

TAYLOR (J. M.) sup

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CHILDHOOD.

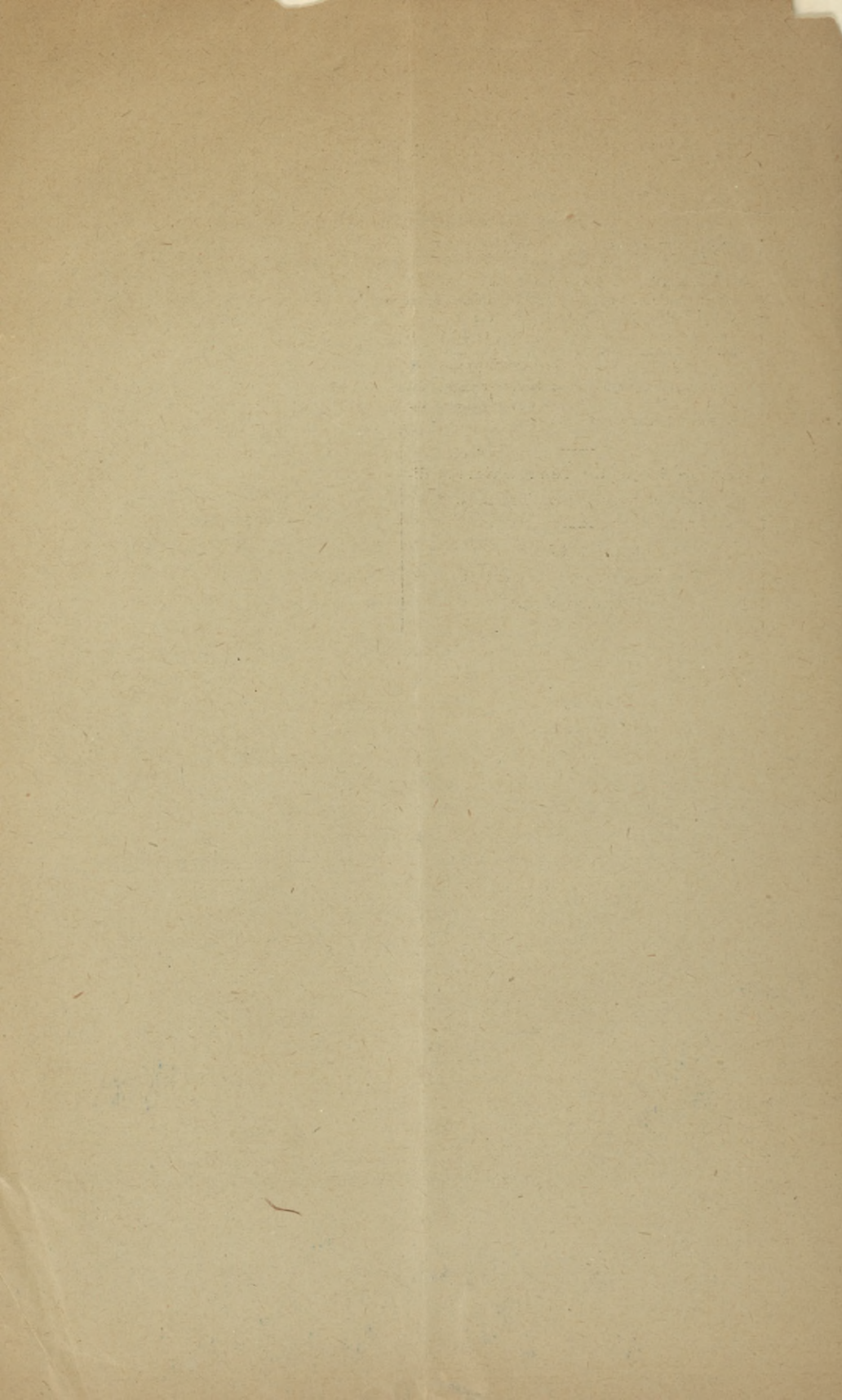
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# THE INSANE DISORDERS OF CHILDHOOD.\*

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It comes in the way of those who see much of children's diseases to meet with many cases of what may be collectively called insane disorders. A consideration of these, rather in the line of their nature and requirements than of elaborate speculation as to causation and phenomena, may prove of use to the practical physician.

