

QUARTERLY PSYCHOLOGICAL REVIEW.

NOTES ON BOOKS, ETC.

*The Classification of Insanity.*

M. LE DR. MOREL, physician to the asylum of Yon, near Rouen, in his recent 'Traité des Maladies Mentales,' has adopted a new system of classification, which has at least had the good effect of calling attention to the imperfections of the system which prevails, and of becoming the subject of a most interesting and instructive discussion at several meetings of the "Société Medico-Psychologique." Although, with the exception of M. Buchez, who officially reported to the Society on the merits of M. Morel's book, none of the eminent alienists who took part in the discussion appear to have been prepared freely to accept the newly-proposed classification, they one and all seem to have awarded to it a greater amount of merit than we think is justly its due.

M. Morel has devised his new scheme of classification to replace the one in general use, which, established by Pinel and Esquirol, has been from time to time modified by their successors, so as to adapt it to the advancement of psychological science. It is, as all our readers are aware, founded upon the broader distinctions of mental diseases into the classes or orders of mania, melancholia, monomania, and dementia—classes we must call them if we regard the classification of insanity as a distinct and independent subject; orders, if we regard insanity as belonging to a general nosological system, of which mental diseases form a class.

The main objections to this system which were urged by our psychological brethren in Paris, appear to resolve themselves into—1st, that it is an artificial system, and, as such, inferior to a system, which, as M. Morel's assumes to be, is a natural system; and 2dly, that it is an imperfect system, because it embraces in the same class forms of disease which are sufficiently distinct from each other to merit separation, and because there are also many forms of mental disease which possess the attributes of two or more of the different classes, and which it is therefore difficult to place.

In the first of these objections, we can by no means concur, since the Pinel-Esquirol classification, which we shall call the *phenomenal* classification in contradistinction to the *etiological* classification of M. Morel, is a classification founded on multitudinous signs and characters, and not upon any individual sign or character, which is

the distinctive peculiarity of an artificial classification. Take the class of mania, for instance, the signs of which are not limited to any mental or physical peculiarity, but embrace all that is observed or observable in the intellectual, emotional, or physical conditions, in that large class of lunatics in whom there is general excitement; and which comprises the several orders of acute delirious mania, chronic mania, epileptic mania, puerperal mania, &c. &c.; take a case from any one of these sub-orders, and compare it with a typical case of monomania, melancholia, or dementia, and in what a number of particulars, mental and physical, will it not be found to differ. The phenomenal classification, therefore, we maintain to be essentially a natural classification; indeed, we go further and say, that the only natural classification possible in any science in which the bond between cause and effect is not fully known must be and can be no other than phenomenal. The imperfection of our knowledge in almost all branches of science is in itself sufficient to command this arrangement, for there are few departments of science, at least of natural science, in which we are not able to observe phenomena more or less completely; while we have been able to acquire but most imperfect and doubtful information as to their true cause, and its bond of union with the effect.

Phenomenal classification is, moreover, the only natural classification which is practically useful in sciences like nosology, in which opportunities for the determination of even the apparent cause are often wanting. Even in the strictly natural sciences, as in zoology, a practical classification founded upon obvious facts is always required, in addition to any system whose foundations are not so easily observable; for it would be neither convenient nor always possible to dissect an animal before its place in the system was discovered: and thus, although the nervous system may be the best foundation for the distribution of those classes of the animal kingdom which are widest apart, the external characters of feet, hair, teeth, &c., afford the phenomenal basis by which sub-orders and varieties of animals are distinguished. The necessities of life require that M. de Chaillu should be able to distinguish a gorilla from a negro, without first shooting a specimen of each variety and examining the appearances of the posterior cornua of the lateral ventricles. And the necessities of medical life equally require that the physician should be able at once to distinguish a case of delirium tremens from a case of general paralysis, without waiting to observe the state of the brain before he proceeds to the treatment of the curable case, or suspends mischievous interference with the incurable one.

