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PART I.—ORIGINAL ARTICLES.

A Rational and Practical Classification of Insanity. By DAVID SKAE, M.D., F.R.C.S.E., Resident Physician of the Royal Edinburgh Asylum, Morningside; President of the Association of Medical Officers of Asylums and Hospitals for the Insane.

(*The Address read from the Chair at the Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, held at the Royal College of Physicians, July 9, 1863.*)

I THANK you most heartily and sincerely for the very high honour you have conferred upon me in electing me as your President for the ensuing year. I confess that I feel myself very undeserving of this distinction, and very unequal, I fear, to discharge the duties attached to the office in a manner becoming its dignity and importance. The head and front of my ill desert has been my irregular attendance, or rather my regular absence from the meetings of the Association; and it was, therefore, with feelings of surprise, as well as gratification, that I heard of my election at your last annual meeting, where, as usual, I was absent. That I should have been elected in those circumstances, I cannot but regard simply as a compliment to Scotland, and to its metropolitan asylum, of which I have the fortune to be the chief. I thank you, therefore, most cordially, not only for myself, but for old Scotland and its *modern Athens*, as some of your poets have called her, or rather, I should say, for the town which we ourselves call by the more endearing name of Auld Reekie.

I think it is due to you and to myself to take this opportunity of explaining that my absence from your annual meetings has not been from any want of interest in the great objects of this Association—the advancement of psychological science and of the art of treating insanity—but has arisen from the fact that I am always engaged during the summer session, when your annual meetings take place,

in conducting a course of lectures and clinical instruction upon insanity in the Edinburgh Medical School, and at the asylum under my care. I have this year, under the pressure which the honour you have conferred upon me has exercised, left my usual course of lectures in a somewhat unfinished and hurried state, trusting that the circumstances would sufficiently excuse me to the gentlemen who did me the honour to attend my lectures.

I have spent no little time in reflecting upon what theme I should specially address you. With a view to help me in my choice of a subject, I have perused the learned and eloquent addresses of my predecessors in office. This, however, only tended to increase my perplexity, for I found that they had exhausted, in the most able and complete manner, almost every subject proper for such an occasion.

At one time I thought of directing your attention to the medico-legal relations of insanity with a special reference to the opprobrium which has so often been thrown upon medical witnesses for the unseemly differences and contradictions displayed by them in our courts of law, in questions as to the existence of imbecility and insanity.

I have a strong conviction that these differences and contradictions are entirely due to the *lawyers*, and the very imperfect and erroneous *legal* definitions of idiocy and insanity, and not to the *doctors*. And I think we ought, both as individuals and as an association, to use all our energies and influence to bring about a revision of the legal distinctions regarding insanity, so as to get their distinctions and definitions in conformity with ours, or, more correctly speaking, in conformity with nature and facts ;—with those descriptions and distinctions which we have derived from the careful study of mental disease. Let the legal responsibility, or legal capacities of each class so recognised, be at the same time fixed and determined by law, and then—and then only—will the greater part of the difficulties and discrepancies of medical testimony entirely disappear. This subject is, however, too extended to be brought within the limits of an address, and I shall reserve what suggestions I have to offer in regard to it for some early contribution to our Journal.

Some remarks made in the very eloquent address of Dr. Lalor, on the connection between medical and mental science, determined me to bring before this Association a subject which has long occupied my thoughts,—“The study of *the relations of mind and matter*,” he said, was “to the resident physician of a lunatic asylum, *the beginning and end of his mission*.” If so, I cannot better fulfil my mission as your president than by addressing you on the subject of my thoughts, viz., the *classification* of the various forms of insanity on a rational and practical basis. I am encouraged to adopt this difficult and very extensive subject by another remark of Dr. Lalor’s,—

that, although compelled by the magnitude of the subject to do little more than to suggest, as it were, "a *skeleton theme*, full of interest to all, it is yet so familiar that each one of you can endow it with the flesh and blood of your own conceptions, clothed in the language of your own ideas."

