Sanitary Science, too, has achieved much; the muscular training of our youth, now so universal, has done great good; again, our country during the last decade has had a happy immunity from those disturbing influences that act as banefully upon the intellectual powers of a nation as upon individuals, and the wider spread of education has not only trained the mind to fight against imaginary evils, but to bear patiently those that are real and unavoidable.

It only remains for me to ask your opinion upon the subjects I have named; it is impossible that in this large meeting of the most eminent of our profession but that something may be struck out to advance the interests we have so much at heart, and that which I may elicit from you will recompense for those deficencies in my own address of which I am so conscious. I sincerely thank you for your kind attention, and again must express my gratitude for the honour you have done me in my election as your President.

The Morisonian Lectures on Insanity for 1873. By the late David Skae, M.D., F.R.C.S.E., Physician Superintendent of the Royal Edinburgh Asylum, &c., &c. Edited by T. S. Clouston, M.D.

I take this my first public opportunity of thanking the Patron of the Morisonian Lectureship on Insanity, for the honour of nominating me to the appointment of lecturer. Permit me also to say that I feel very highly gratified and honoured in addressing the Fellows of the Royal College of Physicians in their own hall. This gratification is, however, alloyed with a very strong conviction of my inability to do justice to my subject or myself in this course of lectures. It would be absurd in me to give to you a systematic course of lectures upon insanity, the subject being one with which you are all, as physicians, more or less familiar. The duty devolving upon me is, I presume, that of giving you any special opinions I may have formed from my point of view, and from my long-continued and very large opportunities of observation.

This I shall have much pleasure in attempting, although it will lead me necessarily to repeat myself to a certain extent, as I have already published on most of the subjects which will pass under review. I shall endeavour to avoid repetition as much as possible, and I trust you will bear with me, while I endeavour to explain how far these opinions

have been extended or completed, and how far they will stand the criticisms passed upon them by others.

The review will comprise first, the mode I have suggested for the classification of insanity, with some remarks on the comments on it, offered by some, the objections made by others, and the extent to which my system has been adopted or modified by recent writers on insanity, at home and abroad.*

This system of classification was first made known in my presidential address delivered in London, to the annual meeting of the Medico-Psychological Association in 1863. The system had, however, been more or less dwelt upon in my clinical lectures for some years before.

I may remind you that up to the last 12 years or little more, our only method of classifying the insane was that offered by Pinel, modified by Esquirol, and was founded entirely upon *mental symptoms*. The forms of insanity were referred to *mania* (acute and chronic), *melancholia*, and *monomania* and *dementia*, and the forms of idiocy were simply two degrees, viz., *imbecility* and *idiocy*. This classification has been in common use up to the present time, modified by some by further sub-division, such as moral insanity, monomania of *fear*, of *suspicion*, of *unseen agency*, *pyro-mania*, *kleptomania*, &c., &c., but all founded upon the same basis, namely, the *mental* symptoms. This is, in fact, not a classification of diseases, but a classification of symptoms. It is very much

* The following introductory remarks by Dr. Clouston were made on the occasion of delivering the lecture :—

Before I begin this lecture you will perhaps allow me, in the first place, briefly to explain the circumstances under which I appear before you to deliver the Morisonian Lectures on Insanity this year, and then to say a few words in regard to the position in his own department of medicine occupied by the distinguished physician, whose place I am conscious of filling so unworthily. As you are all aware, the late Dr. Skae was selected by the patron as Morisonian Lecturer on Insanity for the next three years, and his choice had been universally approved by the profession. Dr. Skae had selected the subject of the lectures, had arranged the method of treating it, and had, in the midst of much suffering and weakness from the disease that proved fatal to him, prepared three of the six lectures. As he himself told me this was "hard work," and he persevered until his strength was no longer equal to the task. He then sent for me, and asked me if I would complete them on the plan he had arranged, and read them for him. This, of course, I at once agreed to do, provided the consent of the Patron and the President of the College was obtained. Indeed, I felt that I was greatly honoured by the request, and was more than pleased to be able to do this small service to my old teacher and chief, whose genial friendship I had alway set such store by, and whose massive intellect I had always so much admired. I certainly did not promise to take up and finish the work of such a man without hesitation and diffidence, but it was my clear duty to do my best, and this I promised Dr. Skae to do. To a certain extent, I was placed in favourable circumstances for doing so, for he had corresponded with me about the subject of lectures, and had previously sent me those that he had written that I might read them over.

