Lectures.

IV. THE PREVALENCE AND CAUSES OF INSANITY; COMMITMENTS TO ASYLUMS.

A LECTURE DELIVERED BEFORE THE GRADUATING CLASS OF THE HARVARD MEDICAL SCHOOL.

BY CHARLES F. FOLSOM, M. D.

THE prevalence of insanity in the earliest times, in Egypt, Greece, the Roman Empire, among the ancient Jews, through the early Christian era, and in the Dark Ages is well attested by the literature of twenty centuries. It would be idle to attempt to guess what proportion of the population was insane at any time or in any country of the world until the most recent years. The observations of the United States exploring expeditions go to show that insanity is very uncommon among the North American Indians, as it was before the civil war among the negro population of our slave-holding States. It cannot be doubted that it is a disease chiefly of old communities and civilized races. In England, in 1859, with a population of 19,686,701, there were known 187 insane and idiotic persons to each 100,000 of the population, or one in every 535; in 1875 the number had increased to 271 in every 100,000, or one in each 365. The number in Ireland at the same time was one in every 283. In the French asylums, between 1835 and 1870, the number of insane people in asylums nearly quadrupled, and also increased from 31.6 in each 100,000 of the population to 100.3, or very nearly three times, but there are no trustworthy statistics of the numbers of the insane throughout that country. In Paris alone the admissions to insane asylums increased more than sixfold between 1800 and 1876, while in the same length of time the population was scarcely trebled. In Massachusetts asylums in 1820 there were under custody in the one insane asylum in the State fifty patients, or 9.55 in each 100,000 of the population. This number had increased to 11.34 to every 100,000 people in 1830, to 61.99 in 1840, to 84.97 in 1850, to 90.87 in 1855, to 110.55 in 1860, to 111.44 in 1865, to 130.44 in 1870, to 132.88 in 1875, and to 178.44 last year, in seven asylums. The numbers of the insane in fifty-nine years had increased in our asylums from 50 to 2976, and the rate proportionately to the population had augmented more than eighteen times. It is impossible to say how many insane people there are in the State who are not confined in insane asylums, but the number is estimated to be not far from 1000 or 1500. We cannot procure statistics of even a tolerable degree of accuracy with regard to the numbers of insane in the United States or in the several States. According to the various censuses the proportions would vary from about one in four hundred to one in as many thousand, but these figures are manifestly inexact. The statistics of England, France, and Massachusetts just given indicate an enormous increase in the numbers of the insane who become a public charge in each successive decade, and the figures gathered from all countries prove conclusively that more insane people are known to be in existence proportionately to the population from year to year. The question naturally arises, Is insanity increasing as fast as appears at first sight to be the case, or is the increase apparent rather than real?

In the first place, the definition of insanity has so

widened of later years as to include vastly greater numbers of the population than hitherto. Large numbers of persons now confined in our asylums would have been considered far from being insane a half century ago. Until about the beginning of this century the courts almost universally held that to be exempted from punishment on the ground of insanity a man must be deprived of all memory and understanding, and no more know what he is doing than "an infant, brute, or wild beast." Less than fifty years ago the capability of repeating the multiplication table was gravely propounded in an English court as a test of sanity in a case involving a large sum of money, while at that time insane asylums were veritable Bedlams, where chains and dungeons formed a large part of the treatment. Now, you will observe at Danvers that in many wards some patients are quiet and orderly; in some the inmates are as well behaved as the corresponding class of persons outside of asylums; while not a few have either self-control, moral sense, or the faculty of exact and logical reasoning to an extent which would not do discredit to a great proportion of the world at large. In a word, take ten thousand people at random now, and probably at least twice as many would be called insane as in the same number fifty years ago.

Again, it is hardly a generation ago that we began taking care of the insane. Some States have not fairly commenced yet, and even in parts of New England those of unsound mind are neglected and squalid in town almshouses or county jails. In our State, as in England, France, Germany, and wherever humanity has demanded improved accommodations for the insane, they have accumulated enormously, from the simple fact that they are protected like children, and kept from dying of neglect, suicide, and exhaustion. In other words, science and humanity have prolonged their lives of illness to as much as tenfold their natural length in some cases, if they were left to themselves, even where nothing can be done but to protract their misery. The more intelligent views now held of insanity as a disease rather than a possession by the devil have led people to be less backward in reporting their insane relatives as such, while the increasing number of insane asylums and the growing confidence in them have brought many of the insane to notice who formerly would have been concealed in attics or cellars and never mentioned. Our knowledge of an evil and the existence of that evil are thus shown not to be by any means necessarily the same thing.

