Skae's Classification of Mental Diseases. A Critique. By J. Crichton Browne, M.D. Edin., F.R.S.E., Medical Director, West Riding Asylum.

Of all the classifications of insanity with which we have been afflicted in recent times, none has been more diligently vaunted, or more frequently obtruded upon attention, than that of the late Dr. Skae. Emanating from an able and accomplished physician—not in the first blush of his juvenile enthusiasm, but in the maturity of his powers, and the ripeness of his experience—it at once commanded respectful consideration, and was placed in a position of authority. And there, in the progress of time, a strong body of sentiment has gathered about it. Dr. Skae's old pupils, with a fervour which speaks volumes for his influence over his colleagues, and for their loyalty and gratitude, now rally round it, and vigorously repel any attack upon it, and even any approach to it for the purpose of a critical examination. Under their jealous guardianship it has become a sacred edifice—a monument of wisdom which may be adorned or enriched by the initiated few, but which it is sacrilege in the vulgar to attempt to demolish. Its great principles have been pronounced binding by the œcumenical council of Morningside, and he who profanely questions them places his promotion in jeopardy. Fortified, developed, illustrated, by the labours of many distinguished followers, this classification of Dr. Skae's is extolled by some on all possible occasions, and there is an undoubted danger that it may be somewhat widely adopted.

I say a danger that it may be widely adopted because I do not think it has been as yet accepted to any considerable extent beyond the immediate circle of Dr. Skae's friends. I cannot see that there is any sufficient warrant for Dr. Mitchell's assertion that this classification has taken possession of the medical mind. The only evidence which he adduces in support of his assertion is, that during recent years a number of papers have appeared in the medical journals labelled with names which Dr. Skae made use of in his classification. But, if Dr. Mitchell had looked a little more closely into the matter, he would have seen that of these names some, such as Puerperal Insanity, Epileptic Insanity, and Hereditary Insanity, had been current in medical literature for years before Dr. Skae put pen to paper, while others

indisputably of Dr. Skae's own invention, such as the Insanity of Pubescence, and Rheumatic Insanity, have been employed only by his pupils and immediate friends. The fact is that, so far from having taken possession of the medical mind, this classification has not, up till the present moment, obtained a sure footing in the medico-psychological mind. I believe I shall be correct in saying that there are not a dozen asylums in England to-day in which it is in actual use. But incessant laudation must have its effect. We are all prone to save ourselves trouble by picking up wisdom at second-hand, and to dispense with ratiocination when we can defer to authority. What is constantly dinned in our ears is ultimately organised in our brains, and pertinacity does the work of conviction. Little by little, point by point, we yield to the encroachment of an active and unopposed propaganda, until we have almost imperceptibly changed our faith. And thus it is that there is some risk that Dr. Skae's classification may gradually, to a certain degree and for a time, replace those classifications that have preceded it, and that still are incomparably superior to it. Its merits are being perpetually paraded by some of those who are contributing most freely to the literature of medical psychology, and who, by their pathological investigations, obtain a title to speak with weight on such a subject, with those, at least, who draw no nice distinctions between powers of observation and philosophical acumen. Its deficiencies have never been thoroughly exposed, and the scattered objections which have been from time to time taken to it have never been urged with sufficient force to overthrow so pretentious and compactly supported a system. Among the younger brethren engaged in the study of insanity, this boldness of advance and feebleness of resistance are likely to have a powerful effect in securing sympathy for the new classification, and so it seems desirable that it should be more strenuously attacked than heretofore, and that those who regard it as erroneous and mischievous should set forth their reasons for so doing. No doubt, in due course, this system, like all other false systems, will crumble to pieces, owing to its own inherent weakness; but seeing that, in the meantime, much evil and confusion may be wrought by it, we cannot be content to wait for the process of natural disintegration, but must anticipate that, if possible, by the shock of argument.

In undertaking the ungrateful, but necessary task of assailing Dr. Skae's classification, I would desire to pay a tribute of respect to his memory, and to protect myself

against the misrepresentations of any injudicious *protégé*. Dr. Skae himself, generous and open-minded as he was, would have been the last man to misinterpret the motives of any honest antagonist, or to describe a criticism of his scientific views, even so soon after his decease, as an attempt to throw dirt upon a new made grave. Skilled as he was himself in the weapons of attack, as his onslaught on the phrenologists showed, he would have respected hard hitting even if directed against his own progeny, and would have admitted that a contempt for his classification was not incompatible with a sincere esteem for himself, and for his achievements in other directions. Better than idolatrous worship is a discriminating allegiance, and more complimentary to the memory of the late Dr. Skae do I hold it to be to agree with, and to differ from him, than to receive implicitly his every dictum. But it may be suggested that this is his chief dictum that is objected to, and that disrespect to it means disrespect to him altogether. To which I would reply, that the estimate of this as his chief dictum was only formed apparently in his declining days, that no man can at any time justly appraise his own work, and that even were this his chief dictum, I might still discard it, and reverence his minor performances. Berkley valued himself most of all upon his Tar Water, and surely it is allowable to smile at his therapeutic extravagance, and yet to make genuine obeisance before Alciphron, or the New Theory of Vision. Yielding, then, to no one in my veneration for the much that was admirable in the late Dr. Skae, I shall nevertheless unflinchingly disparage his classification of mental diseases, believing that whatever his claims to the remembrance and gratitude of posterity may be, this is assuredly not the pedestal upon which his fame will rest. Philosophically unsound, scientifically inaccurate, and practically useless, this classification is doomed sooner or later to oblivion, and not all the efforts of all its votaries can do more than postpone its fate.

In examining into the character and capabilities of Dr. Skae's system, I shall endeavour to bear in mind and to deal with any arguments that have been adduced in its favour, either by its author or its sponsors, since it was first propounded in a definite shape in 1863. My comments, however, will be particularly addressed to Dr. Skae's Morisonian Lectures, published two years ago and edited and annotated by Dr. Clouston, which may, I think, fairly be taken as the most complete and well digested summary of all that can be said

in favour of the classification. That these lectures were intended to be the great bulwark of Skae's system is evident, and if, therefore, they are successfully assailed, the system may be said to be vanquished. I shall then endeavour, step by step, to meet the meagre show of reasoning which these lectures present, only glancing aside occasionally at any collateral support that may seem to deserve attention.