The second objection to the Pinel-Esquirol classification, namely, that it is imperfect, is founded upon far better reasons; for it cannot be denied that the system is imperfect, since it includes dissimilar things in the same class, and also leaves other things in doubt as to

the class to which they belong, to an extent which must make alienist physicians desirous of improving the classification they possess, or of adopting a better, if it is anywhere to be found. Take for an example the class of mania which includes such widely distinct varieties as the recurring mania of epileptics, the acute mania of *délire aigu* from which the patient dies or recovers in a few days or weeks, and the, so to say, healthy mania of chronic insanity.

The question, however, is not so much whether the class of mania includes several well-defined varieties, as whether it is itself a class, and well-defined as such from other classes of mental disease, as from monomania, melancholia, and dementia? We believe that as a class it is so defined, and that the existence within its borders of well-defined orders is so far from invalidating its claims to be considered as a class, that it tends to establish them, since there are none of its orders, which cannot by the general characteristics of the class, be distinguished from the forms of disease which are included in the other forms of the classification.

With regard to the objection that there are many forms of mental disease to which the proper place cannot readily be assigned in the Pinel-Esquirol classification, because they have either mixed or changeable phenomena, this disadvantage, although a serious one, we take to be inherent to all nosological classifications, and indeed in a greater or less degree to all classifications in the natural-history sciences, of which the physiological sciences really form a part. In all the departments of nosology, not only do many diseases naturally run into each other, but many diseases as naturally tend to form the compound concrete which presents itself to the eyes of the physician; and if in the strictly natural-history sciences this difficulty exists to a less extent, the probable reason for it is, that the healthy changes of form are more slow than the changes of disease. For if there is any truth in the theory of the origin of species advocated by Mr. Darwin, there is no possible classification of living organisms which, if the element of time be put out of consideration, is not fully liable to this objection.

If the higher kinds of plants and animals are gradually formed from the lower kinds on the principle of selection, the landmarks of classification must needs be quite arbitrary; and, wherever they be placed, there must needs be numerous varieties gradually passing from one class to another, but possessing the full characteristics of neither. The slowness of change which takes place in natural organisms is the sole reason why this objection should not be as valid against any system of zoology which can be propounded, as against the Pinel-Esquirol system of insanity. If a platypus could be converted into a marsupial, or a marsupial into a full mammal, in anything like the same length of time which is required for a case of acute mania to pass through the mixed form of mania-dementia into

perfect fatuity, the foundations of any natural classification of zoology would need the recognition of transition states as much as we need it in the phenomenal classification of mental disease. Even should we reject the selection theory of Mr. Darwin and the eminent naturalists who agree with him, and hold by the ancient doctrine that kinds are unchangeable, and even if we should add to this the doctrine of natural classification maintained by Mr. Stewart Mill, that it should always be founded upon the recognition of unchangeable kinds, what is there in our present classification of insanity which may not find its anti-type in the best classifications of zoology? One kind of animal, indeed, does not change into another kind in its mature state, and there are kinds of insanity also which when mature undergo no change into any other form; but in their development into the mature form, animals do undergo a change: the tadpole, essentially a fish, does change into a reptile. And moreover there are fixed intermediate forms which are as much connecting links between different classes as anything we can show: there is the platypus, between the bird and the beast, and the gill-breathing reptile of the Istrian cavern lake, and many other less remarkable links in the animal chain, which have stimulated the ingenuity of zoologists as much as the *folie circulatoire* of M. Baillarger, or the more common cases of demented mania or excitable melancholy have stimulated that of psychologists. The main question appears to us, not whether these exceptional cases exist, but whether the classes we have adopted from Esquirol are distinguishable by a number of phenomena from one another. Diligent study of the phenomena of insanity may perhaps at some future time lead us to add to the classes of insanity, as it has indeed, since Esquirol's time, led us to add one class, that of general paralysis, in addition to several well-formed sub-classes; but, on the whole, we have firm faith in the continued existence of the great Frenchman's classification as a basis for all that may hereafter be done, because it is positive, phenomenal, and natural.