The alleged frightful increase in mental disease which statistics can be made to show, certainly does not exist. Whether or not more persons become insane each year in proportion to the population we have no methods of determining statistically. There can be no doubt, however, that there is a moderate increase in that as in all other diseases of the brain and nervous system. Our mortality statistics in Massachusetts show that the deaths from insanity, paralysis, apoplexy, and unspecified diseases of the brain were 11.70 per 10,000 inhabitants in 1860, 14.06 in 1865, 14.37 in 1870, and 15.83 in 1875, which would indicate a decided increase, even after allowing for a considerable error in the earlier years from inaccurate diagnoses. The causes of this increase are twofold: first, in the greater predisposition to disease, hereditary tendency; and, secondly, in the greater number of exciting causes in our complex modern civilization, which

forces upon men such an exciting part in the keen struggle for existence, and subjects them to such deep and various affections of their emotions and feelings. The increased predisposition to insanity is one of the indications of degeneracy of stock. Under the fostering influences of our skill and humanity defectives are raised, and many who formerly would have died in early life live to maturity, marry, and beget a feeble offspring predisposed to disease. Persons suffering from the severe neuroses are able to perform the light labor demanded in many of our arts and manufactures who would soon have disappeared, on the principle of the survival of the fittest, when physical strength was necessary for existence. The desperate seeker after wealth and position expends his energy in the eager race, and leaves to his offspring a legacy of exhausted vitality, and many of the fashions of the day encourage moral weakness and physical decay. Greatest of all curses, however, in this regard is the abuse of alcoholic liquors, which certainly stores up more insanity for future generations than any other one cause. In one of Mr. Emerson's most delightful essays he speaks of the necessary degeneration of the stock produced by life in centres of population, and says that cities would for that reason soon die out if they could not recruit their exhausted strength from the country and farms by intermarriage and immigration. Insanity is one of the penalties which we are paying, perhaps not necessarily, for our many luxuries and modern culture in the transmission of impaired energy and strength to descendants, thereby increasing their chances of insanity when exposed also to its exciting causes. In former times the great pestilences swept away very many of these defectives. Now these very plagues have been found to depend upon natural laws and to be preventable. But it still remains one of the great problems with which we have to deal whether it is possible to so govern the causes of ill health that the deterioration of the race need not follow upon our complex life.

The exciting or immediate causes of insanity are extremely numerous, the disease occurring in order of frequency at the following periods of life: 20-30 (maximum), 30-40, 40-50, 50-60, 60-70, 10-20, 70-80, 80-90, 0-10 (minimum), and more often in the most ignorant and degraded class of a civilized people than among the higher and educated, reaching its maximum where civilization and misery coexist, and its minimum among barbarous people. Thus far, it has not been shown that either sex is more liable to insanity than the other. Females are more exposed to insanity connected with the reproductive function, and men to the external or objective causes of mental disease.

A physician is often asked by parents what is the cause of insanity in their children, when the only true answer can be that it is simply a natural and logical evolution from conditions in the parents themselves. Among its antecedents are not only insanity in ancestors, but also epilepsy, neuralgia, pulmonary consumption, hysteria, and especially habitual drunkenness. Excessive overwork or absorption in one great idea of money-making, with the everlasting drive night and day for position or wealth, exhausts the vital energy, and is not an uncommon source of mental disease, mysterious to those who propagate it, but readily explainable by the medical psychologist. As we have already seen, insanity, so far as it can be described as a purely physical disease, is a diffuse malady of the cortex of the brain, in contradistinction to local lesions. Its causes

are therefore general oftener than particular, and complex rather than single.

The *predisposing causes* are chiefly hereditary: drunkenness of both parents or one at the time of conception; intermarriage of persons, whether relatives or not, with a family tendency to epilepsy, syphilis, rheumatism, chorea, hysteria, habitual drunkenness, dipsomania, insanity, neuralgia, or any of the cerebral and spinal neuroses; the abuse of tobacco, opium, and chloral; frequent attempts at abortion; injuries or excessive emotional disturbance during gestation; the risks of birth in large children, including compression of the head, etc.; in fine, any conditions of mental or physical exhaustion and decay. In making up one's mind upon the point of inheritance it is necessary to examine the history not only of parents, but of grandparents, uncles, aunts, sisters, brothers, and cousins.