Insanity is rare in childhood arising from the same sources whence it comes in the adult, but mental defects are only too common and grow worse with startling rapidity unless most wisely handled. Minor mental deflections, or shortcomings, which may escape attention, form fertile ground for ineradicably evil mental attitudes to take ready root. Active disease frequently disturbs the cerebral functions, and these may not recover with the subsidence of the acute process, even though the structural damage be small. When this occurs, it is important carefully to direct even the simplest educational and disciplinary measures in order to inhibit further lapses and regain healthy tone.

In a long experience in dispensary work among children, such cases have occupied much of my attention, and certain principles of guidance have become formulated in my mind, which may be trite enough, but nevertheless prove of service to others.

My purpose is to call attention to the causal factors which should be scrutinized by the physician so soon as the least ground for apprehension arises, and after a gen-

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eral consideration of these point out how to deal with suspicious phenomena.

The sources of these states are many and of wide reach. Some are the outcome of depressed physical powers due to want and misery ; many more, however, are the result of careless usages, complications, and vice.

In certain parental tendencies there lies danger. Vitiating appetites, as for alcohol, opium, or even tobacco, interlace with other or are themselves a ground for diseases of body as well as of mind. Tuberculous families frequently present instances of acute nervous disease terminating in swift fatalities, and offer also little resisting power against exciting causes. Then there are families of notably unstable nervous equilibrium in whom acute disease or over-wrought emotions work sad havoc. Cultivation of the emotions in the way of mundane or heavenly things, or, per contra, an undue asceticism or self-repression, may exercise a hurtful effect upon the offspring. When these various causes thus sketched out, and of limitless scope and variety they are, become super-added, one to the other, by the marriage of a tuberculous father to a hysterical mother, or an alcoholic father to an over-conscientious, highly spiritual mother, disaster may be predicted for the issue. Again, upon the impressionable nature of developing nervous tissues in a child hyper-sensitive by heredity, exciting causes act only too overwhelmingly. Influences capable themselves of disturbing even a healthy minded child are many. Acute febrile diseases produce commonly delirium, which is itself a transient insanity, and this may pass utterly and quickly away, or leave an indelible stain upon the cerebrum. That surprising condition which we regard as accidental, because as yet we do not know how to explain its origin, known as precocity, is a source of peril if not an evidence of mental unsoundness. It is almost never a ground for parental gratulation and only rarely fulfils youthful promise and not seldom predestines its possessor to neurosis.

The childish brain is very vulnerable at all times, and demands for its best development slow and undisturbed opportunities and wholesome conditions. Very much mental stimulus is always hurtful, although pure intellectual pushing is said by Charcot to be in itself incapable of harm, provided other wholesome physical and moral conditions are maintained. The emotions evidence themselves first in mere animal delightedness, even then running along the lines of ancestral traits. Here the parental coloring of mind, habit, or exterior is shown in curious faithfulness of detail. Even at this stage bad habits may become sketched in upon the impressionable receptive centres, which, either encouraged or neglected, form the ground for future calamitous happenings. The exciting cause of mental disturbances differs in some respects from those of the adult. One of the most serious is rapid alternations of temperature. Children notably bear heat and cold less well than grown folk, and a baby laid with its head defencelessly toward a hot stove has in several instances been driven into an acute mania. Children, however, bear pain unusually well so far as mental distress goes. Much attention has wisely been drawn of late by rhinologists to adenoid growths of the nasopharynx as a cause for mental degeneration. Disorders of the digestive organs may form fundamental perversions which result in a series of reflex irritations, setting up usually but transient disturbances of mind.

The cause being removed, recover ensues. Intestinal parasites produce a variety of nervous troubles, but very rarely actual insanity.

