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THE SOUTHERN PRACTITIONER

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EDITOR AND PROPRIETOR

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Original Communications.

THE RELATION OF THE GENERAL PRACTITIONER TO INSANITY.*

BY M. CAMPBELL, M. D., OF KNOXVILLE, TENN.

When I was requested by your Committee to prepare a paper on the above subject, I complied very willingly, because I consider it unfortunate that there is a disposition on the part of the majority of the general practitioners to neglect the study of insanity more than any other department of medicine. This doubtless arises from the difficulty of treating the disease elsewhere than in a hospital especially fitted for the reception of the insane. The insane are more cheerfully turned over to the specialist, than those suffering from any other form of disease. However true this may be, I do not think the reason is sufficient

* Read at the Annual Meeting of the Tennessee State Medical Association, April 14, 1904.

for neglecting the study of so serious and common a disease.

The prevention of disease is more important than its cure; especially is this true of insanity, and it goes without saying that without a knowledge of its causes, the immense influences of the general practitioner in preventing this disease will be lost. Then too, the physician, who in a given case of mental disease is able to make a diagnosis and prognosis, and order a line of treatment, will find his knowledge to his own advantage, as well as to his patients; to the patients, if for no other reason than that it is often impossible to get them admitted in a hospital.

The diagnosis and prognosis of insanity, in the majority of cases, is not more difficult than in other forms of disease. As a first requisite, some knowledge of classification should be obtained. The classical mania, melancholia, and dementia, of course is familiar to you all. The objection to this classification is that it does not include in its three groups, all forms of mental disease, and that it is symptomatic only, telling nothing of the underlying pathological conditions; these conditions may, in one case, produce the symptom of mania and, in another, that of melancholia, or they may alternate; and further, the symptoms of mania and melancholia may indicate different pathological conditions, one kind curable and another not. Nevertheless, the terms are useful, and should not be abandoned.

The limits of this paper will not permit me to go into an exhaustive classification that will include all forms of insanity, but I wish to call your attention to certain prominent groupings, that as a rule are easily recognized.

We have then, simple mania, characterized by excitement, insomnia, volubility and restlessness, with rapid ideation, and usually delusions.

Melancholia simplex, characterized by profound depression, slow ideation, with delusions of unworthiness and impending disaster.

Melancholia agitata, in which there is accompanying the depression, agitation and motor excitement.

Acute and terminal dementia, characterized by stupidity.

Allied to acute dementia is confusional insanity, lacking in the excitement of mania or the depression of melancholia.

An important group, where pathology is well known (inflammation of the cortex), is general paresis, characterized by exaltation, with delusions of grandeur and a progressive paresis. It ends in dementia, and is incurable at all stages.

Paranoia is a form of insanity that is of importance, because its victims are frequently dangerous to others, sometimes violently homicidal. Its chief, if not only symptom, is delusions of persecution. Otherwise the intellect is but little affected, and the emotions primarily normal.

The insanity of epilepsy is easily recognized from the history of convulsions; it is characterized by great violence, which is often unconscious. Sometimes in epilepsy, the convulsions are absent, being replaced by outbreaks of mania.

In one group the general practitioner is called on to treat quite frequently, may be placed the toxic insanities of morphinism, cocaineism, and puerperal insanity. These, as a rule, are curable, and can often be successfully treated at home.

To be able to recognize paranoia and general paresis, is of great importance to the general practitioner. The paranoiac is often, while apparently sane, meditating dire vengeance against people, who he imagines intend to do him harm. The physician should be competent to detect this form of mental disease, and sound the note of warning. The general paretic with his optimism, often wastes his estate before he is known to be insane.

The study of insanity has a peculiar interest at this time, for the reason that it is undoubtedly increasing.

THE INCREASE OF INSANITY.

Statistics from both Europe and America show that in recent years there has been an increase in the number of insane out of all proportion to the growth of the general population.

The number of insane under official cognizance in Great Britain and Ireland in the year of 1862 was 55,525, and the population at large 29,197,000 in round numbers. In 1891, the number of insane had increased to 117,336 and the general population was 38,133,000, which is to say that there were nearly three times as many insane at the end of twenty-nine years as there were at the beginning of that period, while the general population

had increased but 30 per cent. That I may not weary you with too many figures, I will ask you to take my statement on trust that, there has been no diminution in the absolute and, relative increase of insanity in Great Britain and Ireland in the twelve years that have passed since 1891. The per-centage having risen until there is now about one insane person to every three hundred inhabitants. In Ireland more recent statistics show that the number of insane has increased, while the general population has actually diminished.

Turning to our own country, we find in the populous centers that the picture is equally dark. In the Southern states, the ratio of insane to the general population is less than in the more populous North. We have fewer large cities where the factors of insanity abound. In a rural community, life is healthier and more tranquil, and, the ability to earn a comfortable income, is more certain than in cities. Then too, we have a small foreign population which is notoriously prone to the development of this disease. In New York, the foreign born population is only twenty-five per cent of the whole, while fifty per cent of the inmates of the State Insane Hospitals are of foreign birth.

In the Federal census of 1900, the enumeration of the defective classes, has not yet been published, so that information from that source is not available. Tennessee has nineteen hundred insane at public charge, and, probably twenty per cent more who are cared for by their relatives. From statistics of my own, in the large rural population of Eastern Tennessee, there is one insane man or woman for every seven hundred of the total inhabitants.