Among the *immediate* or *exciting causes* of insanity are the various conditions of ill health, now so much more commonly reported in our asylum records than fifty years ago as to indicate a decided diminution in the resistance of the race to disease; the misuse of alcohol, opium, tobacco, chloral, etc.; a stagnant life and occupations exhausting the system without furnishing suitable recreation; disturbances during the period of development and adolescence; masturbation; in women, morbid processes during the great physiological changes in conception, gestation, childbirth, lactation, menstruation, and change of life, as well as repeated abortions, uterine disease, love affairs, seduction; sexual excesses; great emotional disturbances, fright or shock, adverse circumstances, loss of friends or relatives, domestic troubles or grief, religious anxiety or excitement, disappointed affections, wounded feelings, excitement of politics, business, etc.; pauperism and want; epilepsy; injuries to the head or spine; sunstroke; the various acute diseases; the cachexia of syphilis and pulmonary consumption; heart diseases producing disturbances in the cerebral circulation.

The list of exciting and predisposing causes of insanity will naturally suggest to you how far and in what ways it can best be prevented,—a point upon which your advice will often be asked; but I have two suggestions to make: First, in regard to marriage, there is no doubt whatever that insanity, like pulmonary consumption, can be eliminated from families by wise marriages and judicious education of children. I should not hesitate in rare cases to recommend marriage even to a person who had actually been insane, especially if a woman, and her disease had been one of the curable, self-limited forms, and she were otherwise healthy upon perfect recovery, not being of a family predisposed to insanity. Second, we find that in children of parents who are trying to educate their sons and daughters so as to protect them against hereditary insanity physical education is usually the only thing sought for, while the more important self-reliance, self-denial, self-control, and development of the calm, well-balanced, strong mind is nearly if not quite neglected. If emotional causes, by constantly wearing on the mind, can so exhaust it as to produce insanity, the importance of strengthening the brain in every way possible is readily seen.

The treatment of insanity in asylums is not a matter upon which we need to dwell here; so far as it concerns patients kept at home it can be better consid-

ered when we take up the individual diseases. About two thirds of the insane in this State are in lunatic hospitals, — somewhat under three thousand in all. One thousand two hundred and seventy-nine were committed to the various hospitals for the insane during the year ending September 30, 1879. So large a number of our insane are in hospitals and so many are committed each year that it will be profitable to consider the subject of commitments to asylums in general, reserving for later lectures a discussion of the particular cases which should be confined and of those which may be treated at home.

The law provides that no insane person shall be committed to an insane hospital except by judges of the supreme, superior, municipal, police, district, and probate courts, upon the certificate of two physicians, each of whom must be a graduate of some legally-organized medical college, must have practiced medicine three years in this State, must have examined the patient within five days of his signing his certificate, which must state his reasons¹ for considering the man insane and a fit subject for treatment in a lunatic hospital. Neither of the physicians certifying shall be connected with any establishment for treating the insane. In dangerous cases, however, the judge may, upon application, order an examination and hearing in the premises, and pending that may make such order concerning the care and custody or confinement of the person alleged to be insane as he shall see fit.

There are two grounds on which individuals are confined in insane asylums: first, for their own comfort and safety or prospect of cure; secondly, for the comfort, convenience, or safety of the community. It is doubtless true that many people shirk their duty towards their relatives, and have them sent away, when with a little patience and self-denial a kind home treatment would have added great happiness to the few remaining years or to the long, tedious months of a life from which most that is worth living for has been taken away, and probably from one quarter to one fifth of the patients now in our asylums would be much better off at home, so far as they are concerned themselves, if they had any homes where they would be wanted or even endured. But not having such, they are better off under the care of responsible strangers in a well-ordered hospital. It is true also that people who want to get rid of the trouble of caring for annoying friends or connections are very apt, perhaps unconsciously, to exaggerate their mental infirmities, and so mislead the physician into believing that he has a more serious case to deal with than he would suppose from his own observation. In those cases, therefore, where the physician has only the statement of friends upon which to base his certificate he cannot consider the evidence too skeptically. In a large proportion of the insane, however, the regular habits of asylum life, the freedom from responsibility, and the feeling of a necessity to exercise a self-control which they do not attempt at home make them more amenable to reason by strangers than in their own houses. Considering the interest of society, and especially of growing children, it is better that the most troublesome of the insane should be removed, even if at some sacrifice of their own happiness.