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the same thing as if we were to classify *deliriums* into high or raving delirium, or muttering delirium, or wandering delirium, &c., instead of classifying the diseases of which these varying forms or degrees of delirium are merely symptoms. We speak of inflammatory, and typhus, and typhoid *fevers* accordingly, and in our descriptions of these affections we mention the kind of delirium which generally appears in each.

The classification founded upon symptoms is not only unsound in principle, but most unsatisfactory and uncertain. This has been long felt—and for these reasons :—

1st.—The various so-called forms of insanity merge gradually into each other. How many experts in this department of medicine would agree in certain cases of mania, as to whether they were acute or subacute; how many would agree as to cases of chronic mania and noisy dementia? And so of the rest of their forms.

2nd.—These forms sometimes change very rapidly. What was acute mania one day may be monomania the next, and dementia the following. I had under my care for about twenty years, a gentleman who presented a very singular case of *folie circulaire*. One day he was full of fun and laughter, and talked pleasantly to all around him; the next day he was maniacal, raving, and shouting, and threatening, tearing his clothes, and striking anyone who came near him dirty and degraded in his habits, of course, the following day he

Dr. Skae's lamented death took place soon after those arrangements had been made, but the patron of the lectureship has been pleased to confirm them, and appoint me in his place for this year.

I need not crave indulgence on your part, gentlemen, for any imperfections that may exist in Dr. Skae's portion of the lectures, after what I have said of the circumstances under which they were prepared. They will always stand as a record of his devotion to his profession even when he was dying. But I do most earnestly trust that you will extend forbearance to me for the very manifest crudeness and deficiencies of my part. I have tried to carry out Dr. Skae's ideas, and it is by no means easy thus to take up another man's thoughts ; but perhaps my best excuse must be the absence of that calm and undistracted state of mind so necessary for the exposition of scientific work, but so apt to be denied to anyone who is a candidate for an important office.

The subject selected by Dr. Skae for this course of lectures was an exposition of his own system of classification of the various forms of mental derangement, and as that is so clearly his greatest work for Medical Science, it forms an appropriate standpoint from which to view his position among alienists, and the results of his professional life. He would have entirely coincided in this view, and been willing to stand or fall as to his posthumous fame by his system of classification. He expressed himself strongly to me to that effect, and was most anxious that it should appear in a complete form, each of his varieties being thoroughly worked out, defined, and made clearly recognizable by any competent man in the profession who should meet with a case. All that Dr.

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was profoundly melancholy, and the two succeeding days he was demented almost to fatuity. To what form under the old system would you refer such a case?

3.—Sometimes these forms, sooner or later, partake of the symptoms of other forms. All incurable forms tend to dementia, and you may have symptoms of dementia, well-marked ones, too, in the emperors, queens, and divine persons, and other monomaniacs, who are to be found in most asylums.

Dementia, you might imagine to be one of the symptomalogical forms of insanity about which all writers on the subject would agree—and where the statistics of all asylums would be free from the error of putting X for Z. But it is not so. Dementia is said to be any impairment of the mental faculties, from mere loss of memory, or slight childishness, down to absolute fatuity. But many of our melancholics and monomaniacs shew symptoms of great mental weakness, incoherence, loss of memory, slow and difficult processes of thought, silliness in habits and manner, so that some people would class them among dements, while others would enter them upon their records under the head of melancholia or monomania of some kind, in consequence of some prominent delusion. That such is actually the fact, is singularly illustrated in the tables of my own asylum reports. For six years, when my senior assistants were the late Dr. Wingett, Super-

Skae ever wrote on insanity was of the most practical character, and unquestionably the chief merit of his system of classification lies in its being by far the most practical and the most useful system to us, as practitioners, that has yet appeared. While the authors of other systems have nearly all tried to go on some definite principle or other, to have their nosological pigeon-holes all of a size and all in a row, he was content to have much variety in everything about it, from the nomenclature to the essential nature of the diseases he described. But there is a very important principle at the bottom of his system, and one that concerns us as physicians more than anything else. It was never in any way reduced to a formula or defined by Dr. Skae himself, but no one can study his system and compare it with other systems without seeing it. It is the *exclusion of everything mental or psychical connected with insanity*. This may be called a principle of negation, but it is by far the most important principle that ever was adopted in this department of medicine. Any strong characteristic, provided only it was a bodily one, relating to symptoms or pathology, but above all to causes was seized on and made to do duty in naming some variety of insanity by Dr. Skae, and the result is that as to treatment and prognosis his system is a real help to us in each case that comes under our observation. and not a mere intellectual gratification, enabling us to reason out the proper niche to put it into.

