, it has also been necessary to learn a great deal about the life and times when he was writing, and the existing knowledge upon which he drew. In the end, we both contributed to resolving uncertainties about concepts.

As we went through Wernicke's text, a number of editorial comments were inserted, initially as footnotes, to convey such understanding as we could gain, but which might not be obvious to today's reader. These comments varied in length and subject matter from one lecture to another. We soon realized that many themes in the lectures recurred in successive lectures, gradually evolving and being developed. This makes his thinking appear fragmented, if the lectures are read sequentially. This is inevitable, given the context in which any series of clinical lectures has to be delivered, where the lecturer's ideas must be presented in coordination with clinical cases as available (which may arise somewhat opportunistically). The fragmented appearance may also reflect what was certainly a very pressured existence for the author, who probably preferred to spend his time on the ward, talking with patients, and analyzing clinical records, rather than perfecting the write-up of his ideas. We gain this impression from inaccuracies in some of his cited references, inconsistencies in his reasoning, and what seems to be a continuing struggle to find adequate definitions for concepts which accounted best for what he saw in the clinic. As delivered, the lectures probably were not so fragmented for his original audience, for whom, we guess, each lecture would

have been followed by discussions which are not recorded. Nevertheless, the 1906 edition of *Grundriss* was a ‘work in progress’, which sadly never reached completion. It is plausible to suggest that he might have intended to write a comprehensive textbook of psychiatry, to fulfil what was latent in *Grundriss*, just as his thought on the entire field of neurological disorders was presented as his 1881 textbook, *Lehrbuch der Gehirnkrankheiten*. The fact that most of his thoughts on psychiatry are contained in the sometimes difficult pages of *Grundriss*, rather than in a textbook, may have contributed to the neglect of his work, but it is also the reason why we have felt it necessary to write the extended editorial commentary, which follows the translation of Wernicke’s 41 lectures.

To give what we hope is a clearer account of Wernicke’s thought, we decided that the editorial comments on each lecture should be re-grouped according to their subject matter and coordinated into this substantial editorial essay. This begins with a series of synopses about the subjects dominating each lecture, followed by discussion sections dealing with the numerous matters arising across the lecture series. These topics move from the medical scene in which Wernicke worked, clinical concepts of the day, Wernicke’s clinical, didactic, and personal style as far as we could discern it, the scientific concepts he used, his views on underlying philosophical issues, and, most important, a lengthy section on his unique clinical concepts. After that we move to Wernicke’s approach to classifying mental disorders and his style of reasoning, including what we identify (from a modern perspective) as flaws in his reasoning. Later parts of the essay give details on his contemporaries whose work is cited, comments to clarify allusions made (mainly by his patients) to matters which would have been familiar in their day, and lastly, to clarify specific issues of terminology. This section came together at the very end of our work, when we compiled a long list of ‘problem words’ in both German and English and discussed how we could render them in a way which conveyed most accurately Wernicke’s intended meaning.

To ensure that anything we write in our editorial commentary can be traced back to their source in Wernicke’s text, we identify the lecture in which each point is made (indicated as ‘L.’ plus a numeral, and our final pagination). In addition, in indexing, we include not only items in Wernicke’s 1906 index (translated, and re-alphabetized, with our own pagination in bold typeface) but also, in the same index, items referring to this commentary (non-bold). Wernicke also gave many cross references between lectures in *Grundriss*, as footnotes. We retain these, but include them in the text, with our final pagination. Occasionally, in our commentary, we cite other works, followed by corresponding page numbers (both within parentheses).