At all events, illegal or improper commitments to

insane asylums are so rare, in our State at least, that in a dozen years only a very few have been alleged to have occurred, and in every one of them there was fair room for an honest difference of opinion as to the propriety of confining them. Wherever persons are thought to be improperly committed to insane asylums, or too long detained there, the State Board of Health, Lunacy, and Charity has the power to discharge them, whether insane or not, if in their judgment it seems best to do so. You can safely trust the management of our insane hospitals. You may often hear complaints on this point by discharged patients, a part of which doubtless have some foundation, for no large institution can be carried on by human agency without some imperfections; but when serious charges are made they should be received with great caution, and only after giving due weight to all the testimony. For the purpose of considering the bearing of this question, discharged patients may be classified as follows: (1.) Those who have recovered, and whose minds were clear enough, during a considerable part or the whole of their illness, to have received clear impressions of what was going on about them, and who have remembered with tolerable accuracy, — by no means an insignificant number. (2.) The same as the above, except that they have not remembered. (3.) Those who have recovered, and whose minds were entire blanks during their severe illness, so that they remember absolutely nothing of that time, and more or less imperfectly of their period of convalescence. (4.) Those who have recovered, and whose impressions during a large part of their residence in the asylum were more or less tinged by their own delusions; of these some finally recognize the delusional character of their previous ideas, and others never do so, although in other respects perfectly well. There are four other classes corresponding to these, with the single difference that they have never recovered. It would be very unjust and untrue to say that there are not many discharged patients from insane asylums whose testimony and general statements are fully as trustworthy as those of other people. But it is not always easy to distinguish them from the many others from whose minds the false impressions or delusions once made are never removed.

In committing to insane asylums there is one important rule, — not to use deception; for it ruins your chances of getting again the patient's confidence, so important for his successful treatment. Any amount of force is better, and is quite soon overlooked by the patient himself; but a show of force, which can be called upon if needed, is usually all that is necessary to secure a quiet and orderly removal to an asylum, except in furious delirium, where force must be used. It should be remembered that the medical superintendent of an insane asylum does not often have a good opportunity to get a history of his patient, and so it is well for the family physician either to go to the asylum, or to send a full statement of the case, such as he would prepare in other diseases for a hospital case-book. It seems to me, too, that, especially where it is not well for a patient to see his friends, it is desirable for the family physician to consult occasionally with the asylum officers, and so not to lose sight of the man in the lunatic. The law, to be sure, does not require all this, for it is satisfied if the physician states his reasons for thinking an individual insane, and also his reasons for considering him a fit subject for treatment in an insane

¹ The English law requires a separate examination and a separate certificate from each physician; but in practice the consultation is virtually together.

asylum. For this service, to be sure, a fee of only two dollars is allowed, ridiculously small in proportion to the service rendered, but it is one of those offices which republics require of their citizens for the public good, like serving on juries, etc.

I have examined a great many certificates of insanity in our state hospitals without finding more than one that really gave the superintendent an intelligent view of his case, or a very large number that entirely fulfilled all the requirements of the law; a not uncommon fault being that the statements of third parties were evidently taken, and sometimes with apparent haste, as the entire evidence of insanity.¹ It was often the fact that in the medical certificates there was no indication even that the patient was insane: for instance, that a man thinks he is to be everlastingly damned or believes in witches is no proof of insanity, for there are persons who firmly hold to such superstitions and many more absurd; but if he so thinks contrary to his conviction when well, that is another thing. One certificate contained the sole statement that there was in the case despondency and nervous excitement, but that certainly was no reason for supposing a man insane, for a sane man may also very easily be both despondent and nervously excitable. I will give some instances of defective certificates, as follows:—