I was very much struck by this practical view of his classification, when, two years ago I happened to be endeavouring to put in a short and practical form an answer to the very important and highly practical question—"What cases of insanity should be sent to lunatic asylums?" which I had so often been asked by the medical men of Cumberland and Westmoreland. I found that all the other symptoms of classification of insanity were absolutely useless in giving an

intendent of the Dundee Asylum, Dr. Grahamsley, and Dr. Sherlock, successively Superintendents of the Worcester County Asylum, the number of cases of dementia entered by them as admitted to the asylum was 406, and the number of *dements* discharged *cured*, amounted to 94! The cures being 23 per cent.

During the six years when Dr. Clouston, of the Carlisle Asylum, and my son, Dr. Frederick Skae, were senior assistants, they admitted, according to their record, 207 cases of dementia, about one-half of those admitted by the others; and they discharged cured only three cases! Indeed, Dr. Clouston cured *none*, although his successor claimed three, being in the ratio of 1.45 per cent of cures as compared with the 23 per cent. of their predecessors. Nothing can, I think, be more apparent from this than the inexactitude of the old terms of classification, and the variety of meaning which different alienists affix to each. All the gentlemen I have cited were persons of excellent talents and powers of observation, they were all educated in the same school—they were all devoted to the study, and all afterwards highly appreciated in our public asylums, and yet no two of them could record even their cases of dementia alike. I think I was fully warranted in the statement I made in the address alluded to, viz., that there is, in my opinion, "no two asylum reports published in the empire in which the same rules and distinc-

answer to this question, but that Dr. Skaes' system was most helpful. That is merely a specimen of its practical value.

Indeed, if we wish to realize this in a decided way, we have merely to look at some of the numerous systems of classification of insanity that have been put forth. Cullen's sixteen divisions, Arnold's thirty varieties, Heinrich's numerous metaphysical distinctions, of what use are they? Not one of them is now recognised as a true and distinct disease. Even Pinel and Esquirol's five famous genera of mania, melancholia, monomania, dementia, and idiocy, though still adopted in medicine, literature, jurisprudence, and official statistics, do not help us as physicians practically to understand our cases, and above all to treat them and forecast their terminations. Now it is quite certain that even when the day comes when we shall know precisely the state of the brain cells which causes a woman to be restless, violent, and sleepless, to mistake identities, and to forget her sucking child, it will still probably help us as to the treatment and prognosis of the case, if we call it "puerperal insanity," the puerperal state being on the whole the most important *bodily* condition connected with the case. This is the real principle of Dr. Skae's classification, and only the possession of that rare combination of qualities, the generalizing faculty and the clinical faculty, enabled him to see that as certain cases of insanity could, by the universal consent of the profession, be best described by the epithets puerperal or epileptic, so nearly all other cases had some bodily conditions to which they stand in as close relation as a woman's madness after her confinement does to her puerperal state. Perceiving this, his large clinical experience gave him materials for exemplifying nearly every variety. The idea of this classification had gradually grown upon

tions are rigidly observed in tabulating the forms of insanity under treatment." Of what possible use can this mode of classification of insanity be? Of no practical utility at all as a means of classification, but, on the contrary, a source of great mischief, by multiplying errors, and confusing all our statistics so much that they are nearly unreliable.

Do not, however, misunderstand me. I do not undervalue the old terms—mania, monomania, dementia, &c., &c.—as a classification of *symptoms*, far from it; it is an excellent classification of *symptoms*, but not a classification at all of *diseases*, or *forms* of insanity. But I shall have occasion to recur to this subject again, when I have briefly summarised the principles on which I propose to classify the forms of insanity.