Hurtfully directed moral agencies are very efficient factors in disturbing the mind, both temporarily and in greater permanence. The shock of fright or overwhelming dread is powerful for harm even in children perfectly healthy. Religious teachings of a lurid hyperbolic type act as a lever by which great harm may be wrought. As a potent accessory factor superstition has in all times been an agent to dethrone unstable minds. Acute disease is a fertile source of harm ; a scarlet fever, or ty-

phoid, especially, if accompanied by hyperpyrexia, very often reduces a perfectly healthy, vigorous child to an imbecile or a maniac. Masturbation was aforesaid credited with overmuch power for mental harm, but is certainly responsible for not a little.

A brutal, drunken father, aside from exerting effects on prenatal conditions, produces terror and woe to young children as well as perverting their morals. Example is almost as powerful for harm as ancestral proclivities.

Children subjected to long periods of want and exposure are certain to fail of right development and to cause some stain of the moral senses if not of mental clarity. Hence the waifs and strays gathered up by the municipality or by philanthropic societies are of questionable mentality, and demand unusual care in implanting and encouraging the seeds of morality and right conduct. These must receive a more primitive form of instruction than others who have enjoyed a better start in life. Their fundamental concepts being at fault too advanced instruction only confuses wholesomely budding traits.

To come at a statistical knowledge of the prevalence of mental disorders in children will always be hedged about with grave difficulties. Parents are not usually watchful of these states, and are even more rarely competent observers to interpret mental deflections and shortcomings. Moreover, if a suspicion arises in a mother's breast as to the mental soundness of her offspring, it is likely to be tight locked therein and shared with no one living, until the conviction is reluctantly forced upon her consciousness from repeated overt acts. Moreover, it is rare to meet a mother capable of rightly training a child not altogether wise. Some, happily, are admirably gifted in this respect, and if the mother is capable of being, or will submit herself to be, carefully instructed how such a case shall be managed, sometimes the very best results come from home care. It has been my experience to see some excellent instances of these mothers, and I am inclined to believe that this particular possibility may be very much amplified. Again, I have

found immediate relatives who both could and would undertake this care and bring about excellent results. As a rule, the mother is so hampered by emotional considerations that her judgment is not good in respect to her own child. Then the problem arises, To whom may it be committed? It has been my custom, and I think from it some excellent results have come, to always search about among the home possibilities of such a case, and not seldom there has been found some good maiden woman, or widowed aunt, or childless person who could be taught to do what the same child's own mother might be able to do for some other woman's child. We have before us always the admirable example of the insane colonies of Europe, where excellent results come from treatment in private houses, and whenever this can be accomplished it is better so to do.

The well regulated asylum is abundant for good, and of the excellent specially instructed folk who rule therein I have little to say but of praise.

My theme here is the conduct rather of those who may not enjoy these advantages either because they are not adjudged fit subjects or whose people decline to send them there.

Moreover, the great body of mental suspects who escape statistical record is at the mercy of the family doctor and upon him lies the responsibility of directing their care and teaching.

Hence the bulk of these are to be treated at home, and the average medical man enjoys a gravely responsible privilege.

In questioning, examining, and otherwise dealing with the child as a neurotic patient success, in arriving at right conclusions depends as much on the demeanor and conduct of the physician as on his knowledge. With the adult this may possibly not be true; but in respect to the less differentiated mental organization my proposition will hold. Skill born of much experience is needed to win the confidence of the child, and to this must be added tact and gentleness. Here again gentleness

should not lack a strong infusion of firmness and decision. If the patient be one whose mind or disposition is disordered it is of double importance to approach the problem aright, either to learn essential facts or to apply remedies.

Medicines will often be quite needless, but moral control and tactful domination must be ever forthcoming. The physician should succeed in impressing his personality upon the patient. He must represent embodied power, helpfulness, and justice. In some instances he may be of loving manner, pleading with the obstinate but sensitive, errant nature. More often he needs to pose as a kindly yet overmastering being, to whom confession must be made soon or late. Again, over-voluble, highly graphic confessions are to be discounted. Always obedience must be exacted, but tempered by due consideration of immediate necessities and no more. Gradually simple yet systematic measures may be given shape and pushed steadily to an end.

Much tactful shifting in the demands for unessential measures are at times advisable: patience, persistence, and firmness always.

