PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.* By J. T. Arlidge, A.B. & M.B. Lond., M.R.C.P. Lond.

1. *Classification of Insanity.*

('Zeitschrift für Psychiatrie,' Band xix, 1862, p. 367.)

Dr. Hoffmann, of the asylum of Siegburg, near Bonn, of which the illustrious Jacobi was so long the chief physician, proposes to classify mental disorders in the manner exhibited in the following table:

Dementia. A.						Monomania. B.				Vesania. C.				
	Symptomatic.			Terminal.										
Imbecility.	Paralytic.	Epileptic.	Other conditions.	Agitated.	Apathic.	Melancholic.	With exaltation.	Hallucinative.	Instinctive.	Total or entire.	Melancholia.	Stupidity.	Mania.	General delirium.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

This classification has, it will be perceived, a symptomatic basis, and therefore only a provisional character, and its relative merit to other classifications similarly based will be variously estimated according as this or that group of symptoms is regarded as of most importance in its pathological, physiological, or psychological relations.

By imbecility Dr. Hoffmann understands a weakness of mind, the consequence of disease or an inherent defect. Paralytic and epileptic dementia are symptomatic of cerebral or cerebro-spinal lesion. Dementia, symptomatic of other morbid conditions, is illustrated in the consequences of apoplexy, and of other lesions of the brain, as, for example, of those changes in its structure the consequence of old age. By terminal dementia those forms are implied which follow on or after vesania or monomania, wherein the intellect is prostrated, and delirious ideas are, so to speak, stereotyped in the mind, and when, at the same time, the bodily functions manifest none of those sympathies with the mental condition seen in the acute stages, but

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proceed with apparent integrity. The so-called agitated section of such demented lunatics are those unfit to be at large, requiring the security of asylums, whilst those of the apathic division might, so far as their safety or that of others is concerned, be allowed to remain with their friends. To the former section belong cases of chronic mania, of "circular mania," as understood by French authors, and all those where the mind is a prey to delusions the same in character constantly, or variable within certain limits. The "apathic" group is marked only by negative signs, and comprises numerous cases of chronic insanity where there is no exaggeration in the manifestations of the character, disposition, and mental activity, but, on the contrary, a want of interest in the most important affairs of life—an inaptitude for ordinary exertion and disinclination to it. Usually a hypochondriacal element is mixed up with such cases, and year after year glides by marked by no exacerbations of any severity and by no circumstances beyond the routine of their existence.

The varieties of monomania or partial insanity scarcely require any illustrative remarks. The melancholic form is marked by sadness attributable to jealousy, avarice, or envy; the exalted or ambitious form is a common precursor of general paralysis; the hallucinative has for its foundation some sensorial disturbance or misconception, and the instinctive monomania is equivalent to the "moral insanity" of Prichard.

Vesania comprises those forms in which the mind is disturbed in most of its faculties. Its varieties frequently interchange, or one of them succeeds another. Total vesania is a typical form, where no one mental condition abides, but where, for instance, a melancholic stage is succeeded by an equally marked one of mania, which itself ends in recovery (constituting a cyclical variety), or in dementia (a progressive form). Melancholia needs no remark, but the variety termed "stupidity" represents a sort of paralysis of the mind, as if overturned by a shock, but without prominent delirium or sopor. It exhibits itself with depression, as the "melancholia attonita" of some authors, or with a certain amount of exaltation, as the "mania" of others. It is now and then accompanied by a slight outbreak of maniacal fury, and at others is marked by automatic, impulsive, or cataleptic conditions. It comprehends the primary dementia of Guislain.

Mania needs no descriptive illustration; it is, however, distinguished by Hoffman from general or acute delirium. In melancholia there are depression and torpor of mind; in mania an overactivity and excitement; in stupidity, an arrest of mental action, whilst in this form of general delirium there is an acceleration of psychological action; the mind is crowded by all sorts of ideas, images, words and impulses which issue from it in utter confusion.

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The forms of insanity comprehended in class A are such as are most associated with mental weakness, and most incurable, whilst those in class C are the least involved with it, and at the same time the most curable. The morbid states in A may constitute the basis of those in B and C, and those in B may serve also as such to those in A.

The Ophthalmoscope in Mental Disorders.

('Zeitschrift,' Band xix, p. 392.)

Dr. Hermann Wendt, the Assistant-Physician of the Asylum of Halle, has explored the interior of the eye by means of the Ophthalmoscope in 154 male patients in the asylum, but no special facts relative to the insane state, as far as we can make out, reward his industry. Slight irregularities in the circular outline of the optic nerve were, as is common among people, discoverable; and in one case were unusually marked, a portion of the disc being apparently cut off by a line of pigment. Partial excavations within the physiological boundary of the optic nerve, and of common occurrence, were met with in one eye in thirteen instances and in both eyes in thirty-nine.

Among changes in the retina, he noticed turgescence of the vessels only in one patient, where it presented an old apoplectic condition. Retinitis pigmentosa, which is of frequent occurrence among idiots, imbeciles, and the deaf and dumb, was not encountered, not even in one of the four idiots included in the total of cases examined. *Sclerotico-chorioiditis posterior* occurred in one eye in sixteen patients, and of this number in the left eye in thirteen; it was present in both eyes in fifteen.

Non-restraint abroad.

Non-restraint has been fought for and won in this country; it is now the battle-cry on the continent, and an English champion, in the person of Dr. Sankey, of Hanwell, has taken up his position in France in aid of those who there battle for the good cause. Dr. Sankey consents to fight under French colours, having produced an able article in French in the 'Annales Medico-Psychologiques' for October last. In the mean time a counterblast is heard in Germany, blown by Dr. Dick, physician of the Bavarian Asylum at Klingenmunster, loud indeed in its tone, but not terrible to those who have often encountered the same shrill note before. This production appears in the form of a review of a translation of Dr. Conolly's work 'On the Treatment of the Insane without Mechanical Restraint,' by Dr. Brosius, in the 'Zeitschrift für Psychiatrie,' 1862, p. 506. As we noticed in our last foreign retrospect, non-restraint is fast gaining ground under the auspices of MM. Morel and Girard-de-Cailleux

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