Kerlin (I. N.)

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BY

ISAAC N. KERLIN, M.D.,

SUPERINTENDENT PENNA. INSTITUTION FOR FEEBLE MINDED CHILDREN.

READ BEFORE THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, MAY 21, 1879.

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In one sense, and perhaps legitimately, the various forms of idiocy and imbecility are the insanities of early life, and in the course of this paper I shall endeavor to show the identity of the insane diathesis with the conditions noted among the patients and pupils of our institution for idiots. But that childhood is subject to insanity, as the term is usually employed, accompanied or not with hallucination, is now acknowledged by some writers. In their books, it is stated to be a rare affection. Under the heading of Insanity in Early Life, Winslow* cites several remarkable cases, illustrating that during school-life children may suffer from acute attacks of insanity, to all appearances recover, and the tendency remain dormant for several years, when there have been recurrences calling for hospital treatment and restraint. He quotes Esquirol: "I am more than ever convinced that the existing causes of insanity do not act abruptly, except when the patients are strongly predisposed. Almost all the insane exhibit before their disease some alteration in their functions; alterations which commenced many years previously, and even in infancy. The greater part had had convulsions, cephalalgia, colics or cramps, constipation, and menstrual irregularities. Several had been endowed with great activity in the mental faculties, and had been the sport of vehement, impetuous, and angry passions. Others had been fantastical in their ideas, their affections, and passions: some had had an extravagant imagination, and had been incapable of continuous study: others, excessively obstinate, could not live except in a very narrow circle of ideas and affections, whilst many, void of moral energy, had been timid, fearful, irresolute, indifferent to everything. With these dispositions a mere accidental cause is sufficient to make the insanity break out." Esquirol treated two children, one of eight and another of nine years, and a girl of fourteen, all laboring under mania. He

* Forbes Winslow's Obscure Diseases of the Brain and Disorders of the Mind, p. 139-144.

was also consulted about a child of eleven, in which the disease assumed the form of melancholia.

The early age at which insanity develops in the United States has already received attention from Drs. Evans and Worthington, in their report of Pennsylvania Asylums, who refer it to the special kind of educational influences to which childhood is subjected. Dr. Wigan, in "Winslow's Psychological Journal," vol. xi. p. 497, collects a number of cases of juvenile crime, committed without cause, and suggestive of mental alienation. The boy Pomeroy is thought of while reading his descriptions.

Statistics of Dr. Bouteville give large proportions for juvenile insanity of the total insane,—*e.g.*, from five to nine, 0.9 per cent.; ten to fourteen, 3.5 per cent.; fifteen to nineteen, 20 per cent. Winslow concludes "that mental disease is undoubtedly more frequent in childhood than is generally supposed." Maudsley devotes one chapter of his inimitable text to the insanity of early life, quoting from Greding his case of a child raving mad as soon as it was born, and explaining that such child-insanity is necessarily confined to convulsive reflex actions of the nervous centres.* These narratives as well as most of Maudsley's descriptions are open, however, to the criticism old as Spurzheim's, who viewed such cases as "partial idiots from birth." The establishment of institutions for children of defective mind, in many of our American States, is bringing to our knowledge facts and statistics on this important subject, which prove that *juvenile affective insanity* is more common than has been hitherto stated: indeed, it is not improbable that lesser degrees of this disorder have been allowed to go unrecognized, being, as they so generally are, the temporary consequences of sympathetic disturbances, or the sequelæ of acute diseases, removed when the cause is dismissed or outgrown.

The question of juvenile insanity, to be recognized as affective or pathetic insanity, is so open and so fruitful of controversy that I prefer to give illustrations from my case book for your consideration, rather than attempt its discussion.