To make our version flow well, we often condense superfluities in Wernicke’s text. We often replace ‘the patient’ by a personal pronoun (‘his’, ‘her’ etc.). Abstract nouns are frequently replaced by concrete ones or verbal equivalents, and passive by active verbs. There are innumerable re-orderings of ideas within a sentence (inevitably, since sentences are constructed in different ways in the two languages), while retaining the original sense. Sometimes long sentences are split into two or more. When terms are used which are now part of today’s technical vocabulary, we use the familiar terms,

although, in our commentary, we sometimes discuss concepts, words, and how we choose to render them in English. We are alert to the possibility that concepts do not match words in equivalent ways in German and English. Sometimes, the same word is used in German, for what appear to be two different concepts. These may be related, but differ subtly, and can sometimes be distinguished as different words in English. The German word *Krankheit* is a case in point. Conversely we identify some German words (notably *Ratlosigkeit*, often rendered as ‘perplexity’) for which no truly equivalent word exists in English. In addition, inevitably, where Wernicke formulates new concepts, with no precedents, and no established terms, he resorts to analogies. In uncharted territory, use of analogy or metaphor is the only way forward, especially in mental abnormality. This necessity is discussed by R. Mojtabai in his 2000 article in *History of Psychiatry* (‘Delusion as Error: The History of a Metaphor’). When translating analogies we prefer abstract to concrete images, as having greater generality. As a priority, we have tried to capture Wernicke’s reasoning as accurately as possible, this being more important, we felt, than verbatim translation. Consequently, our translation is sometimes rather free. However, for some words, where we struggle to capture the meaning (perhaps when it is indeed ambiguous), we stick to a more literal translation (perhaps clarified in our commentary). An example is the German noun cluster *Organempfindung*. (Noun clusters in German are not fully captured by adjective-noun pairs in English.) Of course, our attempt to convey Wernicke’s meaning depends on how well we understand his work. We have tried hard to grasp the subtlety of his reasoning but, at times, may have missed significant points. At the time of finalizing our translation, our understanding still has some way to go. We apologize therefore for inaccuracies in our rendition.

Wernicke’s text uses various forms of emphasis: italicization, quotation marks, and occasionally a third form of emphasis, not familiar in English—the ‘spacing out’ of letters which make up a word, and with slightly larger typeface—especially when introducing one of his favoured terms. In addition, to make his reasoning as clear as possible, we also often found it useful to add our own emphases, not present in the original. This again is perhaps inevitable, since inflections in German as altered word endings can convey relationships within a sentence, which need to be conveyed in other ways in English. Sometimes we also add emphases to draw attention when the author introduces a new specialist term. Because of this, for all emphases, we have indicated those in Wernicke’s original as ‘[W]’, those which were editorial additions as ‘[Ed]’. All emphases involving ‘spacing out’ of letters are rendered as italics.

In translating a work over 100 years old, we are aware of changes in sensitivity over terminology. We prefer a flexible style, avoiding stereotyped ‘politically correct’ terms, but we do try to avoid some terms, such as the generic form, ‘the mentally ill’—and we usually prefer ‘psychiatric patient’ to ‘mental patient’. We have nevertheless tried to retain some of the flavour of the time when Wernicke was writing. We see no need to adopt a ‘gender neutral’ style when using personal pronouns (this being a historical document); and for latinized terms based on Linnaeus’ binomial system, we retain the

upper case initial character for the first word in the pair. In addition, we have tried to preserve an informal style, of lectures as they might have been delivered, rather than a more scholarly style, as might be found in a journal article.

Wernicke's original text gives references in footnotes to sources upon which he drew, but bibliographic details are often sketchy by modern standards and sometimes inaccurate in detail. In this edition, footnotes are not used. In Wernicke's text, we indicate his citations by number, using the Vancouver system, with a list at the end of each lecture. Since his referencing is often incomplete, we have supplemented the references he gives in footnotes, with relevant publications of contemporary authors he often names without citing their publications. Sources referred to in our Editorial Commentary make up another reference list, appearing at the end of our commentary. Wernicke also used footnotes to make comments, which would break the flow of his argument, or to summarize the eventual outcome for a patient he has just presented. These comments are incorporated into his text (in parentheses, usually at a paragraph end) or in our editorial essay (identified as 'note'), and we omit some of the minor footnotes. Some of his cross references give no page numbers and are hard to identify, and some cross references are clearly to cases presented elsewhere to his students, rather than in earlier lectures of *Grundriss*. Sometimes these appear to be other lecture series (perhaps at a more elementary level), which his students would have attended. There are also many references to published clinical reports (*Krankenvorstellungen aus der psychiatrischen Klinik in Breslau*).

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