idiocy and insanity, and of the laws of their action, shall teach us the way to guard against them, and when a proper education of mankind in accordance with the scientific or inductive method shall get rid of false beliefs and false aims, strengthen the intellectual faculties, and generate an unwillingness, which, accumulating and being transmitted through generations, shall become a moral repugnance to disobey those natural laws which govern, with unfailing constancy, the development of the physical, intellectual, and moral nature of man. There is a boundless perspective of labour and attainments for our descendants,

Et nati natorum et qui nascentur ab illis.

Another Classification of Insanity.

In the "Lancet" of November 15th last, Dr. Bucknill has propounded a new classification of insanity. The criticisms which he passed upon the etiological system of Morel in a former number of this journal (No. 38, p. 286), may be applied in the main, he thinks, to Skae's similar but more elaborate one. He had at one time intended to criticise the system of natural groups which has been proposed by Dr. Skae, but, on re-consideration, he determined to construct a system of his own, "which might more fully answer the purpose for which we needed it—namely, as a nosological scaffolding of form for the guidance of treatment." We append Dr. Bucknill's preliminary remarks, and the scheme which he has constructed:—

The novelty of the scheme of classification now proposed consists in the combination of psychical characters or phenomena with pathogenetic relations and pathological conditions; the first forming the Classes, the second the Orders and Genera, and the third the Species.

Since the *etiological* classifications of Van der Kolk, Morel, and Skae have been published, a most important step, in my opinion, has been taken in advance by the *pathological* classification of Dr. Batty Tuke; but even this thoughtful writer entirely omits all consideration of mental symptoms, and such an omission in a classification of mental diseases seems to me somewhat like the omission of flowers and foliage in a botanical system.

In the formation of classes I have followed Griesinger's simple division into states of psychical depression, psychical exaltation, and psychical debility; substituting, however, the conventional and now thoroughly established terms of Melancholia, Mania, and Dementia.

I have reversed the usual order of mania and melancholia, because

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I believe that melancholia is the dominant psychical condition, and that Guislain was only wrong in being too exclusive in his theory that *prenalgie* was the source of all *phrenesie*. Idiocy I have relegated to a sub-class. Pinel included it in dementia, and it was only separated therefrom by Esquirol. Pathologically, the distinction between primary and secondary dementia is at least as great as between brain-defect occurring before and after infancy. Cretinism is not congenital but toxic dementia.

The foundation of the *orders* and *genera* on pathogenetic relations is no doubt a natural one, and I think it can scarcely fail to be practically useful by impressing on the mind the kind of relation which the mental disease has with the bodily condition; for the treatment of the patient, both as to mind and body, must necessarily depend to a very great extent upon this relation.

I do not presume to think that I have enumerated all the *genera* which, eventually, it may be found desirable to distinguish; and I am well aware that the correctness of the position which I have assigned to some of the *genera* in the *orders* is quite open to discussion.

The inclusion of puerperal insanity in the Climacteric order is open to grave objection. This order, however, is intended to include vesanias which arise from or in conditions which are not pathological; and, although a deviation from bodily health generally precedes puerperal insanity, still the puerperal state can no more be considered necessarily a diseased state than that of puberty or old age. If there be a difficulty, the identification of *species* will resolve it, seeing that puerperal insanity may be septicæmic, anæmic, or neuralgic.

Of the *Species* there is little to say, except that they are the most important of all the divisions, and the most imperfect. Much has been left out which ought to have been admitted if knowledge had been sufficient. I trust, however, no condition has been admitted which ought to have been excluded.

Such conditions as are vaguely expressed by the Brunonian terms "sthenic" and "asthenic" have been omitted. The conditions of all the secreting organs have been omitted, simply from lack of sufficient knowledge; and the excess or defect of irritability of the muscles, which form such marked features in mental disease, have been omitted for the same very unsatisfactory reason.

On the other hand, the consideration of abnormal cerebral conditions which have not hitherto been sufficiently regarded in nosologies have been introduced. The ill-understood but undisputed state in which either the brain or the nerves, or both, wear away their physiological powers without interruption or repose, and its reverse, I have designated by the terms *hypertriptic* and *atriptic*—τριβω, to rub.

The *hypertrophic* and *atrophic* conditions of nutrition are well defined, if not yet well investigated; but the *cacotrophic* is a wide field of inquiry, in which ground has hardly yet been broken. Sclerosis of the brain and of the spinal column is cacotrophic. How

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many varieties of it are there? If there is a paresic variety, is there not also a syphilitic one, and, may be, some others? In this division into species I claim the aid of the microscopic and chemical pathologist, for upon it is founded the all important question of ultimate diagnosis.

The field for clinical research is the correlation of the classes, species, and genera; but, even while this correlation is in process of being worked out, any concrete case of mental disease which is assigned to its proper place in the divisions of this system will have attributed to it a succession of characteristics which will scarcely fail to aid in the more systematic knowledge of its nature and the more definite aim of its treatment.