Case I.—Bessie was three years old when brought to my notice It is said that one year before she had a fall which injured her spine, followed by fever and convulsions; on her recovery from these symptoms, she was found with vacant, staring eyes; her feet turned inward, and her gait was tottering; she ran wildly from thing to thing, and seemed to have but momentary enjoyment in each; she knew not when danger was near. Before her illness she had begun to talk, knew her parents and called them by name; after it, she not only lost their names, but was wanting, in great measure, in that natural

* The Physiology and Pathology of the Mind. Henry Maudsley, M.D. Part II., chap. ii. D. Appleton & Co., 1871.

affection which before had endeared them to her. Her destructiveness was very marked, her habits became filthy, and her tastes strangely perverted. She was placed in an institution; it did not pain her to see her mother leave; she was at home in the strange place, at home with anybody. She ran among the other children, without interest in any of them. She amused herself with what came within reach, and injured or destroyed everything that amused her. Seven months after her admission her condition is thus described: Her eye is not now staring and vacant, her feet are not now unsteady, but as she prances through our apartments and grounds she carries, in her sure and steady step, the glad tidings of approaching recovery: she is not now wild with the aimless capers of imbecility; her enjoyments are natural, and her affections are full and spontaneous. At a recent visit of her father, he was recognized by her before he had yet seen her, and his ear caught the sound of "Papa! papa!" before he saw from whence it came. She had been wisely, painfully, taken from her home, though only three years old, very soon after her calamity, and had been placed under circumstances favorable to her recovery. The result proves the self-sacrificing good sense of her parents, who, having the welfare of their child alone at heart, listened not to the false notions of *popular affection*, which inculcate indulgence at home as the pity for early misfortune, but took the best and the earliest means to restore the lost one.

Case II.—Tom McK., aged twelve, when first brought to our knowledge, was described as an incorrigible boy, who had been passed from one county home to another, through a juvenile reformatory, and at last, to prevent his own self-destruction, because of his propensity to climb the rods and water-spouts of the refuge, and to ramble dangerously over its roofings, he was locked in a secure room. Excepting his under stature, nervous manner, and glittering eyes, there was nothing in the aspect of the pale-faced boy to suggest any unlikeness to normal boyhood; indeed, his aptness in language, both usual and profane, would suggest precocity. A study of his case, under treatment, will discover no inability to acquire knowledge; he is but little more backward in his studies than would be any neglected boy; he is full of mischief and deceit; the usual indifference of a bad boy to punishment is morbidly increased in his case; and there is moral hebetude and a causeless wilfulness that have taken the place of the fretfulness, kickings, and bitings of his earlier childhood.

Result of Treatment.—The blind propensity to climb lightning-rods seemed to have been extinguished on the first day of our intercourse, when he was gravely requested to climb a rod fastened to a stack one hundred and eight feet high and straighten the point, which had been injured in a storm. The little fellow seemed to measure the difficulties and to compute the impossibility, but he did not guess the purpose of his physician; he shamefacedly turned away from the chimney, evidently discomfited, and from that day he has had the freedom of the grounds, without showing any unusual disposition to clamber. The restlessness of the eye, and its strange glitter, are no longer noticeable, and by the appliances of our means of teaching in the school, and the agreeable, but constant, occupation and exercise found out of school, the boy is certainly getting well. If any doubt existed as to his title to insanity,

the diagnosis seemed complete when, a few days since, the writer discovered Tom's mother in the insane department of a county home, one of the saddest of dements, and learned that the father had always been an unsteady, wild, and violent man, seriously addicted to liquor. The boy's conception, birth, and childhood, nay, his whole history, was laid in physical disorder, fright, and dissoluteness. There are no other children.

Case III.—Anne W., a pretty little child of seven years, was brought to me two years ago. She was slightly under stature for her age, had a peculiarly delicate and waxen skin, and a brilliant, unsettled black eye; the toes turned in slightly, and in walking she bore most of her weight on the outer side of the right foot; the tongue in protruding diverged from the median line to the left somewhat. These indications could only be read by the physician; any casual observer would not surmise that the pretty, petite girl could be a subject for an institution for feeble-minded children, and would be slow to believe the mother, who flushed with exasperation while telling her trials, and betraying her own unfitness to nurse and rear such a babe. When brought to us she was described as obstinate to the last degree, and she proved so; as clambering over sheds and out-buildings, if allowed any freedom; as running into danger without any apprehension or attention; but, worse than all, she repeated the livelong day, ringing in monotonous changes, the solitary idea of "marble steps." Marble steps formed the substantive of almost every sentence,—"Can my mother have marble steps?" "Has that man marble steps?" "Anne wants marble steps,"—wherever meeting her mother, whenever sitting in her lap, when being rocked in her cradle or put in her bed, this monotone of marble steps was poured into her mother's ears, until the woman was wild with this horror, and the child had become to her an object of aversion.