The insane disorders, as the term is used here, is meant to include not only insanity, but that mixture of insanity and hysteria which is oftentimes indistinguishably blended. Nor must hysteria in the larger significance of the word be excluded—hysteria in imitating as it does all neuroses, yet never presents a picture faithful in essential details. It offers the more superficial appearances, but is wanting in the testamentary clinical findings. The faults have especially to do with the phenomena of onset, also with the basal symptoms, such as evidence structural change, and with the true course of the disorder imitated. Hysteria, while pre-eminently an imitation, is not all, nor nearly all, true simulation. In children it is rarely suspected, but always possible so soon as the receptive faculties and power to form concepts are fairly established. The heedless examiner will often give to the shrewd observation of the hysterical or insane child leading points

on which to fashion its symptom groups by his idle words and leakage of thought while thinking aloud, and may be thus misled afar. Moreover, the distinction between these closely resembling conditions is not seldom a purely relative matter to be decided partly by the personal factor of the observer or the social or individual standard of the patient.

Again, hysteria and organic brain disease may coexist, not often in the child, it is true, but will thereupon prove most puzzling.

Moral perversions are hard to distinguish from merely evil and vicious tendencies which are acquired by a stupid, impressionable subject.

The moral imbecile is inherently bad and practically incurable. He is an instinctive liar and thief. Cunning and skilful in mischief-making, and if in other ways seemingly competent, yet unspeakably provoking to the parent or teacher. To know how to best deal with such is generally conditional upon a clear decision as to whether one has to do with an ineradicable vice or disease, here probably synonymous, or a possibly removable disorder. The main thing is not to attempt for the individual too elaborate a plan of improvement, and when he be under favorable surroundings to exercise infinite patience and use abundant time. He is to be made to know that while not to be fully trusted or believed the utmost encouragement shall be enjoyed so soon as evidence of improvement is shown.

Along with obviously wicked acts may coexist often evidences of disease process, as convulsions. It is often most difficult to determine surely if these be epileptic or hysterical. These may appear in combination too; hysterical attacks in an epileptic subject, a blending to which there is no key.

Typical, clear-cut cases of neurotic maladies are none too common, and ordinarily it is only by the after-fruits of treatment that they shall be determined,

A large familiarity with hysterical states increases one's respect for the difficulties of differentiation. Charcot's

diagnostic points of hemi-anæsthesia, affections of sight, hysterogenic zones, the effect of æsthesiogenic agents upon sensibility and motility, most times cannot be readily or promptly applied. Then collateral evidence must guide the physician.

Hysteria must have some sort of audience always, and wherever vanity can be detected or subtly surmised, it will help to determine the nature of the attack. The instinct of the physician is also an aid, but must not be masked by prejudice.

In the management and moral training of children of hysterical or maniacal tendencies, the first step to be gained by physician or caretaker is to win their confidence. The best method to pursue is to show and preserve a frank, quiet, yet persistently friendly demeanor. In first interviews it is wise with all children to avoid a too direct and impulsive approach. Childish concepts come slowly; conclusions which are being formed with no great promptitude should not be hurried. Over-precipitancy offends and the result is negative. Very much the same courteous, straightforward methods win a child which prevail with the elder. I have elsewhere emphasized this (I.) (Univ. Med. Mag., August, 1891), and am more than confirmed in my views by enlarging opportunities.

It is well to efface as nearly as possible the differences of age or position between the patient and physician. Assume both to be on the same plane, the one simply taking the initiative. It is inscrutable to me how those who talk baby talk, as it is ludicrously miscalled, to children ever succeed in rendering themselves otherwise than most offensive. There is nothing winning to the feeble intelligence in being treated as an animal. So thrusting of thumbs in the unprotected abdomen, chucking under the chin, etc., may convulse the infant with reflex laughter, or at the grotesque figure of fun cut by the one so acting, but does not inspire confidence or admiration.