At the very beginning of his Morisonian Lecture, Skae plunges into the question of classification. He lays down no general principle to guide us, in proceeding from the confused and complex to the distinct and constituent, in our study of mental disease, but he commences by condemning emphatically the method of classifying the insane offered by Pinel and modified by Esquirol. This method he intimates is unsound in principle, and most unsatisfactory and uncertain, and the grand objection which he urges to it is that it is a classification of symptoms. In order to clear the way for his own method, and to show the necessity for a new classification of the insane, he sets forth the errors and deficiencies of the method of classification previously in vogue. If then it can be shown that these errors and deficiencies are in great measure imaginary, and have no real existence, the *raison d'être* of Skae's method is removed, and an important step is made towards its demolition. Let us search then into the validity of his objection to Pinel's method as modified by Esquirol.

First of all, he says, this method proceeds by a classification of symptoms and not of diseases, and no exception can be taken to the correctness of the statement. But, is it an objection to the method that it does so, and is Dr. Skae prepared to supply us with a classification of diseases themselves? There can be no question that, could we precisely, during life, specialize and localize the discharging and destroying lesions of the cerebral hemispheres—those subtle brain changes upon which insanity immediately depends—these would form the surest basis of classification. All symptoms, physical and psychical, would then fall into their proper places, and the safest indications for prognosis and treatment would be afforded. But the conditions and movements of the anatomical substrata of ideas and feelings in health and disease are, and must always remain, absolutely beyond our ken for clinical, if not for all, purposes. Parallel as mind and nervous action invariably are, we are still incapable of conceiving how they are related, or of ascertaining

what modifications of the cells and fibres of the nervous system are connected with derangements in the processes of the mind. Day by day it becomes more apparent that we shall never accurately make out the molecular changes which correspond with mental aberrations. The intricate researches of our microscopists are revealing to us degenerative results, rather than efficient causes, and we are still as far as ever from mounting a delusion in Canada balsam, or from detecting despondency in a test-tube. The convergent tendencies of all nerve degenerations make it improbable that we shall ever arrive at a satisfactory knowledge of the pathological consequences of those nutritive and functional disorders of the supreme nerve centres, upon which the majority of cases of insanity depend. Much more unlikely is it that we shall ever arrive at any direct knowledge of these nutritive and functional changes themselves. The only mode in which we can approach them is inferential, through the symptoms in and by which they are exhibited. It is clear, therefore, that these changes can furnish no direct assistance in the classification of the *insaniæ*, and that we must be content to seize upon the signs and symbols of insanity, and by a thoughtful analysis and synthesis of these to distinguish as well as may be their cerebral starting points. There is no force, therefore, in Dr. Skae's objection to Esquirol's system, that it is a classification of symptoms and not of diseases. As reasonable would it be to object to the classification now received in the science of Botany, that it is a classification of characters, and not of plants. Real entities are beyond our grasp, and we must be content to deal with sensible qualities. How much nearer to a knowledge of diseases Dr. Skae's novel system brings us we shall presently discover.

Looking into the matter a little further, it dawns upon us that Dr. Skae's mind must have been in a state of confusion as to the real significance and relations of symptoms. He seems to think it enough to condemn Esquirol's system to show that it is a classification of symptoms, or, more precisely, of mental symptoms; and he advances no reasons for believing that symptoms are an impossible basis of classification beyond an analogy, which is worthy of careful inspection. This analogy has reference to fevers. "To classify the insaniæ by their mental symptoms is very much the same thing," says Dr. Skae, "as if we were to classify deliriums into high or raving delirium, or muttering delirium, or wandering delirium, instead of classifying the diseases of which

these varying forms or degrees of delirium are merely symptoms."

Now, it is remarkable that here, in the first place, Dr. Skae unwittingly vindicates the mode of procedure which he is pronouncing futile. To show how preposterous any classification by symptoms is, he enumerates several varieties of one of the symptoms of fever, and he turns from them with scorn to the fevers themselves. "We speak of inflammatory, and typhus, and typhoid fevers," he says, and curiously enough these fevers generally correspond with the kind of delirium which he has named; inflammatory fever with high delirium, typhus fever with raving delirium, and typhoid fever with muttering delirium. It thus appears that the very symptoms which are dismissed as forming no foundation for division, guide to the very same division as is sanctioned by the system of which Dr. Skae approves. Apart, however, from this coincidence, the comparison which he draws is disingenuous and indefensible. He classifies fevers by a *secondary* symptom—the delirium—to illustrate how absurd it is to classify mental diseases by a *primary* symptom—the insanity. Dr. Skae must have known that we may have fever without delirium, but that we cannot have insanity without mental symptoms. He ought to have known that a classification of insanity founded upon mental symptoms can only be fairly contrasted with a classification of fevers founded upon the pyrexia. But such a contrast is not favourable to Dr. Skae's views, for fevers can be, and are, accurately classified by the range and variation of temperature by which they are symptomatised. But further than this, what does Dr. Skae mean by inflammatory, typhus, and typhoid fevers, except certain associations of symptoms? Did he suggest that we have arrived at the pathological entities in these diseases, or that we recognise, name, or treat them by any other method than an observation of symptoms? There is positively some difficulty in realising the state of bewilderment to which Dr. Skae and his pupils have consigned themselves on this subject. Claiming, as they do, without a shadow of right, to be regarded as the first to insist on the great truth that insanity is a disease of the brain, they yet, with consummate inconsistency, protest against any attempt to apply to insanity the same method of classification that has been applied to diseases of all other organs. Doubtless they would readily admit that diseases of the heart can be recognised and grouped, and their course

predicted, and their treatment suggested, by the clinical observation of the changes which have taken place in the outward perceptible signs of the functional activity of that organ. But, with reference to diseases of the brain, they will make no such admission. Changes in the outward perceptible signs of the functional activity of that organ must be ignored, say they, in recognising, naming, and arranging the diseases to which it is liable. The classification of Esquirol was unsound, say they, because it was founded upon clinical observations. And they go even further than this, and reverse the first great canon of all classification, which provides that, in the various groupings of resembling things, preference must be given to such as have in common the most numerous and the most important attributes. Preference must, according to them, be given to those groupings which have in common the fewest and the most trivial attributes. Sinking the mental symptoms, they devote their attention wholly to those circumstances in insanity which have a minimum significance.