This strange child was brought to our Institution, and I have only to add that to-day there are no marks upon her, and no impulses betraying any other than the reaction of child-life to its best impressions. The child is healed, to all appearances.

Now family history helps us to the comprehension of such a case as this. Anne's father died of softening of the brain, at thirty-five, after a life of excesses, leaving two babies buried—one of cholera infantum and one of convulsions—and two living children,—Anne, already described, and a little girl of five years of age, who is dwarfed, and, as the mother feared, "growing like Anne." A son of the mother's sister, aged twenty, is in an insane asylum, and is said "never to have been all right." So that as far as the family history of this little girl is made up, her own blight is suggested in a poor inheritance.

Case IV.—Ten years ago I was called to prescribe for a child, a little girl of five, of precocious intelligence and physical growth; although but five years of age she might apparently be eight or ten, and of wonderful robustness. The cause of my summons was the exhaustion of family means to control this child in her violent explosions of temper; these usually occurred in the latter part of the day, were most frequently directed towards her mother, and often ended in her dismissal to an early bed, where she would fret herself into a feverish sleep; or at other times angry ravings and occasionally the

tearing of her clothes and bedding would discharge the tempest, from which she would sink into a deep sleep. She had had treatment for intestinal worms, and had been placed on the bromides by the family physician, but without favorable results. The anxiety of the mother was the more intense because of the presence of grave forms of insanity in the family, and it was probably only the painful misgivings of what might be in store for this dear child that induced them to seek a consultation. My duty was mainly to approve, perhaps expedite, the purposes already formed by the intelligent mother.

1st. To bring in daily contact with the child a new element, in the person of a discreet governess, before whom the mother should retire. The mother's characteristics and those of her child were reacting injuriously on both.

2d. Equal amounts of in-door occupation and out-door exercise were insisted upon, and special means were provided to secure the latter. Present impressions make the life of a child, and that life cannot be a happy and developing one unless these impressions are favorable; most of their actions being responsive to impressions, the former will not be healthy unless the latter are normal.

3d. A slight, thin white fur on the tongue suggested a possible disturbance of the nerve-centres, which was more convincingly shown in some choreic movement, and a liability to ringworm. But I prescribed only an occasional emetic of ipecacuanha, especially when there was any unusual fretfulness, and at intervals of a week, two grains of calomel, to be taken in four powders, between five and seven P.M., to promote hepatic secretion.

5th. I employed a powerful shock for the child's moral sensibilities. I carried her through the wards of an institution for feeble-minded children, making no exposure to her that the condition of my feeble patients might be her own some day, but I found a history corresponding to her own in the case of a girl older than herself, and, in answer to her rapid questioning, I told it, leaving the application to my little patient's quick wit. Marshall Hall* has called what I have tried to present in this case "temper disease," or *ego mania*. He says, "It is a perversity, an insaniola, originating in bodily disorder or mental affection, and perpetuated by a morbid indulgence of temper and desire for sympathy and attention." Added to this, I should say with some decision that there is undoubtedly in many of these cases a specific irritation of the membranes of the brain, accompanied probably with slight effusions, which are readily and promptly reabsorbed. I regard the cause of these periodic or habitual temper explosions as pathological, and not beneath or outside of the serious attention of the family physician. Moreover, I believe that these children, in whom lurk the seeds of insanity, will often pass into idiocy or dementia in later life if these early exhibitions are not arrested or treated prudently. Case IV. made a happy recovery, or, I should say, a safe passage through a critical period of her child-life, and is now a finely balanced and very promising young woman. She remembers the cloud of her childhood as a fearful nightmare, and she is so intelligent as to provide against a sad future by a well-ordered self-restraint.

* Observations in Medicine, by Dr. M. Hall, 1st Series, p. 87.

Case V.—M. P., æt. thirteen; reasoning exact in all particulars; possessing a copious vocabulary and most retentive memory; but in natural attachment to friend, sister, or mother entirely wanting; oblivious to all rules of order and discipline, delighting only in antagonisms; all methods of conciliation, restraint, or punishment which an intelligent, excellent mother could devise have failed, and under sheer exhaustion of all home efforts she has been committed to our care.