The first point which has struck me in my experience, both in respect to others and myself, whether as regards cases placed under our care, or cases in regard to which we are asked to give our opinion in consultation, is the mode in which we all very soon come to look at any new case. We do not ask ourselves, nor do we seek to determine by the questions we put to the patient or his friends, what the nosological name of his particular form of insanity is, whether it is mania, monomania, or dementia. What we are solicitous to know is the *natural history* of the disease before us, and its cause. Is it a Congenital disease? Is it one associated

him as the result of his clinical observation, while his experience in treating cases had produced a strong conviction, which was always strengthening, as to the practical uselessness of the other methods of naming and classifying mental derangements. I shall always look on it with peculiar satisfaction that I was the first of his assistants to take up one of his varieties of insanity, that connected with the consumptive state and diathesis, and work it out from the records of the Royal Edinburgh Asylum. His gratification at the decided results I obtained was unbounded, and very soon after he began to arrange his system in a systematic way. Since then a very large number of his groups have been investigated with more or less precision, but it was characteristic of the man that having laid down the general plan, he left the working out of the details to others, merely giving advice and encouragement, and in the most generous and lavish way, placing his whole clinical experience at their disposal. This course of lectures was, in fact, the first systematic exposition by him of his system as a whole, and of all its varieties of insanity consecutively.

While his position in his own department of medicine will thus unquestionably be fixed by the value which posterity may attach to his classification, at the same time his papers on General Paralysis, the Specific Gravity of the Brain Substance in Insanity, and on the Legal Relations of Insanity, and his twenty-six Annual Reports of the Royal Edinburgh Asylum, show him to have been a man of close and exact observation, of clear judgment and great mental capacity. It was in his paper on the Legal Relations of Insanity that he first put forth his now famous definition of insanity that threatens to live as long as his classification, viz., that it was "a disease of the brain affecting the mind." All his

with Epilepsy, caused by masturbation, by parturition, or protracted lactation, or some other debilitating cause, or by hard drinking? Is it a case of organic Brain disease, of General Paralysis? Is it one connected with Phthisis, with the critical period, or with the atheromatous vessels of the brain of the Senile Dement? Such are the kind of questions we seek to solve, in order to form a diagnosis of the nature of the case, and in order to enable us to answer the anxious inquiries of friends as to its probable termination; and such instinctively and practically are the data upon which we classify the cases which are placed under our care, in our own minds.

The basis of my classification is essentially, although not entirely, an *etiological* one. We cannot, in our present state of knowledge—perhaps we may never be able to—say what is the proximate pathological cause; but we may very generally be able to point out the next link in the pathological chain of causes, namely, the bodily disease or condition which precedes or accompanies certain attacks of insanity, which gives a special character to its symptoms, and determines its course and duration, and from that bodily disease I would designate such attacks. It is the nearest pathological cause we can get, and it may be said to act either directly or sympathetically on the brain. We have thus cases of epileptic insanity (that has always been recognised as in some degree a special form of insanity), hysterical and amenorrheal insanity, ovarian insanity, phthisical insanity, rheumatic, and syphilitic insanity, and so forth.

writings exhibit both power and elegance in their literary execution. His reports were singularly interesting, instructive, and suitable for their very mixed readers. This is not the place to say anything as to his practical work at Morningside, his interest in the welfare of the insane, or his many attractive personal qualities. And as to his faults, and the work he might have done that he did not do, which of us shall cast the first stone? *De mortuis nil nisi bonum.* Taking him altogether, his place among the physicians who have devoted themselves to the study and treatment of insanity in this century will certainly be a very prominent one. He sowed the seeds of what will yet be important pathological and therapeutical work in regard to derangements of the functions of the brain convolutions. He gave a strong impetus in the direction of the study and treatment of insanity, as an ordinary bodily disease, bringing it into connection with other bodily diseases, ignoring the metaphysical clouds that had obscured its nature and study. Three distinguished alienists have died lately, and the work of each of them was very typical of the countries in which they lived. Griesinger broke down the isolation of insanity, placing it among the other diseases of the nervous system which the physician has to treat every day, and actually had wards added to the Charité Hospital at Berlin, where persons labouring under insanity and all other diseases of the nervous system are placed together, treated by the physicians, and studied by the students just as the fever patients are in the wards. Morel, in France, whose death occurred almost at the

In many forms of insanity, however, we cannot point to a local *disease* as the cause, but we can point to a local disturbance or condition as essentially connected with it, such, *e.g.*, as the insanity of pubescence, of the puerperal state, climacteric insanity, &c. This I think also a fair basis of distinction and classification. Again, you may have a direct physical cause, as in sunstroke, or traumatic insanity from blows on the head. Sometimes the cause is the result of blood-poisoning, or of pure anæmia from starvation or other debilitating causes. Lastly, there may be no cause known, and yet the form of insanity may be distinct enough from other forms in its natural history. Of such a form I may mention climacteric mania, as I call it, in the male, occurring at a certain period of life, when there is no such change takes place as occurs in the female at her climacteric, and none perhaps that we can be sure of; but it is, I think, undeniable that there is a form of insanity occurring at the age referred to, having a definite type and presenting a group of symptoms quite characteristic, and like those met with in the female, and which, added to its date and course, give to it a *complete natural history*.