We are told that it is always easy to find fault with a classification, and that as there are hundreds of possible ways of arranging any set of objects, so something may always be said against the best, and in favour of the worst of them. This being so, surprise may well be felt that Dr. Skae, and those who think with him, have, after all, so little to say against Esquirol's classification of insanity. Their only general objection to it is that it is founded upon symptoms, and that we have already disposed of; and their only particular objections are three in number, and these we shall proceed to consider. These particular objections, unsubstantial though they be, imply a partial appreciation—nowhere, however, definitely expressed—of the aim and object of a classifiation of mental diseases. They betoken a partial appreciation of the truths that medicine is a practical science, that in it knowledge must be selected and arranged with reference to the needs of human beings and the guidance of conduct, and that any classification in medicine, most of all a classification of mental diseases, must be practical in its aim, and instrumental in aiding us as physicians charged with the treatment of mental maladies. I shall have occasion hereafter to make use of these admissions, but meanwhile let us see what weight is due to these particular objections, individually considered.

The first of them is that the various so-called forms of

mental disease (in Esquirol's classification) merge gradually into each other, from which we are intended to deduce that the so-called forms are not forms, and that the classification is not practically available. "How many experts in this department of medicine would agree," asks Dr. Skae, "in certain cases of mania, as to whether they were acute or chronic? How many would agree as to cases of chronic mania and noisy dementia?" Therefore we are intended to infer, because the experts cannot agree, their criterion is not trustworthy. But if we look again at this first objection—that the so-called forms merge into each other—we shall, I think, feel satisfied that it is the statement of a fact, and not the revelation of a fallacy. There are no hard and fast lines in nature, and yet we are bound by a law of our being to classify nature in her every phase. Day merges into night, summer into winter, and yet we not unsuccessfully distinguish hours and seasons. Species of plants and animals merge into each other, and yet species are found to be convenient distinctions. Pneumonia merges into bronchitis, and yet these two diseases are appropriately differentiated. And all who have studied the functions of the great nerve centres will allow that these gradually merge into each other. Indeed, as regards the functions of the nervous system, it would be vain to essay as precise a classification of them as we make of plants, animals, or minerals. They merge into each other in every direction, and are incessantly intercommunicating. And yet broad contrasts are distinguishable between them, and upon these we are justified in constructing such a classification of them as is practicable in health and disease. A classification of some kind is needful, and we need not be withheld from making one because our lines of partition will be artificial, vague, and shifting. Reflex actions, sensori-motor movements, and instinctive manifestations merge into each other, and yet no one will dispute that they are wisely divided from each other and considered apart. And so, although cognitions, and feelings, and desires, and all the modes of consciousness merge into each other, in their normal and perverted activity, they are still divisible in a general way into groups and classes. It appears, therefore, that if the different so-called forms of insanity in Esquirol's classification merge into each other, that fact is much in their favour, and proves that they are conformable to the order of nature. We shall inquire hereafter whether the experts adverted to by Dr. Skae, or Dr. Skae himself and his own

disciples, are more competent than the followers of Esquirol to deal with mania acute, subacute or chronic, or with noisy dementia.

Dr. Skae's second particular objection to Esquirol's classification is scarcely more happy than his first one. It amounts to this, that these so-called forms change very rapidly. "What was acute mania one day may be monomania the next, and dementia the following." But change is the essence of the universe, and permeates chaos as well as cosmos. "Nothing is, and nothing's not, but all things are becoming" is the gist of the Hegelian philosophy. A man may be angry to-day, good tempered to-morrow, hilarious next day, and sullen for the remainder of the week. Are we then to consider it a defect in language that it supplies names by which to designate these changing moods? What is ulceration of the stomach to-day may be peritonitis to-morrow. Are we to discard our nosology because it distinguishes the two conditions? The absurdity of such a proposition is obvious enough. It is in the nature of many diseases, and especially of nervous diseases, to change or alternate very rapidly and frequently, and no classification would be satisfactory that did not meet the difficulties thus presented. At the same time it ought to be recollected that cases of mental disease in which such sudden transformations occur are quite exceptional, and that as a rule, melancholia is melancholia from first to last, and mania, mania. That this is so, is indicated by the fact that Dr. Skae has to go a long way back to find a fitting specimen of the alternation to which he is alluding. "About twenty years ago," he says, "I had under my care 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 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?" This sounds conclusive and triumphant. For a moment it appears that Dr. Skae has put the old system to open shame, by quoting a case in which its weakness is glaringly exhibited. The impression is that a case has been adduced, which cannot be rationally classified under the old system, but which will at once find a local habitation and a name under the modern

one. On deeper scrutiny, however, it is discovered that this impression is quite wrong. A few pages later Dr. Skae again introduces his versatile patient, and fancies, as well he may, that he hears the question, "to what form would you refer that case under your system?" It is almost impossible to believe him to be serious when he replies, "I would be quite content to take the name I gave it, and which such cases have received, viz., *folie circulaire.*" Having taunted the old system with its inability to grapple with this case, having condemned the old system because of that inability, he has immediately afterwards to acknowledge the incompetency of his own span-new system to meet its requirements, and has to return to the old system for a term by which to characterise it. In all his thirty-four forms there is no place for this case, which he has therefore to distinguish by a name, employed long before his day, and founded upon the succession of the much despised mental symptoms. With singular innocence, Dr. Skae adds respecting this case, "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." Of course, if we were put in possession of information that is denied to us, we might do many now unattainable things. But the problem is to make the best of the facts which are accessible, and the relative merits of the old system and Dr. Skae's will be decided, not by what they might accomplish under hypothetical circumstances, but by what they actually can do when face to face with existing difficulties. In that difficulty presented by the case quoted, chosen by Dr. Skae himself as a test difficulty, their achievements are without doubt conspicuously different. Dr. Skae's system breaks down miserably and at once, and Dr. Skae himself, helpless and forlorn, has to turn for assistance to that old system which he has depreciated, and which promptly responds to his appeal, and fairly meets the occasion. After such an exhibition is it necessary to say anything more about Dr. Skae's second objection to Esquirol's classification? Yes, just one word, and that is, that the argument of Dr. Skae's pupils in support of the same objection are as impotent as his own. One of them suggests that there is no such disease as acute primary mania, because, forsooth, the maniacal outburst is always preceded by a stage of despondency or stupidity. As well might we argue that there is no such thing as fever, because it is often ushered in by shivering. But the facts are ques-

tionable. All who have narrowly watched the growth of mental disease will agree that the progress of mania is sometimes a gradual crescendo movement up to the characteristic crash, without any anterior diminuendo.

