

As the clause stands, medical men would have to face the alternative of breaking the law and incurring penalties by detaining an insane person, or of turning out on the world a possibly dangerous lunatic.

The governors of a hospital would appear to be as free from taint of interest as the magistrates governing other asylums, and the opinion is held that both petitions and certificates might without disadvantage be signed by them.

The Association numbers upwards of four hundred medical men engaged in the treatment of insanity, and their varied experience, as well as the interest naturally felt by them, seems to impose the duty of bringing the above observations to notice.

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#### *Classification of Insanity.*

It will be remembered by readers of the Journal that the subject of the classification of mental disorders was discussed at the Congress of Psychiatry, held at Antwerp in September last, and that certain members of the Congress representing different nationalities were appointed to obtain the best-recognised classifications of medico-psychologists in their respective countries, in the hope of obtaining an international system on which all might agree for practical purposes. The nomination of this Commission arose out of a paper read by M. Lefebvre, Professor in the University of Louvain, in which he himself laid down as types of mental disease, idiocy, cretinism, general paralysis, dementia, toxic forms of insanity, mania, melancholia, and circular insanity. The author did not confine himself to classification, but included in his statistical investigations, the number of insane persons in a given area, the causes of insanity in general, the duration of the disease, and its termination and mortality. However, the question of classification took precedence of all others.

The subject was brought under the notice of the Council of the Association by Dr. Hack Tuke, and, after mature consideration, the following report was drawn up by the Council, and forwarded to the Society of Mental Medicine in Belgium, which undertook to receive and digest the various communications made by the physicians nominated by the Congress for this purpose:—

“The Council of the Medico-Psychological Association of Great Britain and Ireland, having been requested by one of their

members to unite with him in responding to the request made by the Congress of Psychiatry which recently met at Antwerp to propose a Classification of Mental Diseases for international adoption, have carefully considered the subject, and are of opinion that they cannot advance further than to recommend that Classification which after much consideration has been adopted by this Association itself in their official statistical tables, namely :—

I. Congenital or Infantile Mental Deficiency (idiocy, imbecility, and cretinism)—

- a. With Epilepsy.
- b. Without Epilepsy.

II. Epilepsy acquired.

III. General Paralysis of the Insane.

IV. Mania—

- Acute.
- Chronic.
- Recurrent.
- A Potu.
- Puerperal.
- Senile.

V Melancholia—

- Acute.
- Chronic.
- Recurrent.
- Puerperal.
- Senile.

VI. Dementia—

- Primary.
- Secondary.
- Senile.
- Organic (*i.e.*, from tumours, hæmorrhage, &c.).

VII. Delusional Insanity (monomania).

VIII. Moral Insanity.\*

The Council feel that a classification intended for international adoption must be extremely simple, while freedom is left to individual alienists to add supplementary sub-divisions to the classification ultimately adopted by the Commission.

Should the International Commission entertain the consideration of the *causes* of insanity, the Council would beg to refer to the Statistical Tables of the Association—Table X.—for a statement of the causes adopted by them as the best for practical use, being that employed by the Lunacy Commissioners.”

The above was signed on behalf of the Council by the Chairman, Dr. Rayner.

\* Moral Insanity, Delusional Insanity, and the sub-classes (acute, &c.) are stated to be optional in the English Statistical Tables.