Melancholic disposition and unwilling to do anything; very listless. Hypochondria. Disappointment in love, and subsequent debility, with loss of sleep. Laboring under the impression that he is in direct communication with God, who directs him in all he says and does, and is at times quite violently demonstrative. Had a severe attack of sciatica two summers ago, which, it is said, went to her head. Has frequently struck her grandchildren; often leans out of the window. Loss of memory, fits of passion, entertainment of strange notions, and wakefulness. Violent at times, very noisy, singing, screaming, and crying. Cause, puerperal state; duration, about ten days; no previous attacks; mild? suicidal. Cause, epilepsy; duration of epilepsy, three years; violent at times. Turn of life; menses irregular, but have not ceased. Epilepsy since infancy; fits severe, and nearly every day; father and mother both intemperate; duration of disease, many years, no worse for two years; mind gradually weakened for some time; never has done any violence, his uncle says; father has just died, and there is no one to take care of him; drinks beer when he can get it. Violent and unmanageable at home, and can be better treated at a lunatic hospital. Cause not known; duration, some weeks; previous attacks not known; violent at times; habits in regard to temperance not good. Cause unknown; duration very recent, if she tells the truth; no previous attacks; came to America a week ago yesterday, and remained a week at St. Joseph's Home; was only a day in a placé; had not been sick or depressed, but did not sleep well night before last, and head felt queer all day: at ten o'clock, P. M., tried to hang herself, it is said; don't remember it, but says she remembers coming to herself soon after; says she was not homesick, and don't know why she did it; talks rationally enough now. When seen by me could not be induced to answer any questions; seemed frightened, and was evidently quite weak; has been depressed for some time, very much so of late; sent to — hospital two or three weeks ago; excited and apprehensive of

danger. Supposed cause, puberty and disturbances connected with it, notably masturbation. Generally very mild; occasionally violent if angry, but not dangerous. Violent; partial mental weakness, with extreme and constant nervous actions, requiring constant watching by day; troubles her infant sister. Supposed cause, alcoholism; duration, two years; frequently violent; a drunkard. Very excitable; boasts that he can do any kind of tailoring, when he is incompetent to do any well; makes love to shop-girls after a half hour's acquaintance; drinks moderately; quite maniacal, noisy, and incoherent. His conversation and actions. He is violent and dangerous. He is intemperate, but in our opinion a latent insanity is developed by the moderate use of intoxicants. Cause, uterine displacement, followed by typhoid fever. His conduct has been and is at present such as to render it perfectly obvious that he is insane. Previous attack of a similar nature, and continued observation during medical attendance. Has been examined and found to be insane by reason of masturbation. Critical age and intemperance seem to be the exciting causes; the result of these is necessarily temporary. We give as our opinion that the case is susceptible of a speedy cure; that if the intoxicants are kept from the patient the case will immediately take care of itself. (1.) He admits having certain symptoms indicative of general paralysis, such as epileptiform attacks and loss of memory, with confusion of ideas; he shows decided paralytic defect of speech and moderate paresis of hands and feet; he desires to go to the insane hospital for treatment. (2.) Has had epileptiform attacks, muscular tremors, loss of memory, severe headache, confusion of ideas, inability to take care of himself, and desires hospital treatment.

The last gives the opinions of the two physicians separately, as they should be, and complies fully with the law, but it does not give the asylum superintendent a medical history of the case; the others are all defective in one way or another. It is evident that very often the physicians signing the certificate have not themselves a full and clear notion of their patient's condition; *this always* should be got before the great responsibility is taken of shutting a man up behind locks and bars, possibly for life. Never hurry in sending a man to an asylum, unless he is dangerous to himself or to others, or is doing real harm, provided he can be properly cared for outside. A few days' or even weeks' delay in committing him will not often interfere with the chances of recovery in acute cases; it will give an opportunity for thorough study of the case, and is not infrequently sufficient for such an improvement in the symptoms as to render removal from home not only unnecessary, but inadvisable. It is important that the proper treatment should be early adopted in the curable forms of mental disease; but it by no means follows that this early treatment can be carried out only in an insane asylum.

— The annual meeting of the British Medical Council was opened July 7th, Dr. Acland presiding. Among the questions to come before the body this year is the proposition to make Greek and elementary mechanics of solids and fluids required subjects in the preliminary examinations. Memorials have also been received by various societies devoted to specialties to make these subjects more prominent in the course of instruction given.

¹ The blank of the McLean Asylum was shown as the best in use, and fulfilling all requirements if properly filled out.