The classification which I have suggested may be summed up in the following table :

Idiocy,	}	Intellectual.
Imbecility,		Moral.
Epileptic Mania.		
Mania of Masturbation.		
"		Pubescence.
Satyriasis.		
Nymphomania.		
Hysterical Mania.		
Amenorrhœal Mania.		
Sexual Mania.		
Mania of Pregnancy.		
"		Lactation.
"		Childbearing (Puerperal).
"		Critical Period (Climacteric Mania).
Ovario-Mania (Utero-Mania).		
Senile Mania.		
Phthisical Mania.		
Metastatic Mania.		
Traumatic Mania.		
Sun-stroke Mania.		
Syphilitic Mania.		
Delirium Tremens.		
Dipsomania.		
General Paralysis of the Insane.		
Idiopathic Mania,	{	Sthenic.
		Asthenic.

The subject is one, too, which appears at present to interest us all, for we have a communication in the last number of our Journal upon it, by my very learned friend, Professor Laycock, and a very excellent paper by our esteemed *confrère*, Dr. Sankey, in the same number, in which the subject of classification is very fully reviewed, with a special reference to melancholia. These papers enable me to spare you, were that required, any review of present or past systems in use, and the various methods proposed by different writers, of which none have yet found their way into general practice. I proceed, therefore, at once to my own notions on the subject.

I think I cannot present the subject to you, from my point of

view, in a more intelligible form than by laying down my ideas synthetically as I myself formed them, and my conclusions as they were successively arrived at.

From my own personal experience, then, and from what I have observed in the practical experience of others, of the many distinguished and talented young men, who have studied insanity under my care, it has always struck me that the moment they came into actual personal contact with the insane, all their preconceived notions of insanity, derived from our systematic works, were found to be vague, misty, and purely conventional descriptions of what they actually saw. Acute mania, instead of being the frightfully agonising picture drawn by Chiaruggi, was only presented to them in the transient and babbling excitement of a harmless and frightened, but dirty, nudifying, and destructive patient. The gradations between acute mania and mania, and chronic mania and dementia, with some degree of noise and distinctiveness, they found to be so gradual that it was very difficult, and, in fact, only a conventional matter, to say where the one began and the other ended. In *idiots* and *dements* they found every degree of mental impairment, from simple loss of memory and slight childishness to total fatuity and obliteration of all the mental faculties. Among the so-called *monomaniacs* they found very few who were *monomaniacs* at all; most of them were insane on several subjects, although presenting some more *salient* feature, such as the fear of poison, hanging, or eternal damnation, or the belief of exalted rank or enormous wealth or power. Many of them had no delusions at all, and gradually one began to discover that the *moral insanity* which was confined in our text-book to a few cases of homicidal and suicidal impulse ran through every variety of insanity as at present classified, so that we found acute mania and chronic mania and melancholia and monomania of self-esteem or pride, and of fear, all existing without any delusions. They all could be resolved into cases of moral insanity, out of cases of mania, monomania, &c., just as you come back in some tormenting paradox, or cat's-cradle, to the same thing from which you started.

Then the monomaniacs can with difficulty be distinguished from each other; what one calls monomania of fear, another tabulates as monomania of suspicion, another as monomania of unseen agency, and so forth; and many of them present so much general mental impairment, that the observer does not hesitate to refer them to the class of dementia. In fact, between the demented patients and those labouring under various forms of mania more or less chronic, and of monomania with more or less general mental impairment, the gradations are so slight, that I venture to say there are no two asylum reports published in the empire in which the same rules and distinctions are rigidly observed in tabulating the forms of insanity under treatment.

Lastly, the form of insanity varies within very short periods of time; what was a few days ago a case of mania, is now one of monomania or dementia, in any of their forms or degrees. Nay, the case which is sent to the asylum as violent and dangerous, may, from the very moment of admission, present none of the features ascribed to it.

I need not multiply illustrations of the imperfection of our present mode of classifying the varieties of insanity; they are too familiar to all of you, and all of you must have felt the perplexity too often of assigning to each case its distinctive name in your returns or statistical tables.

The next 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. 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 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 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. Why, then, should we adopt another ground of classification in our tables and text-books? and why should we perpetuate a nomenclature so indefinite and conventional, and which has no other foundation upon which to rest than an imperfect, if not an obsolete, system of psychology? Were our physiology of the brain as perfect as that of the lungs—were we able to predicate what particular portion of the brain was affected in each case of insanity—I cannot see how our present mode of classifying the varieties of the disease (according to the character of the mental symptoms) would ever be one of practical utility. We do not classify the various diseases in which delirium is present by the character of the mental affection; we do not describe acute or violent delirium, or muttering delirium, or fugacious and wandering delirium, or coma, as *diseases*; we describe the diseases upon which they depend, of some of which we know as little as we do of insanity, but of which we know at least the natural history, the origin, course, and probable termination;

and we describe, accordingly, inflammatory fever, typhus and typhoid fevers, phthisis, uræmic poisoning, and the other diseases of which these different forms of delirium are only symptoms. Why should we proceed upon another principle in regard to insanity? Why should we attempt to group and classify the varieties of insanity by the *mental* symptoms, and not as we do in other diseases, by the *bodily diseases*, of which those mental perversions are but the signs?