It will be inferred from these opinions that we are by no means prepared to accept M. Morel's proposed rehabilitation of the classification of insanity upon an entirely new basis—upon the causation of the disease, instead of upon its phenomena. We decline to accept M. Morel's classification, for reasons exactly opposed to those which lead us to adhere to that of M. Esquirol, namely, because we believe it to be essentially artificial and unpractical. It is artificial, because it is based not upon many facts, but upon one fact, namely, the supposed cause; we say supposed cause, since if the real cause could be fully known, this objection would not retain its full validity. In all exact departments of knowledge, as in pure physics, cause and effect so mutually reflect each other, that it may be a matter of choice, according to the desired purpose of the classification, which of the two we employ; but in the natural sciences,

and most of all perhaps in nosology, the cause is generally so partially known, so apt to be modified or counteracted by the intercur-rence of other causes, that the effect must ever be regarded as liable to be of a mixed character, and the influence of any stated cause liable to be most uncertain, and as a basis of classification most un-trustworthy. If the science of pathological medicine were so far advanced in the department of mental diseases, as that it had been possible for M. Morel to have founded his system upon the real causes of the signs of disease, as they undoubtedly do exist in the morbid conditions of the fluids and tissues of the body—if he could have accurately classified insanity according to the conditions of the blood and the brain—then, indeed, our argument would have assumed a different form, and perhaps our opinions would have been widely modified. But M. Morel has not attempted to do anything of the kind; for not only in his ‘*Essay on Classification*,’ but throughout his work, the real pathological element, which will ever have the deepest interest to the truly scientific physician, is passed over in a meagre and unsatisfactory manner. What M. Morel has attempted to do has been to classify mental diseases according to their apparent or accidental causes; and, as might have been ex-pected, he has not been able to adhere to this method in anything like a systematic or exact manner, as will appear from the following brief summary of his system:

FIRST GROUP.—Hereditary insanity.

*1st Class.*—Includes patients of a congenitally nervous tempera-ment, in consequence of varied forms of hereditary transmission, who easily become insane under various influences, which, except for the hereditary tendency, would appear futile causes of mental disease.

*2d Class.*—Includes patients who, in consequence of hereditary tendency, display their delirium (?) in acts rather than in words. They are distinguished by the eccentricity, incoherence, irregularity, and often profound immorality of their actions. This class includes the Utopian reformers of mankind, cases of *manie raisonnée*, the moral insanity of the English.

*3d Class.*—Includes those individuals who come between the second class and hereditary idiots, who form the fourth class. In this class are included those patients who have innate insane propensities to various forms of crime, to theft, incendiarism, vagabondage, &c. Their physical degeneration is marked by malformation of the head, smallness of stature, sterility, &c.

*4th Class.*—Includes imbeciles and idiots; and, in his remarks upon this class, M. Morel indicates in how inexact a manner he applies the characteristic of the class of transmission by descent, *l'hérédité*, since he attributes the condition of these hereditary idiots, not to the transmission of that morbid condition from parent to child, but to the vices and accidents of their parents; their tenden-

cies to drunkenness; frights of the mother received during pregnancy and also to such causes as wretchedness, insufficient nourishment, or convulsions during infancy, as well as to blows upon the head, and other physical accidents, *violence matérielle*.

SECOND GROUP.—Insanity produced by intoxication (i. e. *toxic influences*).

*1st Class*.—Includes cases of mental disease produced by narcotic substances employed to occasion factitious sensations, and by the fatal influences of certain industrial employments. In all these cases, says the author, where inebriating substances, such as alcohol, opium, and other narcotics, are periodically taken to produce factitious sensations, a special form of delirium is eventually occasioned, and the lesions of the nervous system present exactly the same character. Other toxic substances, as lead, mercury, and phosphorus, may be studied in the same point of view, as producing special forms of delirium.

*2d Class*.—Includes cases produced by the influence of an insufficient or degraded form of nourishment, such as that from bad rye (ergotism), and probably pelagra.

*3d Class*.—Includes cases produced by marshy influences, or by the geological influences of the soil, as crétinism, which, however, the author, not unnaturally, thinks ought rather to come under the group of hereditary transmissions.

THIRD GROUP.—Insanity occasioned by the transformation of other nervous diseases.