It is like the well-meaning folk who attempt to converse with a foreigner by using broken English. This is no light matter here discussed. Knowledge of the mental processes of the patient one must have, and accurate information only comes through intelligent questioning. I have repeatedly been able to secure the attention and frank answers of a child which my assistants had utterly failed to get by conveying the impression that I was just such a person as themselves, who asked straightforward questions and fully intended to obtain equally candid replies.

And if this be true of the medical man in rare interviews, how much more needful is it that those who watch and direct the daily progress of the child shall proceed in the same frank, honest fashion ever.

Punishment is sometimes needed ; sharp corporal punishment too. Some children of low tone or vicious hysteroidal character are amenable to no other argument. Who shall administer this, and when is of the gravest importance and only harm comes through lack of judgment here. More often gentle domination or kindly encouragement will suffice. A jocose, bantering tone also offends. Begin by questioning the attendant, parent, or nurse, thus allowing the child to take bearings and see you are not an ogre, then proceed to gently draw out the childish thoughts by speaking on perfectly comprehensible subjects first, and on others indirectly and finally directly question.

It is often most difficult to convince people who assume the care of poor children, and who are themselves simply well-meaning philanthropists uninstructed in matters of mental development, that the morally or mentally infirm should not be allowed the same measure of privilege and responsibility permitted to others. This over-confidence many times leads to disaster, for which the society may be held to account. The members of such organizations should inform themselves carefully not only upon the subject of the varying capacities of the individuals entrusted to their charge, but in a general way take note of the

proper means of managing those whose mentality is either essentially below par or undeveloped through vicious suppression and perversion. It has been my privilege to be connected with several such in advisory capacity, and it grieved my heart frequently to see glaring mistakes made partly through well-intentioned ignorance and not seldom from vain self-sufficiency.

I could relate melancholy instances of moral imbeciles shrewdly manipulating the good ladies for their own selfish ends and becoming thereby irretrievably ruined themselves, for nothing so permanently destroys all remnant of moral sense as the exercise of thieving and lying propensities upon credulous philanthropists.

But if this is bad for boys, how much worse to allow girls to grow up through the critical period of puberty unguided in the essentials of self-respect and purity, and become exposed by their deficiencies in moral restraint to the many temptations offered by too great liberty of speech and action?

Several lamentable instances of sexual perversion and social destruction have come my way, even after I had clearly pointed out the danger.

The component members of these societies too often forget that children vary widely not only in mental capacities but in degrees of moral stain from ancestry and training. It is too often assumed that, given reasonable opportunities, all children will tend steadily to improve. The children of pauper and criminal classes need most careful watching and unusual training in the fundamental principles of morality. Instead of this they usually get over much liberty and far too much religious teaching. The training in religious thought and observances has a tendency to foster an exaggerated emotion which is in some ways closely allied to sexual excitement. Let the moral instruction always precede the religious.

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[This paper in its original finished form, while in the possession of the Pan-American Congress, was lost, and it has now been reconstructed, and some of the matter, notably portions of cases, are still very imperfect.]

Appended are the notes of some richly illustrative cases sketched in, the last one related at length:

Several such of the deepest interest have come under my observation, but I am not permitted to use them fully. One I give in illustration of a vicious tendency, but large general intelligence. A girl born of vigorous parents, but on the mother's side frequently recurring valvular heart disease, had herself congenital aortic disease so grave as to create astonishment in the minds of physicians who examined her that life should continue at all. There was a great excess of physical and mental activity constantly maintained and unchecked by the parents. Death occurred at about nine years. This was an instance of great precocity—especially voluble and shrewd in recognizing with unerring certainty the foibles and weaknesses of whomsoever she came in contact, managing those about her with a tact and adroitness to which too high admiration could scarcely be conceded.

Large judgment was constantly exhibited in manipulating others, but her purposes were often unclear. Long before it would have seemed possible for the small creature to learn bad language, for the father was peculiarly free of such habits, the skill and vigor of her profanity would have put a Texas cowboy to the blush. The calm effrontery of her lies was only equalled by the adroitness exhibited in covering up her discovered errors and mischievous failures.

