

## Original Articles.

## THE NEED OF POPULAR LECTURES ON INSANITY.\*

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A VERY limited experience, it is safe to say, is enough to satisfy any alienist that far less is known and that more mistaken notions prevail about insanity and the insane among people generally than is the case in any other department of medicine.

This surprising public ignorance is found among the unthinking and the educated alike, and together with other harmful results has long exposed physicians and their subordinates in hospitals for the insane to misrepresentation and reproach and the relatives and friends of the inmates of these institutions to constant uneasiness and sometimes the greatest anxiety through sensational and false reports regarding their treatment. It is also reasonable to believe that much of this might be averted or greatly modified by the dissemination of accurate information from authoritative sources regarding the disease and the methods employed in treating it, the safeguards against illegal commitment and abuse of patients in hospitals, as well as the comfortable housing, good general care and medical attendance they receive. To be sure, hospital reports might often tell the story if they ever reached the friends of the ordinary patient and were not too full of other matters to appeal to them.

For much of this ignorance there is abundant reason. By the very nature of their disease, the mass of insane patients must of necessity be cared for in hospitals at a distance from home for long periods, where their relatives can see them but seldom. Thus the opportunities for observing the patient and his disease close at hand that obtain in cases of physical disorders, and familiarizing themselves with his true condition and the difficulties of his proper management, aided by the information and advice of the physician, is in most cases, except, perhaps, for a few days, practically impossible. The same reason explains in a measure the unfamiliarity of the general practitioner with insanity and the fact that there is no branch of medicine in regard to which physicians who are not engaged in the practice of it are so ready to admit their ignorance, and no class of cases which they are more anxious to avoid.

The usual avenues of information about the disease thus closed against it, it is natural that the popular belief should be satisfied with the insanity of the newspaper, the periodical and the novel, that people should run after false prophets, and that secrecy and mystery should shroud the disease, begetting false and impossible ideas of its victims and keeping alive the prejudice regarding their treatment which still exists after so many years of progress in the amelioration of their lot.

But it is by no means in this direction alone

that the popular ignorance and error regarding insanity manifests itself. There are few aspects of the disease, in fact, which do not call urgently for public enlightenment. How little is generally known of the signs of approaching insanity, for example, and how common an experience it is to see plain indications of the disease disregarded until an overt act, sometimes disastrous, even fatal, has occurred. Of the causes of insanity, also, the precise knowledge of which in individual cases often baffles the alienist himself, not enough is known by the laity to lead it in many cases to take ordinary precautions for its prevention. Mental hygiene also, the study of which is of vital importance to the individual and the race, is only just beginning to raise its head in the vast growth of investigation into and knowledge of the prophylaxis of disease that is becoming so widespread.

The idea of public lectures on insanity is not new. It had its germ in the broad humanitarian and economic measure of patronage or aid societies for the insane which have flourished for more than twenty years in England, France, Germany and Switzerland, a feature of whose work was combating the prejudices existing in regard to mental maladies. In these associations, it will be remembered, originated the system of the after care of the insane, which at last seems to have taken a foothold, and it is to be hoped a firm one in this country. Popular lectures on insanity found a strong advocate in Morel, of Belgium, who addressed our twenty-fifth National Conference of Charities and Correction on Guardian Societies for the Insane, and our appeal cannot be better fortified than by quoting his words in advocacy of this measure as one feature of the work of a guardian or patronage society. "In my opinion," he says, "much good could be done by giving popular addresses upon the predisposing and exciting causes of insanity and preventive treatment of the malady. When once these questions become understood by the public, mutual aid, moral as well as material, becomes possible. From that moment the insane will be considered as sufferers from disease. These popular addresses should instruct as to the patient's early treatment, giving short and clear descriptions showing how a mental trouble can be recognized. People still remain distrustful of hospitals for the insane. They do not believe as they should that many cures are possible and that they are more frequent and rapid if the patient be placed early under treatment. Guardian societies should in this way help to prepare people by information which shall combat these prejudices, and the public should be taught to take an interest in what actually goes on in asylums and how patients are treated there. These results can only be obtained by constant co-operation among persons of broad ideals who shall interest themselves in arranging public lectures in which shall be set forth the suffering engendered by mental disease, the hope that lies in early treatment and the conditions which may contribute to recovery and prevent a recurrence of the disease."