The third and last particular objection which Skae propounds against the old classification is, that its "forms sooner or later partake of the symptoms of other forms." This is not very lucid, but from the context we gather that he means to point out that all incurable forms of insanity tend to dementia, and that monomaniacs, emperors, queens, &c., have often some degree of fatuity associated with their monomania. Well, this is just equivalent to the statement that all exhausting bodily diseases tend to anæmia, and that even local degenerations, when far advanced, are accompanied by poverty of blood. I confess it surpasses my comprehension to realise how such an argument militates against Esquirol's system. To Skae, however, dementia, in all its relations, is a stronghold from which he sallies forth in force against Esquirol and his adherents. To him it seems to be an omnipresent stumbling block in the way of the practical application of the old system. In many cases, he alleges, of melancholia and monomania, it would be impossible to determine whether mental perversion or mental weakness predominated, so that by some they might be classified as melancholia and monomania, and by others as dementia. Similar perplexities, alas! are not unknown in other departments of medicine. Disease, unfortunately, will not deport itself according to our cut and dry notions, in a precise and correct manner. On the contrary, it is most erratic in its conduct, and it is no new thing to find doctors differing in diagnosis, and as to the relative importance of certain contemporaneous disorders. I have known two physicians disagree on the question whether it was dilatation of the heart, or emphysema, or dropsy, that killed a patient, but surely such a disagreement should not induce us to blot these three diseases out of our nosology. Rather, it should move us to increased watchfulness, more minute observation. My own conviction is, that one half of the errors which occur of this kind, to which Skae adverts, are the result of imperfect investigation. Nothing could be more hap-hazard than the way in which mental diseases are sometimes diagnosed—a mere guess taking the place of patient explorations, and grave judgments being formed by men who would be puzzled to explain the commonest terms in metaphysics. I do not

mean to assert that this was the case with Dr. Skae's assistants, who were so discrepant in their diagnosis of dementia, that one set of them cured the disease at the rate of 23 per cent., and another set at the rate of 1·43 per cent., but I do say that it is unjust that their bungling, or divergent opinions, should be advanced as an objection to Esquirol's classification.

I have now examined, and, I believe, disposed of, all the objections that are advanced by Dr. Skae and his pupils against that old style of classifying mental diseases which it has been their ambition to upset and abolish; and, in doing so, I have abstained from entering upon any elaborate defence of the system thus assailed, because my primary purpose has been, not to vindicate its excellence, but to demonstrate the incompetency of its rival. In pursuing that purpose it has been sufficient for me to clear away the pretexts which have been advanced to justify the existence of the new system, without referring more than incidentally to the cogent arguments which might be adduced in favour of the old one. If the objections which the advocates of the new system urge against the old one have been set aside, much, but not all, has been done; for it might be that the old system is good, and impregnable to the attacks made upon it, but that the new one is still better, and more inviolable. Is this so? Is there anything especially excellent and commendable in Dr. Skae's classification?

In seeking an answer to such questions, the first point to determine is, obviously, the principle of construction in Skae's system. Dissatisfied with Esquirol's distinctions, fretted by their inexactitude, despairing of attaining through their agency reliable statistics about mental disease, Skae looked about him for a new and surer criterion of classification, and, in so doing, his eye alighted upon what he calls the *natural history* of the disease. That was a luminous idea. Dr. Skae was, I understand, an accomplished botanist, and it is not improbable that it occurred to him that he might emulate De Candolle, and extinguish Pinel and Esquirol, even as Linnæus was extinguished. The weakness of the Linnæan system was, that it took into account only a few marked characters in plants, and not the whole of their affinities, collated from a comparison of all their organs. It was a sexual system, and ignored elementary tissues and nutritive processes. The strength of the natural system is, that it takes into account every important point of structure; and so the weakness of

Esquirol's system (we may suppose Dr. Skae arguing) is, that it takes into account only one class of characters, and not the whole features of insanity. It is a mental system, and ignores bodily variations. The strength of my system shall be, that it shall take into account every attribute of insanity, psychical and physical. Finding Dr. Skae proclaiming his system as a *natural* one, again and again emphasising the designation by italics, we might infer that this was the process of reasoning in his mind and the purpose which he set before himself. Had it been so, with his powers and opportunities, he might have done a really great work; but, alas! we should be wrong in ascribing to Dr. Skae as much logic as is involved in the above simple process. Having excited our hopes of a natural system, he at once deserts his colours and goes astray. "What we are solicitous to know," he says, "is the *natural history* of the disease. . . . Is it a congenital disease? Is it one associated with epilepsy, with organic disease of the brain, with phthisis, or with atheromatous vessels?" Evidently, then, what Skae means by a natural system is a pathological one. He is to found his divisions, not upon a comprehensive survey of all the manifestations of the diseased process, but upon the bodily changes that precede or accompany insanity. This is, indeed, disappointing, for very imperfect must any classification be, founded upon such comparatively unascertained data. But still, in the hands of an able man, the meagre material attainable may be so organised as to be suggestive and valuable, and we can still, therefore, anticipate profit from Skae's pathological system. But again we are doomed to disappointment, for in a few lines it transpires that Skae's system is neither natural nor pathological, but etiological. "The basis of my classification is essentially, although not entirely, an *etiological* one." We now know what to expect from Skae's system. A classification with several bases, of which the central one is etiology, hardly deserves criticism. Of all treacherous foundations, Skae has succeeded in finding the least trustworthy.

No question will, I think, arise, that we are justified in receiving Skae's system as mainly an etiological one, and in criticising it upon that understanding. Notwithstanding its incongruities and inconsistencies, the doctrine of causes —terribly distorted—is its ruling principle. Even upon this elementary point, however, Skae and his adherents are not quite clear. Skae himself repeatedly speaks of its principle

as etiological, but Dr. Clouston has a notion of his own on the subject. "The principle," he tells us, "at the bottom of Skae's classification, is the exclusion of everything mental or psychical connected with insanity;" and one wonders if he kept his gravity when writing the sentence, which says, as plainly as words can put it, that Skae's classification has neither principle nor bottom. If we can conceive a classification in zoology excluding everything connected with animals, a classification in jurisprudence excluding everything connected with laws, we shall have fitting parallels to this magnificent *reductio ad absurdum.* The play of Hamlet, minus the Danish Prince, would be a full-bodied representation in comparison with Dr. Clouston's version of Skae's classification, which, by the way, it would be very interesting to see Dr. Clouston apply practically. There are thousands of lunatics who are in unimpeachable bodily health, and whose history divulges no pathological cataclysm, who present, in short, no traces of insanity except the mental symptoms. These Dr. Clouston, by his exclusive principle, would of course pronounce of sound mind, although mad as march-hares, and dangerous as nitroglycerin. Many worried medical men would rejoice if Dr. Clouston could secure the general acceptance of his view, for how much simpler would it be, when certifying a lunatic, instead of the formidable array of facts indicating insanity now demanded, to write down, "inequality of the pupils and a thick voice," "milk in the breast and a furred tongue," or "dumb-bell crystals in the urine." How satisfactory it would be to British subjects to be deprived of their liberty upon such highly scientific and conclusive grounds.