Since her admission she has unceasingly worried to be whipped. It has been the subject of the most complacent reflection that "some of these days I expect the matron will whip me." She has diligently inquired into the special character of our whippings, whether they leave marks, whether they draw any blood, and eagerly imagining the delights of a flogging. She claps her hands with anticipation, exclaiming, "Oh, I shall be so happy if they will only give me a good whipping!"

All the small deprivations which would afflict another child are lost on her in the ineffable joy of punishment, and she is daily and hourly circumventing all rules, misbehaving in all conceivable ways, irritating, annoying, and disturbing, until her wishes for suffering shall be gratified.

The history of these five cases defines the nature of the affection I have attempted to describe, and, in conclusion of this part of my subject, it remains to briefly summarize the views of those who have studied juvenile insanity.

1st. The affective insanity of children is manifested in paroxysmal passion, destructiveness, and incorrigibility, in emotional storms and fantastic wilfulness.

2d. Delusions rarely exist, for these doubtless depend on a prior organization of definite ideas, which being more or less limited in the child's mind, the extent of delusion is likely to be also limited. This is exemplified in Anne, Case III. She had had but little intercourse with living things,—confined to her mother's kitchen, and looking out only upon the brick fronts and marble steps of the street on which she lived, marble steps became the nidus of a puny, fantastical delirium,—her fancies or her facts never carried her to the gravity of delusion.

3d. The diagnosis in those uncertain cases which border on normal childhood, as in Cases IV. and V., consists in the unlikeness of the patient in general behavior to the usual standard of childhood. Headache, coated tongue, and sick stomach are frequent, as also irregularity of the heart's action and low vital temperature; a singular lustre of the eye was noticeable in all the cases above enumerated. The advanced means of diagnosis, such as the ophthalmoscope, dynamometer, sphygmograph, microscope, and urinary analysis have not to my knowledge been applied by any one to the study of these cases, and I must confess to my personal failure to do so in those I have reported. These recent scientific appliances

for diagnosis would probably remove doubt in some cases of vexatious uncertainty; that is, in instances of juvenile insanity on the border line of normal childhood.

To diagnose between idiocy and juvenile insanity is not so difficult; the latter condition is excitable, erratic, intractable, intense; speech, sight, and hearing are generally all perfect, which is an exceptional fact in idiocy and imbecility; the moral nature is usually perverted to the last degree in the insane child: while the idiot and *enfant arrière* are trustful, kind, and loving, the insane child is suspicious, secretive, and violent in its likes and dislikes. We should not omit from our investigation a careful inquiry into the antecedents of the child; family history may throw much light upon doubtful features, aiding not only in our diagnosis, but in the prognosis and treatment.

Dr. Boisment* says that in a list of forty-two young people in whom mental disease had commenced between fourteen and sixteen years of age, in eighteen instances was it inherited from the parents. In all the cases I have reported in this paper there were emphatically marked hereditary tendencies to neurotic disease.

4th. The prognosis, according to Dr. Paulmier, is hopeful, the cases tending to recovery. Dr. Delasiauve refers to the great susceptibility of the patient to relapse, or a return of the disease in subsequent years. Dr. Winslow adds, "that, though in a certain number of cases recovery takes place, the mental alienation of children and young people is a most serious disease, partly from their antecedents, and partly on account of the imperfect development of the cerebral and other organs."† The opinion advanced by the latter gentlemen was based upon the experience of private practice and of observations made on insane children, under ordinary hospital treatment, and needs to be retraversed by examining the results secured in institutions for the feeble-minded, the amusements, schools, and shops of which establishments are so favorable for the treatment of such subjects, and where, in these days, they should be found, and never in hospitals with adults, and rarely within the domestic circle of their own homes.

On this matter of cure or recovery I would presume on your patience to add a few remarks.

The measure of human perfection is the combined excellence of a sound judgment, the normal repression of the emotions, and a regulating will; the recovery of our adult insane patient is known by his return to his

* Winslow on the Brain and Mind, p. 143.