*1st Class*.—Includes insanity which has been generated by hysteria, and in which the highest exaltation succeeds the most profound prostration. Extraordinary hallucinations and sensations; extravagant forms of delirium, with rapid transmissions from one nervous condition to another; extraordinary remissions, with apparent restoration to reason; tendencies to suicide and incendiarism, and to all kinds of evil actions, characterise the *neuropathica sexualis*. M. Morel remarks that in this form of insanity the ordinary symptoms of hysteria generally disappear; and that catalepsy, anæsthesia, and hysterical palsy are seldom observed.

*2d Class*.—Includes epileptic insanity, the characteristics of which are the suddenness of the aggressive actions to which the patients are prone. There is also frequently exaltation of the religious sentiment, and the periodicity of the parent disease is communicated to its mental offspring.

*3d Class*.—Includes cases of hypochondriacal insanity, and is distinguished into two varieties. *1st variety*.—Simple hypochondria, including individuals who continually occupy themselves with the condition of their physical health, and are scarcely to be considered as insane, although many of them are remarkable for their peculiarities, their *tics*, and habitudes which are contrary to their old modes of life

and to common custom. The hereditary transmission of this form is very powerful. *2d variety.*—Includes patients who think themselves subject to persecutions, and includes a special variety of suicides and homicides, and of persons suffering under that form of delirium which leads men to commit crimes in order to attract the attention of the public, and thus to obtain that justice, on the subject of their delirium, which they suppose to be refused to them. *3d variety.*—This includes persons who, having passed through all the phases of the delirium of persecution, believe themselves called to great destinies, to play a rôle beyond their education or intellect. The general character of hypochondriac insanity is to lead those subjected to it through a circle of pathological phenomena, successively engendering and commanding one another; its course, however, being subjected to periods of remission and augmentation.

FOURTH GROUP.—Contains idiopathic insanity.

*1st Class.*—Includes cases of progressive enfeeblement or abolition of the intellectual faculties, following chronic diseases of the brain or of its membranes.

*2d Class.*—Includes general paralysis or paralytic insanity, with predominance of a symptomatic delirium of grandeur.

FIFTH GROUP.—Is that of sympathetic insanity, and includes all cases in which a morbid condition of some other part of the body than the brain is the cause of the insanity; as when insanity follows pleurisy, or pneumonia, or a morbid condition of the uterus. The brain, however, itself being recognised as the seat of the insanity.

SIXTH GROUP.—Dementia. This group the author considers a terminative state, rather than a primitive form; “but as the numerous patients who have fallen into dementia, whatever may have been the primitive form of their affection, constitute a large family, all whose members have common characters, and are recognised by certain internal signs, I think,” says the author, “that the ordinary method which I endeavour to introduce in mental diseases will in no way suffer from a classification which makes of dementia one of the so important varieties of insanity.” And we think, says the critic, that to make of the vast number of insane persons who are suffering from dementia, a group founded not upon the etiology of the disease, but upon the common characters by which the patients are certainly recognised, is a condemnation which M. Morel passes upon the whole of his own system; for a system the method of which will only apply to certain forms of disease, and which is obliged to have recourse to the rival system to comprehend the largest family of the whole, must appear to the systematic mind scarcely to need further examination.

We shall, however, briefly point out a few of the most obvious objections which present themselves to M. Morel's system; and in the first place, we must object to his having made a quality which is