New York had under State care in 1900, 22,088 insane, with a yearly increase of seven hundred, as shown by the report of the Commission of Lunacy for that year — a ratio of approximately one to every three hundred of the population. The cost of maintenance alone of this army of defectives, was for the year 1900, \$3,644,520.00. The eminent Publicist, Mr. F. B. Sanborn, prepared for the National Conference of Charities and Corrections, which met at Atlanta last May, a report on the Insane of New England. Mr. Sanborn's figures show beyond a doubt, that insanity there is increasing beyond the natural increase of population. "On October 1, 1897, there were in Massachu-

setts in public institutions, or boarded out in private families and alms-houses, 7285 patients. On Oct. 1, 1892, there were 9121; percentage of increase for five years 25.2, annually 5 per cent. Not to go farther with figures, I would state that, in all New England, there is one insane person in every 307 inhabitants. The criticism has been made of figures, such as these, that the increase is apparent rather than real; that as accommodations for the insane are multiplied, they are brought forward to fill them. Doubtless to some extent this is true, but when due allowance is made for this consideration, the fact that over a large portion of our country, the ratio of insane to the general population is approximately as one to three hundred, is proof of a rapid multiplication of the insane. No such condition obtained fifty years ago.

CAUSES OF THE INSANITY INCREASE.

Among the first may be mentioned the great intellectual activity of the Nineteenth Century, especially the latter half of it, and the revolutionary changes that it wrought in the lives of people living where these effects were operated. The annals of no previous period of the world's history will bear comparison with the century that has just passed, for intellectual activity of every kind, and in it man seems to have reached the flood-tide of his achievements. Great strides have been made in all the sciences, especially in medicine, and as a result, the multiplication of specialties. But the most striking and dramatic effects have been wrought by the inventors. The Watts, the Stephensons, Fultons, and Edisons—these, availing themselves of the discoveries of the patient investigators of the laws of Nature, and sometimes adding to them by discoveries of their own, by bending to their will the forces of Nature, through the medium of machinery, have multiplied the working power of human hands an hundred-fold. As a result of all this, a complete change was wrought in the lives of the people; their methods of gaining a subsistence were taken from them. They were compelled to turn to new employments, to face problems that harrassed and perplexed them, and to earn their bread by methods exhausting to the nervous system. Under

such conditions, individuals of frail constitution and prone to nervous diseases, break down, while only the strong can adapt themselves to such environment.

I have already alluded to the degenerating effect of urban life on the human frame, or rather the degenerating effect of the life that is led in cities, for one may be healthy in them with right living. It is significant that the increase in insanity in the last fifty years has been synchronous with an unprecedented growth in urban population. This is especially true of Europe. There the increase of population has been confined almost wholly to the cities, for the sufficient reason that the country had already all who could live by cultivating the soil. The establishment of factories and the growth of commerce, took up the surplus population of the country. And it is there, in the heart of civilization, and among the most enlightened peoples of the earth, is found the greatest ratio of insane to the general population. The factors that bring about insanity in cities, are not far to seek. Among people of wealth, the enfeebling effect of luxurious living, with late hours and dissipation, a strenuous business life, the haste to get rich by speculation, exhaust the nerve centers and result in insanity. Men who work for moderate salaries lead also an exhausting life. The army of book-keepers and clerks toil indoors during the hours of daylight, and in the evening, instead, like the farmers of going to bed for nine hours of sleep, they seek amusement in ways that are more or less exhausting to vitality. The condition of the laboring classes is not more favorable to the building up of, and the preservation of a sound mind in a sound body. Many of them live in crowded apartments, situated in unwholesome districts, and the hours of labor are spent in the impure air of the factory, shut out from health-giving breezes and sunshine. Strikes and lockouts interrupt the order of their lives, and cut off the sources of their daily bread. Accompanying these interruptions of labor, too often there are pitched battles in the streets with the police. With them, also, the temptation to encroach upon the hours of repose by dissipation is not wanting. With such depressing conditions operating from generation to generation, what wonder is it that insanity numbers its victims by increasing thousands.

What part should the general practitioner take in stemming the tide of this evil? It divides itself into two categories, both having for their end the prevention rather than the treatment of the disease. From the nature of the malady it can seldom be successfully treated in private practice, but the family physician can do more than any one towards diminishing one of the most serious evils of the times in which we live, by giving good counsel to those, who by inheritance are liable to this disease, and by using his influence to secure, by legislation, its suppression.

An hereditary predisposition is found in eighty per cent of the cases of insanity. Without this basis, intemperance, financial distress, domestic grief, the abuse of narcotics and exhausting labor will not bring on mental collapse, at least not in one generation. Without doubt, prolonged violation of hygienic laws, will, in time effect racial degeneration.

"The fathers eat sour grapes and the childrens teeth are set on edge." But these exciting causes are potent to send to the hospitals for the insane those less richly endowed, and the general practitioner should point out to them the means of escaping the evils that menace them. There are many people of high intelligence who bear in their blood the latent taint of mental disease, and who are aware of the peril in which they stand, and take to heart the counsel of the wise physician whose words, when duly followed, have power to save. To such he may say, with confidence, "Be of good cheer," not all who are exposed to danger suffer calamity, and if you obey the laws of health, you may live to old age, and escape the curse of your inheritance. He should tell such clients that insanity is a disease of the brain, a material organ, and from its normal action healthy feelings flow, equally removed from the excitement of mania and the depression of melancholia; that in it, neither hallucination nor delusion can arise, for it mirrors truly the report the senses bring it of the phenomena of the world external to itself; that the possessor of such a brain is not carried away by sudden gusts of feeling, but knows how to subordinate clamoring passions to the dictation of reason, that in a word normal brain function means sanity, while perverted brain action is the reverse. Having disabused his mind of metaphysical conceptions of soul and mind, as distinct from