Fortunately for Dr. Skae's reputation, however, Dr. Clouston's version is palpably erroneous. No such principle, nor, indeed, any one principle, is at the bottom of the classification, which may be best described as a promiscuous and tumultuous congregation of a variety of principles, with etiology in the pulpit. Skae enumerates the mental symptoms under his every form; a few forms he has founded exclusively upon them, in spite of his maledictions against them. He says pointedly "I never dreamt of cutting off the old terms" (mania, monomania, &c.), and cordially concurs in the opinion that they are necessary "to describe symptoms, and the present condition of a patient as far as symptoms go." Dr. Clouston, then, is wrong in attributing to Skae the design of excluding from his classification everything mental or psychical

connected with insanity. In his error, however, he is very instructive, and presents a striking example of the antipathy with which those connected with his school regard everything mental. A philosophical problem is their detestation, and when metaphysics are introduced to them they display anything but the elasticity of spirit supposed to result from having one's foot upon his native heath. The name of Kant is an abomination to them, and even Herbert Spencer is regarded with some suspicion. An analysis of the psyche, or, indeed, any observation of the phenomena of consciousness, gives them uneasiness, and one of them has gone so far as to censure Dr. Maudsley for adopting a division of the mental faculties—into the affective and ideational—as demonstrable as the division of the functions of the nervous system into sensory and motor. The meaning of all this is that these gentlemen are quite at sea in their opposition to the study of mental symptoms. They have become familiar with the denunciations of the subjective method of philosophical inquiry, of the vanity of attempting to fathom consciousness by introspection, of the hollowness of metaphysical speculations, and they have failed to realise that there is an objective method of studying mind, and that an inquiry into the phenomena of consciousness or psychology is as much a science as chemistry or physiology. They have, of course, failed to realise that there may be something scientific even in the reprehensible subjective method, and that we are dependent upon it and its mental symptoms for half our knowledge of disease. What should we know of neuralgia, or of a stomachache, but for subjective experiences, and yet these complaints are real enough, and piteously beg for assuagement. The physician who limits himself to an outside view of humanity must remain below the level of an intelligent dog.

Receiving, then, Skae's classification as mainly an etiological one, we are in a position to discuss theoretically and practically the value and utility of the principle of construction which he has adopted. One merit, if it be a merit, it undoubtedly possesses, viz., originality, for in no other department of science has it occurred to anyone to classify by causation. Causes themselves must of course be classified, but nowhere except in the regions of madness have they been resorted to as a basis for the classification of things. The inquiry into causation in nature is usually presented as a recondite complication of influences and arrangements, some concerned, and some not concerned in the cause or

effect sought, and an arduous disentangling and eliminating process is requisite to separate the essential from the non-essential accompaniments. And even then the mystery is sometimes not solved, and it remains impossible to say what was operative, and what was inoperative in the sequence or surroundings. Seeing that this is so, that it is sometimes impossible to fix upon a true or efficient cause, in any given case, or to say which of a large number of causes is responsible for a given effect, it is evident that no more uncertain basis than causation could have been devised for a classification of mental diseases. Why, even in the simplest instances of causation, doubts and difficulties may arise. To take an example from John Stuart Mill: a man falls and cuts his head on a stone, and we should, by our first impulse, decide that the stone was the cause of the injury, but by our reflection that the weight of the man had as much to do with it as the stone. And suppose that that man became mad, as the result of his accident, it would be no easy matter to say, under an etiological system, whether his mental disease was lapidary insanity, or the insanity of ponderosity. If, then, in so simple a question such difficulties intrude, how insurmountable must be the obstacles which are likely to obstruct the way in the inductive search after the essential antecedent of so compound a condition as disease or disorder of the brain. In a large majority of instances of such disorder or disease, it is not any one cause, but a host of causes that have been at work, and ingenuity would be puzzled to single out any one cause as being more particularly responsible than others for the morbid result. Then how, in cases of insanity, is the information necessary to guide to an etiological classification to be obtained? Either the symptoms by their combination and sequence conduct infallibly back to the starting point of the disease, making plain its cause, and in that case the symptoms themselves ought to be the basis of classification and nomenclature, or the symptoms by their diversity and uncertainty of arrangement, give no guidance towards the point of origin, and in that case scientific inference is impossible, and mere rumours and conjectures must be relied on. How can we know—to take an example from one of Skae's forms—that any case of insanity is post connubial. There are only two ways by which we can arrive at that conclusion. Either depression of spirits, doubts of virility, pallor of the countenance, pains in the limbs and sleeplessness—the symptoms enumerated by

Skae—warrant its recognition as such, and if so why should we not designate the case as one of melancholia, which is a summary of the symptoms, or the statements of the patient himself, or of his relatives or friends, that the malady began after his marriage is held to determine the nature of the case. It is clear that it is in the latter way that Skae and his pupils manage their classification. They give no such list of distinctive symptoms as would enable anyone to recognise and place a case of mental disease apart from a knowledge of its history. They depend in a large proportion of cases upon the statements of the patient or his relatives. But are such statements trustworthy? Is it not a fact that they are singularly delusive, that they are often fantastical, and sometimes wilfully misleading? Is it not consonant with the experience of every practitioner in lunacy, that the patient is almost invariably at fault as to the origin of his illness, and that his relations are most perverse and stupid in their views on the same subject. I think it is Dr. Maudsley who has asserted that the relations of the insane often themselves manifest some intellectual or moral twist. However this may be, whether they are misled by a diathetic tendency, or by some rational motive, I am quite sure that they frequently supply erroneous information. And even when anxious to be honest and communicative, when restrained by no dread of exposing family foibles or taint, or of uncovering individual blemishes, they are all wrong in their etiological notions in nine cases out of ten. There are few of us who have not had to modify our views as to the causation of insanity in numerous cases again and yet again, abandoning one hypothesis after another, as fresh information has come to light, and resting on a hypothesis after all. Why, as to this post-connubial insanity, I have seen two cases of general paralysis, which were at first so classed by able men, and which on further inquiry were proved to have originated long prior to the marriages, out of the effects of which they were presumed to have arisen. The connubialism, as it turned out, was actually a symptom of the mental disease, and not its cause.