I think I hear your answer—you say at once it is not possible. Insanity is a mental affection, brought on most frequently by mental or moral causes, and there exists no basis for such a mode of classification.

I do not deny that there are difficulties in the way, and I do not pretend that I shall be able to meet all those difficulties to your satisfaction, yet I trust I shall be able to show you that those difficulties are far fewer than we at present imagine, and that we may approximate at least to a more rational and practical mode of classification than that in present use.

I offer my suggestions with great deference to this audience, and only as hints or suggestions which may germinate into something more perfect, after they have had the advantage of your experience and reflection in discussing their merits, and adding, if possible, to what I have been unable to complete.

My proposition, then, is this,—that we ought to classify all the varieties of insanity, to use a botanical term, in their natural orders or families; or, to use a phrase more familiar to the physician's ear, that we should group them in accordance with the *natural history* of each.

Now I observe, in starting, that wherever we have a *very distinct* natural history of any form of insanity, we at present always refer it to its natural order, without reference to the character of the mental symptoms. All our epileptics are classified *as such*, whether they are demented, or monomaniacs, or subject to paroxysms of acute mania. It is insanity with epilepsy. *Puerperal mania* forms a distinct group, whether the patient is maniacal, suicidal, or melancholic. *General paralysis* affords another group, and none of us ever think of referring a general paralytic to any other group than that of the natural family to which he belongs, whether he is maniacal, a man of exalted wealth and rank, a melancholic, or a dement. Is it not possible to extend the same rational and practical method of classification to all the other varieties of insanity? I do think it can be done, at least to a very great extent; and I do think that this is, in the present state of our knowledge, the only rational and really practical basis of classification.

Permit me briefly to attempt an outline, a mere skeleton, which I must leave you to clothe as I go on with the illustrations

familiar to all of you, of what can be done in attempting to carry out this system of natural orders.

The first natural group is obviously *idiocy*, including imbecility under all its various forms and degrees, until we come down, or up, rather, to the mere mild Dundrearyism of an effete and degenerate race. To this class must be referred a large number of cases of *moral idiocy and imbecility*, many of which at present get mixed up by our present mode of classification among the insane, as monomaniacs of various kinds. Such are many cases familiar to all of you of congenital moral perversion, instinctive cruelty, and destructiveness and theft. Many of our most noted kleptomaniacs have had that tendency from childhood, and have been *moral imbeciles*. In fact, as far as I know, all of them have been so; and when we meet with kleptomania in cases of *insanity*, it is only as one of many other symptoms, as when we find it associated, as we often do, with general paralysis.

I would refer all those cases of insanity, which are but the development and aggravation of a congenital moral perversion, or want of balance, to the class of congenital moral imbeciles.

The *second* natural group appears to me to be the *epileptics*. Epilepsy is emphatically a disease of childhood, and when it is established at that period, it arrests the development of the brain, and is associated with idiocy and imbecility. In other cases we have it associated with maniacal paroxysms, monomania, or dementia, or total fatuity. All the cases, whatever the mental symptoms may be, or however they may vary, as they often do, during the progress of the disease, still they form a distinct natural family, of which the epileptic seizures are the most prominent symptoms, and the causes of that state of the nervous system which conditions the mental derangement with which each case is complicated.

The *third* natural family I would assign to the *masturbators*. Although I designate this family by the cause only which originates the insanity, yet I think it cannot be denied that that vice produces a group of symptoms which are quite characteristic, and easily recognised, and give to the cases a special natural history. The peculiar imbecility and shy habits of the very youthful victim, the suspicion, and fear, and dread, and suicidal impulses, and palpitations, and scared look, and feeble body of the older offenders, passing gradually into dementia or fatuity, with other characteristic features familiar to all of you, and which I do not stop to enlarge on, all combine to stamp and define this as a natural order or family.