† Winslow's Psychological Journal, No. xiii., New Series.

normal exercise of judgment, emotion, and will. Judgment and reason being the sum total of the percepts and concepts of his lifetime, the aberration as well as the recovery of an insane adult, if a man of usual or much intelligence and stability, are very marked. The aberrations and recoveries of insane childhood must be less marked in an intellectual scale, because of the prior undeveloped judgment, for "the mind is not born with the child, but is developed by the slow processes of perception," so that the measure of the improvement of the insane child is more aptly seen in a subjection of the emotional life, the realm in which his frenzy displayed itself. Recognizing this, there should be more caution in analyzing the condition of any eccentric child, and the prognosis should not be as severe as it usually is. The theory that once an idiot, or once an imbecile, therefore always so, is neither scientific nor sustained by facts. I assert, what is verified now by the ample experience of many observers, that physiological education and hygienic treatment early applied to congenital imbecility and child insanity, will, in the great majority of cases, result in as favorable changes, indeed in as marked a rising of the individual towards the normal scale, as is accomplished in the treatment of the adult insane.

I cannot conclude this paper, already encroaching on your twenty-minute rule, without a passing notice of the identity of the insane diathesis with the conditions found among idiotic and imbecile children. Those who have closely followed the line of this paper will appreciate that this is germane to the subject. The identity of the neurotic phenomena found in an asylum of feeble-minded, idiotic, and insane children, with those characteristic of the adult patients of an insane hospital, is unmistakable, if we study the correspondence of the bodily derangements in the two classes. Taking for this parallel observation a recent translation citing "the characteristic bodily derangements of the insane," we find,—

1st. The bodily weight of inmates of hospitals for the insane, and of institutions for the imbecile, is less than that of sane persons, of similar age, constitution, and build.

2d. The teeth of both classes are irregular, carious, and defective, and, I will add, the arches are frequently narrow, and the teeth generally crowded.

3d. The irregular insertion of the cartilage of the ear, and the imperfect shape of the helix, noticed so frequently among the insane, is of still greater frequency in institutions for the idiotic and imbecile.

4th. The same irregularities of sight are noticed in both classes.

5th. Low cutaneous temperature, warts, eczema, etc., are very common in one and both, while the amenorrhœas and anæmias of the female

insane are strictly represented in the sterility and torpidity of the majority of the female idiotic.

6th. The asymmetry of the head is a daily observation in the asylum for idiocy; scarcely less is it in the wards of the insane hospital.

7th. Motor disturbances are universal in both classes.

8th. So also are eccentric phenomena of sensations.

9th. The affective faculties are morbid among the inmates of the asylum for the insane; in the institutions for imbeciles they are exhibited in the most explosive and erratic phases.

10th. Of the insane, it is said that six-eighths of them are hereditarily predisposed to their sad condition. This is certainly no over-statement in the wards of the institution for imbeciles.

Now, it requires but to throw this objective on the *juvenile criminal classes* to show that at all points there is a wonderful similitude.

That there is a "criminal diathesis" interwoven with tendencies to insanity and conditions of imbecility is a fact that is not unrecognized by those who are brought into close contact with the degraded and defective classes. In the refuges and reformatories of Scotland, it was found that one-third of the juvenile criminals were held by the teachers to be "imbeciles, self-willed, and hard to teach."

Of six thousand prisoners examined by a competent authority, twelve per cent. exhibited decided mental weakness, independently of those who became actually insane; and as a result of these inquiries of Mr. Thompson, a movement has been inaugurated towards life confinement of the incorrigible, morally insane, and imbecile criminal class, that their propagation shall cease, and crime be thus measurably diminished by the partial extinction of criminals. A like inquiry extended among the degraded public women of our streets would doubtless develop the fact of their moral and mental incapacity, which should be a righteous claim upon our charity, and a reason for protecting them and their victims by absolute restraint of the former in curative or custodial homes.

This line of inquiry cannot be followed out; a fitting conclusion is here reached with this statement, that there seems to be a correlation of causation, symptomatology, and results under treatment of insane and imbecile children in our asylums for the feeble-minded; of the incorrigible child in the reformatory; and of the insane adult in the hospital. All these, with rare exceptions, are the victims of similarly violated physiological laws,—personal, ancestral, and society sins,—all are children of woe, and the suppliants of your merciful intervention.