The same might be said of the general paralysis of the insane—its *natural history* would alone determine it to be a special form of insanity, independent altogether of the pathological changes which have of late years been so fully made out.

I asked you a few minutes ago to what form of insanity an adherent of the old classification would refer the case of a gentleman who, on every five successive days, at certain times, for twenty years, had passed through the successive symptoms of a gay monomania, a raving mania, a melan-

same time as Dr. Skae, went into the whole subject of the degenerations and degradations, physical, mental, and moral of the human species, their forms and varieties, their causes, concomitants, and laws of hereditary transmission. He treated the whole subject from a physical point of view, but no stand-point could have been better than his for bringing such phenomena as insanity, imbecility, and idiocy, within the category of ordinary bodily degenerations and diseases, for he showed how they were caused by physical agents such as poisons, unfavourable conditions of food, clothing, and climate, and that when so caused, they were transmitted from parent to child, not necessarily in the same form, but as other bodily diseases which had formerly been supposed to have no kind of connection. A drunken father would beget an insane son, while the grandchild might be an epileptic, and the great grandchild a helpless idiot, incapable of continuing the race any longer in any form. Skae went into the subject from no such wide point of view as the two others, but was led into his position by simple observation of clinical facts, founding his system on these without any sort of idea running through it, except the practical and empirical one of understanding his cases, and treating them in the best way, and on the whole his work seems to be as important to humanity and medical science as that of his two more widely known contemporaries.

cholia, and a dementia. I think I hear you ask, to what form would I refer it under my system? I would be quite content to take the name I gave it, and which such cases have received, viz., *folie circulaire*. It is sufficient to indicate its present character, and that I think is enough. If I had known the case at its origin, I might have traced it to some pathological cause or concomitant—such as frequently precedes similar cases.

Proceeding, then, from these views of the most practical basis on which to construct a classification of the various forms of insanity, I have formed the following list of the various forms of insanity.

Insanity with Epilepsy.	Rheumatic Insanity.
„ of Pubescence.	Podagrous „
„ of Masturbation.	Syphilitic „
Satyriasis.	Delirium tremens.
Nymphomania.	Dipsomania.
Hysterical Insanity.	Insanity of Alcoholism.
Amenorrheal „	Malarious Insanity.*
Post connubial „	Pellagrous* „
Puerperal „	Post febrile „
Insanity of Lactation.	Insanity of Oxaluria or Phosphaturia.
„ of Pregnancy.	Anæmic Insanity.
Climacteric Insanity.	Choreic.
Ovarian „	General Paralysis, with Insanity.
Hypochrondriacal Insanity	Insanity from Brain Disease.
Senile „	Hereditary Insanity of Adolescence.*
Phthisical „	Idiopathic Insanity { Sthenic. Asthenic.
Metastatic „	
Traumatic „	

In this table you will see that all the forms of insanity can be referred either to some bodily disease, or bodily functional disturbance, or direct injury to the brain, or blood-poisoning affecting the brain, or, at least, to a form having a readily recognised natural history. As we shall presently see, these forms of insanity not only have a well-marked origin, but when we come presently to review the symptoms of each form, you will find that within certain limits each form has a group of similar symptoms, and that an expert studying insanity from this point of view could generally tell at once a case of phthisical insanity, one of puerperal mania, or traumatic or syphilitic insanity, and so forth; the cases, in fact, have all within, as I have said, certain limits, a natural history, as well as a common bodily pathological cause.

It has been objected to my system that the forms of insanity which I distinguish do not always present the same group of symptoms, but that in many of them one may be

* These three forms of insanity I added with Dr. Skae's consent.—T. S. C.

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maniacal, and another melancholic, and that, therefore, you cannot diagnose the form from the symptoms. This may be true to a certain extent, if we look to certain mental symptoms only; but it is equally true of those forms of insanity which have always been designated from their bodily cause or natural history. In epileptic insanity, *e.g.*, you may have mania or monomania, or dementia. And so of the insanity of general paralysis, you may have a maniacal attack, or the delirium of inexhaustible riches and power, or deep melancholia, or dementia; yet no one ever questioned the propriety of the names epileptic insanity or general paralysis of the insane as correctly defining and indicating distinct forms of insanity. In fact, it is the peculiar merit of my system that it does classify as the same disease cases where the mental symptoms may vary from time to time, and within certain limits; and it is the peculiar and fatal defect of the old system that it cannot do this, but must change the name of the disease every day if it happens to pass from mania to monomania, or from the latter to dementia.