Next to this I would place a form of insanity, which I think I have distinctly recognised and frequently seen, occurring at the period of pubescence, and apparently dependent upon the changes affecting the circulation and nervous system by the development of puberty. According to my experience, it most commonly manifests

itself in the form of acute mania, sometimes accompanied with a recurrence of epileptic fits where these have previously occurred during dentition or other causes affecting the child.

The next group is formed to our hand in the forms already recognised by us all under the names *satyriasis* and *nymphomania*.

Next comes a well-known group, but with protean lineaments, yet familiar to all of us, cases of *hysterical mania*. I need not weary you by an attempt to describe its varied features, from cases of singular moral perversion, living without food, giving birth to mice and toads, passing all sorts of curious things with the urine, up through the long and singular forms it presents, with varied sexual and erotic symptoms, until we find it presenting a truly maniacal aspect. You must know them all, and yet you recognise in all with readiness the *hysteria* which characterises every variety, and makes your prognosis and treatment so different from what in the absence of that significant mark, it would have been. This is certainly a well-marked natural order.

Closely allied to this group is another one of sympathetic mania, connected with amenorrhœa, or dysmenorrhœa, and familiar to all of us, very commonly assuming a recurrent or periodic form, frequently with maniacal attacks, not unfrequently passing, like other forms, into dementia or chronic mania.

Next to this I would place a form of insanity, occasionally met with both in the male and female sex, but more frequently, I think, in the latter, developed immediately after *marriage*, and, without doubt, connected with the effect produced upon the nervous system by sexual intercourse. I could offer you many illustrations of this order or family. I think I could succeed in describing a certain group of symptoms as peculiar to it and characteristic of it, but the limits of this address forbid me, and I leave it to your own experience, which, I doubt not, on reflection, will enable each of you to supply in your own minds illustrations of this form of insanity. (According to my experience it usually presents itself, I think, in the form of acute dementia.)

Next in order come those varieties of insanity in females which are connected with the puerperal state—the insanity of *pregnancy*, *puerperal mania*, and the insanity of *lactation*—three distinct groups.

The insanity of the *critical period* of life is a form very familiar to us; and I have no doubt you have recognised a critical period in the male sex as well as in the female, a period of life at which in many men great disturbance of the normal state of the feelings and emotions is experienced, in some instances amounting to an insanity of the same type as that generally met with in females at their critical period, namely, a monomania of fear, despondency, remorse, hopelessness, passing occasionally into dementia. This variety I would designate as *climacteric* insanity.

There is a form of insanity different from hysterical mania, or nymphomania, and which I think is commonly associated with ovarian disease, sometimes with uterine disease, and of which one of the most common symptoms is a *sexual hallucination*,—the belief that certain persons visit them and cohabit with them during the night, and other similar delusions. This form might be denominated utero-mania, or ovario-mania. It is, I think, *par excellence*, the insanity of old maids.

The next natural order is doubtless *senile insanity*, occasionally commencing in the form of *mania*, more frequently in the form of melancholia, but most frequently during its whole course presenting the well-known features of dementia in all its degrees, from simple impairment of the memory, down to total fatuity, and dependent, I believe, upon an atheromatous condition of the vessels of the brain, and the consequent changes which take place in the nutritive and reparative processes of the cerebral tissues. This form of insanity I hope to see fully described in an early number of the Journal by my friend Dr. Yellowlees.

We now come to those forms of insanity which are associated with, and doubtless produced by various diseases, or poisons.

First in order, and one of the most frequent, is *phthisical mania*, so well and so fully described by my friend and late assistant, Dr. Clouston (now the superintendent of the Carlisle Asylum), in the last number of our Journal, that I feel it unnecessary to say more regarding it than this, that its natural history can be well made out; the character of the mental symptoms is remarkably uniform, and its progress and termination are equally so.

Next to this I would place *metastatic mania*, including all those cases following the sudden suppression of an accustomed discharge or eruption, or erysipelas, &c.

Then come successively the insanity resulting from blows on the head; *traumatic mania*, and that resulting from *sun-stroke*, both perfectly capable of being described and defined by their *natural history*—presenting distinctive characteristics of a most marked kind, both as regards their progress, and the type of insanity which accompanies them.

We have a distinct form of insanity associated with syphilis—*syphilitic mania*. One or two cases very aptly illustrative of this form were recently published by my friend Dr. Duncan, of Dublin.