Most of us have long wished that these and

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other truths about insanity, might be publicly and plainly brought home to people in this way, and now is the propitious moment for making the effort, when the tide is so strong in the direction of popularizing the knowledge of medicine in its other branches, a tendency originating in the tuberculosis crusade which has assumed such large dimensions and is accomplishing so much toward checking the spread of the disease. Two or three years ago the first step in the medical education of the public was taken by the British Medical Association, and the *British Medical Journal* reports that the popular lectures at its annual meetings have attracted large audiences, encouraging the hope that the plan may later be developed into a fully organized system.

Throughout the winter of 1906-7 a long and comprehensive series of popular lectures embracing a great variety of subjects in medicine and surgery has, for the first time in its history, been given at the Harvard Medical School by its professors and instructors every Saturday and Sunday with surprisingly successful results in point of attendance and general interest. The newspapers have given fairly accurate reports of the lectures and sensible editorial comments have been frequent. This shows that these are live matters with people in general. In this schedule of subjects, psychiatry had no place, but this omission will be remedied next winter when several popular lectures on mental disease will be given as a part of the regular course of popular medical lectures delivered at the Harvard Medical School; and the endeavor toward securing this desirable end in Boston has led us to urge at the same time by this appeal a general movement in the same direction in other parts of the country.

The credit of inaugurating the first series of public lectures on insanity is due to the Psychiatric Society of New York City. Under its auspices Dr. Adolf Meyer lectured last winter on "Modern Psychiatry, its Possibilities and Opportunities"; Dr. August Hoch on the "Manageable Causes of Insanity"; Dr. C. L. Dana on the "Data of Heredity"; and Dr. Allan McLane Hamilton on the "Development of the Legal Regulations Concerning the Insane." These lectures were intended for the general physician and non-professional leaders of sociological interests as a basis for the organization of a movement toward prophylaxis and the development of sound interest in this eminently important topic. They were of an academic character and, on the whole, less likely to appeal to the general public than other subjects that might be selected, but were quite well attended and will probably be continued in the coming winter.

The ideal arrangement for a course of such lectures should be one, we think, which would attract all classes of hearers. One set, for example, like those just referred to for the more educated, and another, given perhaps in a central locality, which should deal with the more practical aspects of the disease. The auspices under which the popular lecture on insanity should be given are most im-

portant. A prominent medical school would seem to be the best indorsement, and if given, as at the Harvard school, as a part of a comprehensive schedule of popular lectures on disease in general, the association of the two would go far toward correcting the prevailing idea that insanity is something apart and not a disease to be classed with other maladies. Boards of insanity also would do well to encourage and institute public lectures, and medical societies of prominence and influence would be sponsors of weight with the community for such addresses. It is very necessary to prepare the ground for such an unusual departure in public instruction by advertising them freely in the press and by sending out a large number of circulars to persons interested in all kinds of eleemosynary work, social reform, schools, hospitals, courts and other institutions.

Appropriate subjects will occur to all. Among those which would seem more especially to appeal to the educated classes are, for example:

1. Hereditary Conditions Influencing Insanity: The intricacy and uncertainty of laws of disease-heredity. The ascertained average proportion of insane relatives to the number of sane persons in a community. The curability of attacks of insanity in patients with strong hereditary taint, etc.

2. Mental Hygiene, in its protean aspects.

3. The Criminal Aspects of Insanity: Crime a common symptom incident to the disease. Pleas of insanity and demonstration by statistics of the actual number of criminals (far smaller than commonly supposed) who escape punishment on that pretext. The many cases which never come into public notice of criminals for whom this plea is made that are found by experts to be *not* insane. The large number of convicts in the penal institutions of all countries who were insane when committed. Tests of responsibility and recommendations for new legislation which shall insure accurate and just expert decisions, etc.

For the public at large the following subjects occur to the writer, and it is in popular exposition of these questions that we probably shall come closer to the main object of such lectures and the real needs of the people in general as regards matters relating to insanity.

1. The True Nature of Insanity: Bad as it is, it is not necessarily so formidable a disease as it appears to be to the minds of people in general. Small proportion of violent "raving" patients. Large numbers of mild cases that never enter a hospital. Comparative frequency of recoveries, temporary and other, and long intervals of health. Short duration of many attacks. Similarity in this respect to general disease. Great advantage of the early treatment of pronounced cases away from home, etc.

2. The Reliable Signs of Approaching Insanity: Possibility of averting an attack. Precautions against dangerous acts. Methods of commitment, etc. The increasing number of voluntary patients in hospitals for the insane. Emergency, cases, etc. The frequency in sane people of minor and transient morbid mental states, fears, etc.,

and even hallucinations that are really unimportant and do not betoken insanity.