To the list of thirty-three forms of insanity, I have added another form—*Idiopathic Insanity*, *Sthenic* and *Asthenic*. *Sthenic* when combined with distinct symptoms of vascular action—suffused eye, throbbing temporals and carotids, hard and full pulse, &c. *Asthenic*, when combined with symptoms of anæmia—emaciation, feeble pulse, cold extremities, &c.

I believe all the cases of pure *Idiopathic* insanity will be found to be due to mental or *moral causes;* if they are not, then you will have discovered another pathological cause or natural order to enable you to add another form to my list. The moral cause, whatever it may be, is followed by prolonged sleeplessness and ceaseless activity of thought, until the waste of brain tissue ceases to be duly repaired, and insanity follows.

In adopting this form of insanity, I am glad to find myself in such good company as M. Morel and S. Van der Kolk. This Idiopathic insanity was strongly objected to, and its existence considered as a great objection to the whole system—it is described by several of my commentators as a convenient place of refuge, to which I am compelled to consign every variety of insanity that cannot be duly christened as belonging to one of my orders—a tomb for all the Capulets. Dr. Maudsley seems to think that there will be found such a number of nameless varieties consigned to this Idiopathic tomb that it will quite vitiate the rest of my classification by

shewing its incompleteness. I do not think so. Dr. Maudsley complains that I give no definite cause, nor course, or duration or termination for the manifold varieties of idiopathic insanity. I have here given a well recognised and efficient cause, and I pause for a description of the varieties which cannot be easily and properly referred to this form.

My conviction is, that if every case of insanity were seen at its outset, and its history fully ascertained, very few cases would be found which might not be referred to the forms I have given, or some new form referable to some bodily cause or condition which I have overlooked. The remaining cases, due, as I believe, to moral causes and want of sleep, would, if carefully examined and collected, probably present a group of symptoms very like those met with in other similar cases, and the variety in them would be principally due to the *Asthenic* or *Sthenic* condition of the patient, or to some peculiarity in the constitution, or some hereditary taint.

Dr. Maudsley, and more especially Dr. Blandford, thinks that I do not make sufficient allowance for hereditary taint as affecting the insanity. In my address I had no occasion to speak of hereditary taint at all. It is neither a pathological or exciting cause of insanity, it is a *predisposition* to the disease; and I think it will be found that I go quite as far as any writer on this subject, believing, as I do, that there must be a predisposition in almost every case of insanity, although it is often difficult to find out, as the patient's friends almost always deny it. I believe, too, that the hereditary predisposition strongly modifies the form of insanity.

Some of my commentators, Dr. Mitchell and Dr. Blandford in particular, have been at some pains to show that even if my system of classification were adopted, we must still retain the old names used by Pinel and Esquirol, and every one since their time, of *mania*, *monomania*, and *dementia*. They were necessary to describe symptoms, and the present condition of a patient as far as symptoms go. Dr. Hack Tuke stated to me that this was the principal difficulty he had in adopting my classification in his Text Book, as he found that in order to make himself understood, and prevent endless repetitions, he must first describe mania, monomania, and dementia.

With all this I most fully and cordially concur. I have always held these opinions. A glance at part of the synopsis of my Clinical Lectures, which were in common use before I published this system, will shew you that I never dreamt

of cutting off the old terms, but I have used them for what they are, the names indicating different *classes* of *symptoms*. I have always begun my Lectures on Insanity by describing as such the symptoms of insanity constituting what Pinel called *mania*, or *maniacal* symptoms—the symptoms of *monomania*—with their gradations and varieties, and the symptoms of *dementia*, with its varying degrees.

In describing the symptoms of insanity, under these three classes, I first shewed what the maniacal symptoms were, and that they might be acute or violent, or subacute, and that they might become chronic, periodic, or remittent. I described them, however, always as *symptoms* of insanity, as I would describe hurried breathing, laboured breathing, irregular breathing, or slow breathing, or dropsy, or palpitation of the heart, not as diseases, but symptoms.