If it should be objected that this system is a complicated and artificial one, like the botanical system of Linnæus, the validity of the objection will be fully admitted, with the proviso that a complicated system is needful for complicated and ill understood phenomena. With larger knowledge a more simple and more natural system will take its place.

CLASSES *of Psychical Phenomena.*

1. Melancholia.
2. Mania.
3. Dementia.

SUB-CLASSES *of Psychical Combinations and Transmutations.*

1. Melancholia, simple.
2. „ combined with excitement.
3. „ with stupor (*dementia attonita*).
4. „ mania, and dementia alternating (*folie circulaire*).
5. Mania, simple.
6. „ with depressing emotions.
7. „ intercurrent with melancholia.
8. „ „ dementia.
9. „ alternating with sanity *(recurrent mania).*
10. Dementia, simple and primary.
11. „ consecutive on mania or melancholia.
12. „ congenital. Idiocy and imbecility.

ORDERS *of Pathogenetic Relations.*

1. Simple Insanity. *Idio-encephalic.*
2. Allied insanity.
3. Sequential insanity.
4. Concurrent insanity.
5. Egressing insanity.
6. Metastatic insanity.
7. Climacteric insanity.

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GENERA *of Pathogenetic Relations.*

Simple Insanity:

1. Insanity from hereditary predisposition.
2. ,, moral influences.
3. ,, intellectual overwork.
4. ,, direct cerebral injuries.
5. Insanity of general paralysis *(encephalo-rachitis).*

Allied Insanity, influenced by other diseases, but independent:

1. Insanity with cardiac disease.
2. ,, pulmonary disease, emphysema, phthisis, &c.
3. ,, enteric disease.
4. ,, renal and visceral disease, &c.

Sequential Insanity, caused by other disease which has subsided:

1. Insanity following idiopathic and exanthematous fevers.
2. Insanity following inflammations, as pneumonia.
3. ,, injuries to the cerebro-spinal axis, apoplexies, &c.

Concurrent Insanity, caused by other diseases or diseased conditions which continue to exist:

1. Insanity from cachexias—syphilitic, chlorotic, cretinic, &c.
2. ,, epilepsy.
3. ,, chorea.
4. ,, alcoholism.
5. ,, masturbation.
6. ,, starvation.

Egressing Insanity, growing out of the former disease, of which it is an exaggeration:

1. Insanity egressing from hysteria.
2. ,, ,, ecstasy.
3. ,, ,, hypochondriasis.

Metastatic Insanity, from the shifting or ceasing of other disease or suppression of discharges:

1. Insanity from rheumatism.
2. ,, erysipelas and skin diseases.
3. ,, suppression of habitual discharges, hæmorrhoids, or ulcers.
4. ,, suppression of the catamenia.

Climacteric Insanity, caused by natural conditions of development and decline:

1. Insanity of the pregnant and puerperal state.
2. ,, pubescence.
3. ,, climacteric decline.
4. ,, old age.

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SPECIES *of Pathological Conditions differentiating the Genera by Pathological Conditions of the Brain and Nerves, of the Blood and the Nutrition.*

Neurotic:
1. Hyperæsthetic.
2. Anæsthetic.
3. Neuralgic.
4. Sympathetic.
5. Apathetic.
6. Hypertriptic.
7. Atriptic.

Hæmic:
8. Hyperæmic.
9. Anæmic.
10. Septicæmic.
11. Uræmic.
12. Toxic.

Trophic:
13. Hypertrophic.
14. Atrophic.
15. Cacotrophic or cachectic.

Restrictions to the Liberty of Marriage.

Mr. George Darwin contributes to the *Contemporary Review* of August last a very thoughtful paper on beneficial restrictions to the liberty of marriage. The following extracts which we make will serve to exhibit the author's stand-point, and to stimulate reflection upon a vastly important question which mankind will sooner or later have to face and answer. We do not think it has been proved that insanity has increased out of proportion to the population; but there can be no doubt of the influence of hereditary predisposition in the causation of such insanity as exists.

"The object of this article is to point out how modern scientific doctrines may be expected in the future to affect the personal liberty of individuals in the matter of marriage. Up to the present period of the world's history the social struggles of mankind have been principally directed towards the attainment by the individual of an ever increasing emancipation from the restraints exercised over him by other members of society. One of the most prominent ideas of Christianity is the personal responsibility of each man for the salvation of his own soul, and, as a consequence, his mental independence from others; any other idea than that of the complete independence of his bodily frame would not be likely to present itself to the mind until evolutional doctrines had obtained a considerable prominence. But these modern doctrines go to show that our mental, as well as our bodily structure, is the direct outcome of that of preceding generations, and that we, the living generation, are like the living fringe of the coral reef resting on an extinct basis afforded by our forefathers, and shall in our own turn form a basis for our descendants. We are now beginning to realize that the members of a society form a whole, in which the constituents are but slightly more independent

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