What, then, becomes of the first and paramount argument in favour of Dr. Skae's new system, that it is of universal service in practice, that it is helpful where other systems are useless? Were it so, it would indeed possess a superiority over the system of Esquirol; but is it so? We have arrived at this, that it is founded chiefly upon etiology;

that the etiology of mental diseases is so complex that in many cases we cannot single out any cause or group of causes; and that the information respecting etiology which it is in our power to collect is eminently untrustworthy. Surely nothing more is needed to condemn the system as practically useless. If a physician imbued with this classification is unable, as I maintain he is, to place in their appropriate groups a number of cases of which full and correct histories have been given him, and must in fairness place many of them into two or three different groups at the same time; if he is unable to place at all a number of cases of which he can obtain no history whatever—and how often have we in pauper asylums to treat cases altogether destitute of histories!—then it is indeed indisputable that his classification is a source of weakness and a snare.

To illustrate the difficulties encountered in employing Dr. Skae's classification, I shall mention one or two cases that have been lately under my own care.

A lad of nervous temperament, who had practised masturbation, while suffering from acute rheumatism became delirious, and continued, after the subsidence of the rheumatism, for some months in a state of great mental excitement, with violent choreic movements. How ought his disease to have been classified according to Dr. Skae's system? Was it masturbational insanity, or metastatic insanity, or rheumatic insanity, or post febrile insanity, or choreic insanity?

A man of intemperate habits, labouring under tertiary syphilis, fell down stairs, suffered concussion, and was afflicted with recurrent attacks of excitement, and convulsive seizures. Was his disease alcoholic insanity, or syphilitic insanity, or traumatic insanity, or epileptic insanity?

A girl with a strong hereditary predisposition to insanity; (her mother and her aunt died insane) when suffering from amenorrhœa became excited, and manifested intense eroticism and sexual desire. Was her disease the hereditary insanity of adolescence, or amenorrhœal insanity, or ovarian insanity, or hysterical insanity, or nymphomania?

A lady, at the change of life, in a weak and exhausted state, after an attack of gout became deeply depressed. Was her disease climacteric insanity, or anæmic insanity, or podagrous insanity?

A man, who had applied to the police for protection, about whom nothing was known, and who declined to give any

account of himself, was brought to the asylum labouring under the delusion that there was a conspiracy to poison him, but in robust health, and free from any vestige of disease. How would his malady be classified under Skae's system?

A woman who had been a tramp, and whose antecedents were undiscovered, was brought to the asylum from a workhouse in good bodily health, but demented and silent, so that she never answered when spoken to. How would her malady be classified under Skae's system? I pause for a reply in these and hundreds of similar cases before assenting to the proposition that there is any practical usefulness in Skae's classification.

It is not that Skae's system breaks down, in a few cases, like those adverted to—for that would scarcely invalidate it—but in an enormous number. My conviction is that it is altogether incompetent to deal with at least fifty per cent. of all the cases of insanity in our public asylums, and that every extended and unprejudiced trial of it ends in woful disappointment. Not only are masses of cases left by it unassorted, but those that are assembled into specific groups are often unassociated by any resemblance or agreement except their supposed common origin, truly a slender thread by which to bind together incongruities. Fierce hot-headed maniacs are linked by it with pale, emaciated melancholics, drivelling dements with lively monomaniacs. In no groups—save those which Skae found ready to his hand and adopted, and which are not based on etiology—are the cases assembled together found to present kindred features. In no group is there any general indication for management, prediction, or treatment. For, of course, one efficient, morbid cause, may eventuate in a score of different morbid conditions, according to the diverse acting and reacting influences of subordinate co-operative causes. A party of men are exposed to severe cold; and in consequence, one has coryza, another pneumonia, a third rheumatism, a fourth diarrhœa, a fifth ague, and so on. And so a party of men are exposed to concussion, and one suffers from transient excitement, another from recurring attacks of depression of spirits, a third from general paralysis, a fourth from senile fatuity, a fifth from epileptic dementia, and all these ought to be classed by Skae under Traumatic Insanity. If his system is etiological, they must be so classed; if it is not etiological, then it ought to be described correctly. Skae himself says more than once that it is essentially etiological, but he admits also that other principles of classification

are introduced, and so, that it is a composite and piebald system, a fact which would derogate from its authority, and interfere with its reception, however good it might happen to be in other respects. The mistake of adopting an etiological basis made such incongruities, however, inevitable, for there are well-defined mental diseases—such as general paralysis—of which the etiology has not yet been fully made out.

Enough, it might seem, has been said to dispose of etiology as a basis for classification in mental disease; but there are still other considerations bearing upon the subject which it would be inexpedient to pass over. One of these is that much mischief is done by an etiological system by withdrawing attention from clinical observations, upon which alone any scientific and enduring nomenclature and classification of disease can be perfected. An etiological system dispenses with clinical observations, and, as we have seen, has recourse to hearsay and guess-work. It is of course a much simpler affair to accept the testimony of some second party that a patient's mental derangement dated from a blow on the head, and to ticket it traumatic insanity, than it is to watch the patient's habits, manners, and conduct, guage his capacity, test his memory, probe his intellect and feelings, note all his physical conditions, and to deduce from the observations made that he is labouring under primary dementia due to functional cerebral disorder, or organic dementia with cerebral atrophy, or recurrent mania with irregularities of vascular supply. And thus harm is done, and a nondescript slipshod method is substituted for rigorous induction whenever etiology is accepted as a classificatory principle. So out of place, injurious, and useless in this relation is etiology, that I have often wondered that semiology has not, with equal plausibility and rationality been employed in the same way. Every disease has an after as well as a before. Why should not diseases be classified by their effects? Many diseases not only run their own course, but occasion changes more or less permanent in the viscera or constitutions of the persons whom they attack. Some of these after effects—those of scarlet fever, smallpox and syphilis—are exceedingly definite. They must certainly be comprised in any consideration of a disease as a whole, but who in his senses would make them a basis for a classification? Like etiological facts, they are not present at the very time when classification is most urgently demanded. They are often inextricably interlaced. They

admit of all sorts of speculative uncertainty. A classification, to be of any value in medical science, must be available at the moment when the physician is brought face to face with disease, and must be founded upon skilled observations, and not rumour, nor even upon the fruits of elaborate research. Arrived at in any other way than by skilled observations, the act of classification will be performed with hesitation and doubt, and will not, perhaps, be fully achieved until the patient has been placed, by recovery or death, beyond any personal interest in it. Symptoms must be the basis of classification. A man who being hungry is presented with a cocoa-nut, recognises it, and names, by its size, form, colour, surface, marks, &c., and probably proceeds to eat it. He does not suspend his judgment until he has ascertained by laborious inquiry and correspondence that it was imported from the South Sea Islands, and was gathered from a tree growing on the sea-coast sixty feet high, with pinnate leaves, male and female flowers, a three-celled ovary, and a one-celled drupe. He finds it more convenient to trust to symptoms than to etiology. No one would think of classifying plants by the soils they grow in, nor animals by the climates which they inhabit.