I pointed out at the same time that these maniacal symptoms were preceded generally by certain premonitory signs. I described their general progress, average duration, and terminations, and all the bodily symptoms and degraded habits accompanying them.

I further pointed out an important fact, very little, if at all, distinguished as yet by writers on insanity, but one which I think cannot be doubted by any careful observer, that we may meet with every degree of maniacal excitement —incessant talking and gesticulation, and destructiveness, and filth and nudifying—without any intellectual impairment, the passions and emotions alone being excited, while the intellect is preternaturally clear and active, and the thoughts perfectly coherent when roused or directed to any subject. Such cases belong to what Pinel called *reasoning madness*, and Pritchard *moral insanity*. It was first described and illustrated by many cases as a form of *monomania* without delusion, but with a strong *homicidal* impulse. It will be found, however, that in most cases of monomania the emotions alone may be affected. You have patients who are profoundly melancholy and miserable and suicidal, who have no delusions, but a simple abstract misery, without any cause but their disease, and under the influence of which they will commit suicide. The symptoms of kleptomania, pyromania, dipsomania, erotomania, satyriasis, and nymphomania are not generally accompanied by intellectual delusions, unless they are mere accidental symptoms of some such form of insanity as general paralysis or some other form. Even the symptoms of pride and fear may, and do often exist in a morbid state—

a morbid and exalted vanity without delusion, or a morbid fear of something undefined and unknown, but impending and crushing them into misery.

In describing what later writers have, as indicated, regarded as various forms of monomania, I described the various delusions of the so-called monomaniacs—shewing that the subdivision given in my synopsis did not include a tithe of them, and that any conceivable idea of the mind might go to form a delusion. The delusions of the insane cannot be classified, they are innumerable—as innumerable as the conceptions of the fancy.

The delusions of the so-called monomania are seldom *monomaniacal.* Although one delusion may be the prominent and salient feature of the case, there generally are other delusions, and very commonly a greater or less degree of mental impairment. I believe there have been very few *pure monomaniacs* in the world. There are certain delusions more common than others, and these, as we shall presently see, are associated more or less constantly with certain forms of insanity, which they help to diagnose and differentiate.

The third class of symptoms of insanity are simply those of impairment of the mental faculties and emotions. This impairment includes every degree, from simple loss of memory down to complete fatuity. In describing the stages or degrees of dementia, I have adopted those defined by Dr. Pritchard—Forgetfulness, Irrationality, Incomprehension, and Inappetency. The symptoms of dementia are commonly those which almost all forms of protracted insanity gradually and finally assume. There are, however, some forms of insanity, as we shall see, of a curable kind too, in which the symptoms are those of dementia from first to last. There are also not a few cases where the symptoms are ordinarily and persistently those of dementia, that are subject at intervals to paroxyms of maniacal excitement.

After this description of the symptomatogy of insanity, I proceeded in my lectures to describe the *forms of insanity*—and pointed out as occasion required when they were those of mania, monomania, or dementia, or how and when they passed from one to the other, and what was peculiar in any other form, to shew by its history or symptoms that its bodily cause or condition could be predicated.

Permit me to say in passing that although I think that in most of my forms the symptoms, taken in a group, indicate the cause, that I do not think it necessary for my system

that they should always do so. We may not always be able to predicate the cause from the symptoms; but we may generally, in the *early history* of any case of insanity, learn the bodily causes or condition, and the modifying influences of predisposition, constitution, habits, &c., and we shall find, as I have before said, that the symptoms within certain limits, or with certain peculiarities, will be nearly the same. This has been made rather a strong objection to my classification, but I think without reason. It has never been thought any objection to the term epileptic insanity that the mental symptoms in many cases are maniacal, in some homicidal, or monomaniacal, and in others (the most numerous) those of dementia. There are peculiarities in the mental symptoms of insanity in epilepsy, although it assumes either of the three classes of symptoms, by which they differ in their mode of access, character, duration, and which render it an easily distinguished form, and never questioned as such. I do not think there will be found any greater difficulty in differentiating the symptoms of my forms of insanity, and if there is a difficulty, it does not alter the fact that the forms of insanity are different, as they can be fairly traced to different pathological causes.

To conclude this (I fear) tiresome commentary on my commentators and myself, I am perfectly content with the verdict of my friend Dr. Arthur Mitchell on the whole subject. He has done my whole work ample justice and placed my views in a clearer light than I myself had done, and in terms so laudatory as to call for my warmest thanks.

