

nert (who divided all forms of mental diseases into Mania, Melancholia, Amentia and Paranoia), Chaslin, Christian and Regis, in France; Maudsley and Clouston, in Great Britain; and finally Ziehen, Wernicke and Kraepelin, in Germany; and our own Canadian representative, the late Dr. Workman, who did so much to further the truest interests of psychiatry.

For many decades the students of mental disease concerned themselves chiefly with the matter of classification; all cases admitted had to be diagnosed and classified. This was found to be a herculean task, and almost more than could be accomplished; but a way was found which seemed to solve the problem, and that was the adoption of the symptomatic method. In this method the symptom-picture presented by the patient at the onset of the psychosis, dominated and was the clue to the diagnosis, and of course to the prognosis and treatment.

Now it may not at once be apparent what the actual significance of this state of affairs naturally led to. In the first place, the psychic sphere most involved, and as a consequence exhibiting the greatest degree of parafunctioning, almost invariably was the only one observed or studied, and gave the name to the condition. For example: a patient showed excitement—it was a case of mania; depression—a case of melancholia; conspicuous reduction—dementia, etc., etc. The evident lack of breadth and comprehensiveness of this method cannot but be apparent to the most casual observer. When one feature so colored the picture in the mind of the alienist that all other manifestations were entirely overlooked or neglected, it necessarily implied that accurate, painstaking, laborious psychologic analyses were not the order of the day.

So that, as long as classification was the end object of the alienist, progress was bound to be slow. Many extremely interesting observations were made, but they were isolated, could not be correlated, and were practically valueless. Because the clinical picture as drawn by the alienist was so often one-sided, many of the most essential points were overlooked. In order to illustrate this we have only to again refer to a case of acute mania. Here the features which predominated were: the emotional exaltation and the greatly increased psychomotor discharge seen in the patient's busy activity, marked restlessness, etc. The lesion in attention, the nature of the psychic processes of association, ideation, etc., were not critically analyzed.

So to briefly sum up the disadvantageous features in the symptomatic method, there were: first, that it did not consider