I have already alluded to the fact that Skae's classification, although mainly an etiological one, is not entirely so, but is in part founded upon other besides causal conditions; and I again advert to this feature in it to put it forward as another substantial objection to the plan of construction followed out. I say plan of construction, when I ought, perhaps, to say hap-hazard style of construction, for the pith of the objections which I am now urging is, that there is no plan nor architectural symmetry in the classification. No design runs through it; there was no comprehensive scheme in its author's mind, and one knows not whether to find fault most with the conception or the workmanship. Nowhere else, save in medico-psychological science, would a hybrid like this have been tolerated for a day. The foundations are shifted at least five times, and stumbling and blundering pervade the whole of it. Some forms have been borrowed from the older nosologies. Some, such as Nymphomania, Satyriasis, and Hypochondriacal Insanity, are formed entirely upon mental symptoms. Some, such as the Anæmic and Pellagrous forms, are founded entirely upon bodily symptoms. Some, such as insanity from brain diseases, and phthisical insanity, are founded upon pathological changes. Some, such as the

insanity of Oxaluria and Lactational insanity, upon constitutional conditions. Some, such as Syphilitic insanity, upon tissue degeneration. There is no consistency, no harmony in the classification, no trace of that insight which Plato calls "seeing the one in the many, and the many in the one."

And neither is there any completeness in Skae's classification. Untrammeled as he was by considerations of symmetry or consistency, free to introduce any new principle at pleasure, he might at least have built up an exhaustive classification. Most surprising, therefore, is it to notice that even in its etiological section, the classification is imperfect and contains gaps. It would have been no arduous matter to sum up all the known possible causes of insanity, and to connect those with supposed forms. But this has not been done, and consequently there are forms of mental derangement etiologically considered which can find no refuge even in the prodigious mixture which Skae has evolved. Insanity has been produced by lead poisoning, so there ought to have been a plumbic insanity; it has been produced by the fumes of mercury, so there ought to have been a hydrargeric insanity; it has been produced by Cannabis Indica, so there ought to have been the insanity of bang; it has been produced by drinking salt water, so there ought to have been the insanity of the chloride of sodium, and so on. It is inexcusable that so many omissions occur. If a fear of unduly lengthening the list led to the exclusion of some rare forms, room might have been obtained by merging some of the forms, which still stand there and which overlap each other to a ridiculous extent, so much so indeed that they may be said to be superimposed upon each other. No sound principle, etiological or otherwise, can justify the distinction drawn between puerperal insanity and the insanity of pregnancy. If puerperal insanity is to be divided at all, there are at least four varieties that merit exaltation into distinct forms. The incompleteness of Skae's classification is another indication that he never took a wide, all-embracing survey of the district which he undertook to map out for the benefit of mankind. He made erratic inroads upon it, and fenced off irregular allotments here and there, but he left some territory untouched, and the end of his labours is turmoil and bewilderment.

Besides the primary and fatal objections to Skae's classification of insanity already advanced, there are other general

objections to it that militate seriously against its adoption, and that prove it to be a superficial and unmethodical arrangement. For instance, there is no gradation in it. He lays down thirty-four species, or as he calls them, natural groups of insanity, but he does not associate them into general classes of higher generality. The natural group is his narrowest and at the same time his widest term. He leaves the investigator to wander at random amongst these natural groups, and to stumble as best he may upon the one wanted. There are no families, tribes, divisions, nor indications of any relation subsisting between the different groups. There is no connotation of points of similarity among groups as well as among individual cases, but each is arranged as a solitary individual concept. But it is one of the objects of classification to save repetition in its description of objects; to give once for all, by full and exact definition, the attributes which are common to the whole of a large aggregate, and to state afterwards merely what is special to each individual of the aggregate taken apart. And it is a well understood principle, that the more complicated the objects to be dealt with, the further must the gradation in their arrangement be carried. There ought to be broad ways of approach, with regular halting places towards the specific object. And just as there is no gradation in Skae's classification, so there is no serial arrangement. There is no order or succession in the different groups composing it, any one of which might be placed first or last with equal propriety. There is no sort of affinity between them, and juxtaposition is of no moment with reference to them. But surely the intelligent study of insanity requires a definite succession in the groups into which it is divided, corresponding to the successive complexity of the phenomena by which it is recognised. And surely no system of classification can be regarded as otherwise than futile which rejects the immense assistance of a serial arrangement. A linear order of progression has been observed in every individual science and in science as a whole, and nowhere may it be more clearly traced out than in biological science, the facts of which can only be comprehended when marshalled in the order of their dependence. Tissues, organs, functions, exhibit an orderly development from the simple to the complex, and deviations in the functions of the highest nerve centres can never be fruitfully studied except on the lines of normal evolution. The very highest nerve centres are but more intricate rearrangements

of lower ones, and these of still lower, until the lowest is reached—that lowest representing single impressions and single movements. There is a wide interval between the idiot and the maniac, and between these there are numerous intermediate degrees; and at any rate no classification of mental perversions can be approved unless it involves some sort of serial arrangement.

I have briefly set forth a few of the more pressing of the general objections which at once suggest themselves to the plan of construction adopted by Dr. Skae in framing his classification, and I shall proceed next to expound, with even greater brevity, a few of the crowd of objections which instantly start up to the details of the system. First of all, there is the objection which has been before advanced by Dr. Maudsley and others, that at the tail of the classification there is a miscellaneous lot—idiopathic insanity, a refractory ward into which are forced all recalcitrant cases that will not submit to the discipline of classification. Into this limbo march all cases that cannot be identified as belonging to any of the other thirty-four circles of madness, and in it we may suppose there is a strange and motley mob. We are told by Dr. Clouston that only one-tenth or one-twelfth of the whole number of the insane require to be placed in this group, but a medical friend of mine who tried on a small scale to apply Skae's system, and survived the attempt, has assured me that about thirty per cent. of asylum cases ought to be included in it. That, at least, was the proportion of the residuum of cases which remained after his experiment, which could not, by the most strenuous efforts, be squeezed into any other group. But whether it embraces thirty or only ten per cent. of the insane this is a most important group. If out of thirty-five groups one absorbs ten per cent. of all cases, there remains only an average of less than three per cent. for the other groups, and the group absorbing the ten per cent. is evidently one of great, if not of the first, magnitude. We are entitled, therefore, to some description of the features of idiopathic insanity, fuller and more instructive than that furnished by Drs. Skae and Clouston, which merely amounts to this, that it originates in moral causes and sleeplessness, and is of two kinds—sthenic, with symptoms of vascular action, suffused eye, throbbing temples and carotids, hard and full pulse; and asthenic, with symptoms of anæmia, emaciation, feeble pulse, cold and tremulous extremities, and so forth. It is indeed strange that

this is all these gentlemen have to say about a disease which bulks so largely in their system, and without which the insolvency of that system must instantly stand confessed.