He says truly we can never do without the old terms *mania*, *monomania*, and *dementia*; they are useful for classifying patients, for a brief description of their state for practical purposes, such as indicating their mode of classification, the propriety of their isolation, and their mode of treatment; but to allow those terms to represent true *forms of mental disease* is a scientific blunder. "It must be clear to all that mania, melancholia, &c., are not *diseases*, but mere *signs* of disease, which may properly enough be compared with such signs of disease as the quick pulse, spasmodic breathing, &c."

Towards the end of his paper Dr. Mitchell says, "There is evidence, indeed, that his classification of mental diseases has taken possession of the medical mind. We cannot need a better proof of this than we find in the titles of the papers which during the last six years have filled our journals, both in this country and on the Continent—such titles for instance

as these—On Rheumatic Insanity, on Choreic Insanity, on Epileptic Insanity, on the Insanity of Pregnancy, on Puerperal Insanity, on Hereditary Insanity, on Climacteric Insanity, on the Insanity of Pubescence, on Sympathetic Insanity, on the Insanity of Lactation, on the Mania of Alcoholism, on Syphilitic Insanity, &c."*

In addition to Dr. Mitchell I take this opportunity of thanking my other critics, especially Dr. Maudsley, Dr. Blandford, Dr. Daniel Hack Tuke, and the reviewers generally for the very handsome and impartial manner in which they have examined and commented upon this system, and to express at the same time my own gratification with the degree of success it has met, and my hope that by the labours of others it may prove ere long the basis of a thorough and complete practical classification of insanity in all its forms.

Turning to the Table before you, it will be seen that I have added to my list Dr. Ireland's classification of the forms of idiocy based on the same etiological principles on which my table of forms of insanity was founded. This was announced by him in a very valuable paper read at the quarterly meeting of the Medico-Psychological Association in Glasgow in October last, and published in the "Journal of Mental Science" for October, 1872. Dr. Ireland by no means undervalues the various methods of estimating the degree of mental deficiency in each case, any more than I disregard the importance of distinguishing the degrees of mental impairment in dementia; but he maintains that the mental defect is not the disease but the result of it,—the sign of it; and that it is of the greatest consequence with reference to the prognosis, and the proper treatment to diagnose the bodily disease or condition of each case of idiocy.

The result of his observations is very interesting, and has led to the recognition of ten forms of idiocy viewed from this standpoint. They are as follows:—

1. Hydrocephalic Idiocy.
2. Eclampsic ,,
3. Epileptic ,,
4. Paralytic ,,
5. Inflammatory ,,
6. Traumatic ,,

* Edin. Med. Journal, Aug., 1871., p. 108.

7. Microcephalic Idiocy.
8. Congenital ,,
9. Cretinism ,,
10. Idiocy by deprivation—that is by the loss of two or more of the senses.

I have used the word insanity instead of mania for most of the forms, and have added six new forms, viz., Hypochondrical Insanity; Rheumatic and Podagrous Insanity;—Anæmic, such as we have from starvation, Choreic, and, lastly, insanity caused by tumours, or abscesses of the brain.

The name of Rheumatic Insanity, which I had omitted to enter in my first list, reminds me of a fact which may interest some of my friends, and shew how long it is since the seeds of this classification were first sown by me. In 1845, when my friend Dr. Benbow, then an assistant to my predecessor, Dr. Mackinnon, was passing his examination as a Fellow of the Royal College of Surgeons, I advised him to take for the subject of his thesis the connection between insanity and rheumatism. This he did, and his thesis, a very good one, is in the archives of the College.

Neither Müller nor Van der Kolk led me to adopt the present method, nor to work in that direction. I had not read their works when I published my system, and had held, indeed, the same views for some time before, and promulgated them in my Clinical Lectures. I presume the great defects of the old system, and the general progress of psychological science led us all to make efforts in the right direction—each with more or less success.

(To be continued.)

The Treatment of Insanity by Electricity. By George M. Beard, M.D., of New York.

The application of electricity to the treatment of various diseases of the brain and spinal cord has for a number of years been a regular method of treatment with some of our best known neurologists and electro-therapeutists, and the value of such treatment, when rightly administered, is now questioned by very few advanced students in these departments. It is not, however, so well recognised that in diseases of the brain and spinal cord, where the mind is seriously affected, the electrical treatment is also indicated. In some of the asylums of England, United States, and Germany,