common to all forms of insanity the characteristic peculiarity of his first group. No doubt, the varieties of mental disease which are described as the classes of this group do very frequently derive their origin from the hereditary transmission of morbid organizations or tendencies; but is M. Morel prepared to say that none of the forms which he has so classed are the result of early faulty education, or of other modifying circumstances subsequent to birth? Is he prepared to prove, for instance, the hereditary origin of that form which he classes with but which we think is distinct from the moral insanity of Pritchard, *viz.*, *manie raisonnée*; or, on the other hand, is he prepared to rebut the still more fatal objection that the characteristic of this group is frequently the most active agent in the formation of every other form of insanity which he has described? He himself admits that it is a most powerful agent in the production of hypochondriac insanity; and there are few alienists who will not admit that the transmission of hereditary tendencies from parent to child is among the most frequent and active agents in the production of hysterical insanity, epileptic insanity, insanity from intoxication, and even what the author calls the idiopathic forms consequent upon apoplexy, and other cognate brain diseases. In fact, there would seem to be no form of mental disease, the most active agent in the production of which is not frequently known to be the evil legacy of a bad parentage. This first group, therefore, of M. Morel's new classification has the two fatal vices of a scientific class—that it is made to include objects that do not belong to it, and that it is characterised by a peculiarity which is no peculiarity, but a common attribute of all other forms of mental disease. M. Morel's second group of insanity, produced by toxic influences, is founded upon an etiological basis certainly less general in its operation than that of the preceding one; and moreover, we may admit that in some instances the phenomena of mental disease thus produced bear a specific character, so as to enable them to be distinguished as the real effects of the cause assigned. When a typical case of delirium tremens, or of the alcoholismus chronicus of Magnus Huss, is presented to us, we have no great difficulty in recognising it as the effect of the toxic agent. But the experience of every alienist physician will bear us out in the assertion that drunkenness produces insanity in other forms, which are not recognisable as its offspring by the phenomena which they present to us, and which can only be known to be its offspring by the information which we derive from others in what is called the history of the case. One of the most frequent forms of insanity produced by alcoholic intemperance is common melancholia; the common acute mania, from the same cause, is by no means unfrequent; and, so far as we know, these cases are exactly like cases of melancholia and mania produced by the hundred and one other causes productive of mental disease: so that here again a common cause has been made use of as a special characteristic. In



this group, under the singular heading of insanity produced by the toxic influence of "the geological constitution of the soil," the author places that form of idiotism called cretinism, although he admits its greater relation to the hereditary group. Surely no case halting half way between mania and dementia could be a greater opprobrium to the old system than a case of cretinism, classified as being produced by the toxic influences of the geological constitution of the soil, yet admitted rather to belong to the active agency of hereditary transmission.

With regard to the third group, it may be objected that it includes too much and too little; it includes hysterical insanity, the existence of which as a distinct form is by no means certain, and it excludes insanity connected with chorea, whose existence as a distinct form is far better ascertained. The chronic chorea of adults probably terminates in insanity, in a proportion of cases quite as great as that in which the epilepsy of adults so terminates, namely, a very large proportion indeed, although this termination has been very strangely ignored by systematic writers both on epilepsy and chorea. But hysteria, according to our experience, does not very frequently engender mental disease without the intercurrent assistance of some of those powerful moral agents, grief or shame, love, rage, or jealousy, whose mighty influence in the etiology of disease M. Morel, who founds everything upon the etiology of disease, so unaccountably ignores. Who does not know hundreds of hysterical women for the stability of whose reason there needs not be the slightest doubt or fear, so long as a really efficient cause of insanity comes not into operation? If M. Morel had attempted to express the true relations between insanity and the other diseases of the nervous system, he would have drawn a distinction between those *nevroses* which, of themselves, tend to engender insanity, as epilepsy, chronic chorea, &c., and those diseases which, only indicating a susceptible or morbid condition of the nervous system, do little more than offer a warning that where they exist any efficient causes of mental disease will find a seed-bed duly prepared; and this is all that can be said of hysteria, and, in spite of M. Morel's opinion to the contrary, we think it is all that can truly be said of the greater number of cases of hypochondria.

The fourth and fifth groups, comprising cases of insanity dependent upon organic lesions of the brain, and cases of insanity which are the result of disease of other parts of the body than the brain, are no doubt, in a nosological point of view, real classes, the diagnosis of which is of an importance which cannot be overrated. In these classes alone the etiological professions of M. Morel appear not to have been lost sight of, for they are founded upon real, not upon accidental, differences of causation. We have, however, some objections to make to the manner in which M. Morel arranges the divisions even

of these groups; and first we must observe that, in the present state of our knowledge, it seems premature to assign the causation of general paralysis to idiopathic organic change of the brain, and thus to place this form of mental disease side by side with the dementia occasioned by the degradation of brain-tissue following apoplexy or inflammation. We know, indeed, that anatomical degradation of the brain-tissue is observable in the latter stages of paralysis; but from all that is known of its anatomical appearances in the early stage, and from all that is known of the exciting causes of the disease in the influences of a dissolute mode of life, it is as likely that this well-defined kind of insanity will eventually be found under the etiological class of toxic results, as under that where it has been placed by the author. The poison of alcohol, or that of syphilis, acting on a peculiar condition of the brain, may hereafter be found important factors in the causation of this remarkable disease. At any rate, M. Morel's present arrangement of it in his system appears premature.