The way in which this idiopathic insanity—this thing of shreds and patches—is defended when assailed is very characteristic of the style in which arguments are met by the sworn champions of the classification, who, of course, disdain dialectics. No one has objected to idiopathic insanity as such. No one is inclined to dispute that moral causes and sleeplessness may bring on primary disorder of the brain. The objection taken is not to idiopathic insanity, but to Skae's idiopathic insanity, which, it is maintained, is out of place in a classification such as his, and is a mere cover for a heterogeneous heap of alien, incompatible, unclassifiable cases. Missing the point of the objection, however, Skae's observations are directed to vindicate what is not called in question —the existence of idiopathic insanity. He has not a word to say in answer to the truly damaging criticism that no classification is entitled to be named as such that retains a department for irreconcilables. He has no explanation to offer of the extraordinary diversity in character presented, it is alleged, by the cases consigned to the group. What should we think of a zoological collection that had an order of idiomorphic beasts? Why even the Ornithorynchus paradoxus finds its affinities.

A second objection to the details of Skae's classification is obvious in the fact that several of his forms are founded, not, as in an etiological system, they ought to be, upon some definite cause—but upon a whole course of life or period of time, so that nothing but vagueness and uncertainty is possible. Climacteric insanity is dependent upon changes extending over several years, rife with pathological risks, and it may therefore spring out of any one of a multiplicity of causes in no way related, except in the period of their occurrence. Any woman attacked by mental disease between the ages of 44 and 50 may or may not suffer from climacteric insanity. To associate as one form all the varieties of mental disease that may mark the epoch, is about as sagacious as it would be to bring together every disorder that may accompany teething—diarrhœa, skin eruptions, convulsions, and what not, and to compel the whole of them to pass as one malady—dentitional disease. Then the hereditary insanity of adolescence is also dependent upon very nebulous conditions that may come to the surface at any time between 18 and 23

years of age. The hereditary taint is operative at every moment of existence. Why should its effects in one decade be erected into a special form of insanity more than at any other? These effects, as pictured by Dr. Clouston, have nothing distinctive nor even distinct about them, and, indeed, no feasible pretext has been made out for the creation of such a fanciful form of mental derangement, or for that of its congener, the insanity of pubescence. These and other forms are founded upon circumstances and conditions so unsettled, so desultory, so protracted and unwieldy, that no reasonable being would think of employing them in a practical classification. And Skae's classification is meant to be practical if it is anything. Would it conduce to convenience to blot out diarrhœa and dysentery, and erysipelas and pyæmia and puerperal fever, and phthisis, and general tuberculosis from our nosologies, and to merge all these under one term "filth disease;" or as Skae would have put it, "post dirt disease?" Certainly not! Then neither is it advantageous to lose sight of the various diverse disorders and degenerations that may grow up at certain eras of existence, and to blend them all in one huge disease, vague in its outlines, and having only a spurious generality. Vagueness, indeed, and looseness of generalization are characteristic of the whole classification. It is quite remarkable that while Skae repeatedly betrays the fact that he regards his forms as specific entities, and not as mere departures from health, he has with reference to none of them attempted definition. Long hazy sketches are given, but brief, rigorous definitions—of which every genuine group or species should be capable—have been nowhere offered.

Another objection to the details of Skae's classification is, that in more than one instance, what may be truly a consequence of mental disease has been received as a cause, and made the basis of a form of insanity. How often do we find amenorrhœa resulting from attacks of insanity of the very kind which Skae has described as resulting from suppression of the menses? How often do we find phthisis following upon those types of mental aberration which have been represented by Skae as springing out of the pulmonary tuberculosis? Is it not now probable that in a considerable proportion of the cases included by Dr. Clouston in his statistical inquiry into phthisis in the Royal Edinburgh Asylum, the lung disease was due to defective hygienic arrangements in the asylum, and had no causal relation to the insanity?

Still another objection to the details of Skae's classification is, that in several forms, the etiological basis fixed upon is one which can have no genuine causal relation to disease. Lactation, for example, is a physiological process, and cannot of itself be the cause of insanity. If lactational insanity really existed, we should expect every nursing woman to go mad. But in the cases which, according to Skae, constitute this form, there are other morbific agencies at work. There are the weakness and anæmia due to excessive or prolonged lactation, the exhaustion and irritability of nervous shock, or the debilitating influence of some inter-current disease. The lactation is not responsible for the insanity, but the other disease-bringing circumstances which operate during the lactational period. Nor does the lactation condition impress any singular or distinctive feature upon the insanity by which it is chequered.

So much space has been occupied in merely skimming over the more flagrant errors and inconsistencies of Skae's classification, that the more occult evils and drawbacks inherent in it must for the present go unexamined. Nor is this to be regretted if enough has been said to satisfy that Skae and his pupils have taken up an untenable position, and have but lamely defended it. The plastic operation of decomposition and re-combination is pleasurable in its performance, and this classification, born of an operation of that kind, is doubtless viewed with attachment by those who have aided in its manufacture! They will resent the indictment of many counts brought against it—but the sooner they realise the justice of that indictment the better will it be for British Medical Psychology. The verdict sooner or later will be that this so-called classification is no classification, for it involves no act of comparison or judgment, but trusts to hearsay testimony, and is founded upon conditions numerous, venial, and inextricably entangled. Griesinger says, with true wisdom, "Our classification of this group of mental diseases proceeds upon the symptomatological method, and by such a method alone can any classification be effected;" and the most illustrious representative of English medical psychology now living, Bucknill, has echoed his opinion.

Skae's Classification of Mental Diseases: A Critique

J. Crichton Browne

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