3. The Manageable Causes of Insanity.

4. Alcoholism and Insanity.

5. The Care and Treatment of an Insane Patient in a State Hospital from Admission to Discharge. Safeguards against illegal commitment. Supervision of hospitals by state boards of insanity. The large number of discharges (bearing on the popular belief that many are sent to insane asylums, but few come out). Diet of the patients. Systematic training of the nurses. Oversight of nurses and precautions against neglect, abuse and escape of patients. Medical attention to patients and study of the disease in hospitals. Harm done by the usual newspaper accounts of insane patients and hospital management. The contrast between care at home and hospital care. Condition of patients when brought to hospitals and best means of transportation of difficult cases, etc.

With such a list of subjects to draw from, it would seem easy to inaugurate a suitable course of lectures which could hardly fail, if under the right auspices, to enlighten and ease the public mind.

But the manner in which the subject shall be presented to the audience is quite as important as the subject itself. This has been effectively urged in editorials on the subject of popular medical lectures in the BOSTON MEDICAL AND SURGICAL JOURNAL. A tendency has been noticeable in the lectures thus far given to paint in too somber colors and to make too much of the dangers of incurring this and that dread disease for lack of proper precaution, and for want of care in analyzing statistics, magnifying the prevalence or increase of the disorders. Now while the possibilities of harm should not be understated, neither should they be exaggerated to the extent of creating unnecessary and unhealthy alarm. The utmost care should be exercised to prevent misconceptions on the part of our hearers, theories should be discarded and only actual ascertained facts dealt with which have a definite, practical bearing. The difficulties are in one way far greater than in lecturing to a class of medical students and the temptation greater to speak with less accuracy to a popular audience. It goes without saying that what is said needs to be simply, clearly and graphically put. For the popular medical lecture to be most effective requires in a medical man, according to President Eliot (who originated the course at the Harvard Medical School), the power of interesting description with telling exposition and moving exhortation. To apply these several cautions to psychiatry: the terrors of insanity and its treatment have held the boards far too long, and the more we are able to say with truth that will tend to lessen its horrors in the minds of the community, the better shall we serve the purposes of true psychiatry; and the more widely and generally the nature of our work is known, the more the dignity and importance of our calling is enhanced.

## HEREDITY IN DISEASES OF THE NERVOUS SYSTEM WITH ESPECIAL REFERENCE TO HEREDITY IN EPILEPSY.\*

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A BELIEF in the heredity of many diseases, especially those of the nervous system, is one of the accepted tenets of medicine,—a tenet to which every one is tempted to subscribe, whether he notes the invasion of Friedreich's ataxia, Huntington's chorea, or muscular dystrophy, in member after member of some doomed family, or studies the social degradation of the Jukes<sup>1</sup> family, or the degeneration and extinction of the Spanish Hapsburgs.<sup>2</sup> It is a belief, too, which has been held even more strongly by the laity, from the days of the Hebrew prophets until the present time. With the development of the doctrine of the neuropathic or psychopathic predisposition by Griesinger the possibilities of morbid heredity in diseases of the nervous system became multiplied, and the studies of the French writers in particular, Dejerine,<sup>3</sup> Féré,<sup>4</sup> Le Gendre<sup>5</sup> and Paul Raymond,<sup>6</sup> have sought to establish heredity as the dominating etiological factor in the vast majority of nervous and mental diseases.

The whole doctrine of heredity, however, has been modified by the theories of Weismann,<sup>7</sup> which have been accepted by many biologists and a number of physicians. According to Weismann, as is well known, acquired characteristics are not transmitted to the descendant, but any influence which, developing in the lifetime of the individual from some external cause, injuriously attacks the germ plasma, may give rise to some defect or modification in the descendant. Weismann holds that there is a continuous transmission of the germ plasma which contains all the elements of the future being. The ovum, in dividing, transmits an integral part of itself to the new cells, so that the ovum of one generation comes directly from the ovum of the preceding generation, and the personal influence of the generator will have no effect upon the quality of the germ plasma, unless the germ plasma be injured by some external influence, such as trauma or poison. Binswanger<sup>8</sup> affirms that we can speak positively of an inherited morbid predisposition coming from the ancestry, only when germ plasma, pathologically altered in one or both individuals at the moment of procreation, has served to form the new individual. This pathological change in the germ plasma in the generators may be directly inherited from their parents or acquired during their own lives from various injurious causes, such as chronic intoxication (alcohol, morphine, lead), infection (syphilis, tuberculosis), constitutional disease (anemia, leukemia, chlorosis, diabetes, gout, arthritis deformans), or local diseases of the generative tract. This pathological alteration of the plasma leads to a general constitutional weakness of the individual, in whom later

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