Again we have *delirium tremens*, and its allied disease, *dipso-mania*, already referred by us to special natural orders.

And closely allied to these two forms we have a peculiar form of chronic insanity, brought on by alcoholization, which it would be easy to delineate; one of the most constant and persistent symptoms of which are the hallucinations of the organ of hearing, which are its almost invariable accompaniment; and not unfrequently halluci-

nations of the sense of touch, leading to a belief in mesmeric, electric, and other unseen agencies.

And, lastly, we have the *general paralysis of the insane*, in regard to which I need say nothing, beyond the statement that its natural history, including its symptomatology, progress, terminations, and pathology, are perhaps more complete than that of any other form of insanity.

Having thus given you some twenty-three natural groups or forms of insanity, the question naturally occurs, have you exhausted the subject? What are you to do with those cases of insanity which cannot be referred to any of those groups? My reply is a very simple one; I would class them all under the general term of *idiopathic insanity*, divisible into two very distinct varieties, namely, *sthenic* and *asthenic*. *Sthenic* when combined with distinct symptoms of vascular action—suffused eye, throbbing temples, and carotids, hard and full pulse, occurring in persons in robust health, and brought on most commonly by causes of a nature calculated to excite the emotions and passions. *Asthenic*, when combined with symptoms of *anæmia*, emaciation, feeble pulse, cold extremities, and so forth; and brought on by causes conducive to an anæmic condition—exhaustion and especially want of sleep, however induced, whether by grief, anxiety, over-tasked brain, poverty and starvation, or some debilitating disease, such as fever.

To these two varieties I think nearly all the other cases of insanity coming under our observation, and which are not referable to any of the groups already enumerated, may be properly allocated. And we have now twenty-five natural orders or families, each having its natural history, its special cause, and morbid condition, a certain class of symptoms more or less peculiar to each, its average duration and probable termination. In fact, each may be described as a *separate disease*, of which mental derangement is the most salient feature; and each may be described as a *disease* presenting a certain variety and kind of mental symptoms, varying in different cases, and varying at different times in the same case, but still varying within certain limits *only*, so as to give to each variety its own special psychological character, sufficiently marked and peculiar to make out a distinct physiognomy for each group.

Gentlemen, I submit this system of classification to you with great diffidence and deference. I by no means flatter myself it is a complete system. I offer it rather as the germs of thought, which may, through your means, and by our combined efforts, culminate in a better, a more definite, and at least a more practical method than the one in present use. The limits of this address have precluded me from doing more than offering you a mere outline of my system. I have barely sketched in the features of some of the less familiar groups, and have left the others to your own imagination,

confident that your experience would enable you to anticipate what, if time had permitted, I might have attempted to do, namely, to give to each group its psychological lineaments, by describing the symptoms of insanity, or the peculiar mental derangement characteristic of each.

I would strongly press upon you this view of the subject, one to which I have already referred, that this *is*, in fact, the stand point from which we all instinctively view a case of insanity when called upon as practical men to form a diagnosis or offer a prognosis upon any case submitted to us for the first time. We ask ourselves is this a case of congenital moral perversion, or intellectual deficiency? Is it one connected with masturbation, with pubescence, with hysteria, with phthisis, with drinking, with uterine disease, with brain disease? and so forth. If this is true, surely this is at least the *practical* basis upon which to form a classification of the insane; and if not the *most* scientific, it is certainly more so than the present poor, uncertain, and conventional one, or, perhaps, than any one which can be founded upon a physiological or psychological basis in our present very imperfect knowledge of the physiology of the brain. It has this especial merit at least, that it ever keeps before us the all important principle, that insanity is a disease of the *body*, whether it be of some remote organ sympathetically acting on the mind, or of the material organ of the mind itself.

On Private Asylums for the Insane. By J. W. EASTWOOD,
M.D. Edin.

(*Read at the Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, held at the Royal College of Physicians, July 9, 1863.*)

THESE establishments have scarcely received their due share of attention and discussion in the pages of the 'Journal of Mental Science.' To account for this, the principal reason is, no doubt, that medical practitioners feel themselves less at liberty to write about private houses and private cases than about those large public institutions which have become necessary in almost every county. This is not to be wondered at, for charitable and pauper institutions, where the poor themselves pay nothing except through the regular assessments, have always been considered peculiarly the places where more extended observations could be made than amongst private patients. However, as there is much that is

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