With regard to the fifth group, sympathetic insanity, or insanity excited by disease of other organs than the brain, M. Morel ought, we think, to have drawn the important distinction between the cases in which the communication of morbid activities is made through the medium of the nervous system, the only true cases of sympathy, and those in which the disease of the remote organ operates through its influence upon the blood. Take as an example cases of puerperal insanity. In a certain number of these, no doubt, the disease of the brain is stimulated into activity by an irritable condition of the organs of reproduction, communicated through the nervous system. These cases, which rapidly recover under the judicious use of narcotic and nervine remedies, are true cases of insanity by sympathy; they are indeed cases of hysterical mania occurring in puerperal women, and it would be difficult for the author to show upon what grounds they should be separated from the first class of his third group, which comprises hysterical insanity. But the more frequent cause of puerperal mania is certainly not sympathetic, since it is occasioned by a morbid condition of the blood, replete with the dissolving elements of the uterine tissues, and acting as a blood-poison upon the brain.

In a third form also of these puerperal cases, the cause appears to operate through the medium of the blood in consequence of its impoverishment by hæmorrhagic discharges, or by lactation; so that under these, which seem the least unexceptionable of M. Morel's groups, we find cases of disease classed together according to their supposed causation, whose real causation in a pathological point of view is widely different.

In the principle on which the sixth group or that in which dementia is massed, we have already shown that M. Morel acknowledges the failure of his system, since in it he classes together, according to the well-known characters they present, all cases of dementia, whether

of the primary or curable sort, or of the secondary or incurable kind. The dementia which closes the career of mania, the dementia which is the certain goal of general paralysis, the dementia which follows apoplexy, the dementia of gradual decay and of mere old age, all are comprised in this comprehensive group of *remanets*, recognised not by their causation, but by their phenomena. It is to be regretted that when M. Morel was thus violating his system, he did not extend the borders of this notable group in order that it might comprehend all that he had left unprovided for; for if this had been done, however deficient M. Morel's system might be found in a scientific and practical point of view, it would at least have presented a certain kind of social or constitutional arrangement, the designated classes being the oligarchy of the nosological array, and the sixth group of remanets, formed of all the demented, of all whose cause of insanity has been of a moral nature, of a vast number of cases in fact which will find no place in M. Morel's *cadre*; this group would form what we significantly call the masses, the democracy of the insane.

Finally, we entirely concur in the judicious opinion expressed by M. Brière de Boismont, the learned and illustrious president of the Société Medico-Psychologique, that the present state of our knowledge does not permit of a full and satisfactory classification of insanity. The science of insanity is yet young, and what we have yet to do is the work of infancy—the accumulation of observations. It is but the other day that one of M. Morel's most illustrious colleagues discovered that, in certain cases which had always been considered merely examples of dementia, there existed, in fact, one horrible and overwhelming delusion, which had the effect of stupifying the mind, of throwing it, as it were, into a rigid position of terror, like one who stands aghast at some fearful object of sense. These cases—*melancholie avec stupeur*, as they have been called—were by no means cases of dementia, but were the hybrids of melancholia and monomania. How many other discoveries of this kind have not to be made before we shall be in possession of the facts, the things we have to classify! Let us, then, work at the collection of the things to be classified, let us be honest positivists in collecting the symptomatology of mental disease, and eschewing all fanciful and misleading theories; let us arrange the facts as we collect them, either as Mill recommends, according to definite kinds, or as Whewell advocates, around what may appear to be typical forms. This is a mode of classification which cannot mislead, for it is natural and self-correcting. The type forms, which will serve best in our present state of knowledge, will change more or less as our knowledge advances, but they will change naturally, and, as it were, by a process of growth, even as honest thought and opinion is ever growing and developing under the rain and sunshine of new knowledge.