It was most entertaining and instructive to listen to her caustic critical remarks, when about five or six years old, on the personal characteristics of her acquaintance. Moreover, she rarely erred a second time, if once the error was committed, of exceeding her privileges overmuch, especially when swift punishment ensued, but would persistently drive a timid or undecided person, as her own grandmother, to the verge of distraction by a well-planned system of petty annoyance skilfully pursued.

I could relate many instances of all these and other vagaries, but need not. The child was morally insane, but of such rare wit and intelligence, showing such tact and wisdom at times as to convey the impression of her being (in sharp antithesis to Case III.) possessed of the Arch Fiend, whereas Case III. might be deemed of angelic mould.

Here was an extremely bright, intelligent child. Selfish, cunning, untruthful, cruel, and profane—a perfect picture of an almost hopeless mental invalid.

Another case (II.), to which I may only briefly allude: Since babyhood a second personality or companion constantly accompanies the child, to whom all matters of doubt are referred. If asked a question the being is consulted by a side speech and the answer then given. Or perhaps a difference of view arises and disputes ensue. Again, sometimes the child comes to parents or others and announces that "I have been to see B., and he and I talked over this or that," and arrived at certain conclusions which are an imperative rule of guidance to him.

There are other evidences of a very exuberant imagination of a possibly hysterical nature, but no distinct signs of insanity except the delusion, out of which the child cannot be reasoned. My opinion is that as time advances and educational methods are pursued this may pass away. Grave perils lurk the while.

The following is a case of varied psychical and physical disorders illustrative of many alternating states :

III. Helen F., aged nine years, first child of healthy parents ; family history good for physical vigor ; on the mother's side a good deal of neurosis of a distinctly religious coloring, coming from a race of Quaker preachers, one uncle, a man of large general intelligence, regarding himself as specifically under divine guidance, even in the matter of catching trains, for which he refuses to consult time-tables, etc., and acting perpetually upon this heaven-sent impulse, yet falling into very few catastrophies. H. F., healthy as a baby in all respects; at eighteen months had whooping-cough, during which asthma developed, and while restless always, very bright and intelligent, but even at that early age showed marked ability to amuse herself, rather resenting outside interference. At three years had a sharp attack of pneumonia which was, probably, from the description, complicated by asthma, and evidently extremely ill ; for a time lay unconscious. Some cerebral excitement then, starting up suddenly and crying out loud for no known cause. During this winter there were three similar attacks. On recovery began to enjoy imaginary playmates whose names were "Dewey and Gee." These were distinct personalities, apparently sexless, with whom she held long systematic conversations, arranged the disposition of her day, and shared in all her pleasures, which were largely solitary. Occasionally other imaginary peo-

ple were introduced into the coterie, but of different names—frequently assuming the individuality of various pieces of furniture and serving as a sort of negative background for the more active characters, Dewey and Gee. As time wore on these inanimate objects were endowed with human names, and regarded as regular companions with whom long hours of perfectly cheerful play were passed.

Her family assumed this to be merely the evidence of a rather exuberant imagination, because the child could be readily diverted from attending these to ordinary practical affairs. She was otherwise entirely cheerful, indeed of rather over-excitability spirits, and in most matters quite rational. The two regular companions and herself held long conversations, and when other children came into play the two imaginary ones were brought into the colloquy as much as possible, at least to the extent of the other children's comprehension. Human playmates were comparatively rare in her isolated home, and therefore this imaginary couple were regarded as rather a boon than otherwise by the parents. A curious fact just here is related that neighbors and visitors observed Helen would almost never take hold of any object, even those which she had endowed with names and individualities and with whom she conversed with the utmost freedom. At four years of age Helen went to a kindergarten, and while there it was almost impossible to make her enter into the regular methods of school, but on coming home she would go through the entire performance with the utmost accuracy, showing that there was no lack of comprehension. Also the child failed to recognize orders of the teacher, for a long time simply ignoring them, but gradually got into the habit of submission. At seven years of age she attended an ordinary day school and gradually got adjusted to regular discipline; finally becoming interested in school work she distinctly overwrought herself, falling occasionally into hysterical conditions. About this time also (between seven and eight years) occurred an attack of influenza, which recurred three or four times, accompanied by a good deal of psychical disturbance; after this a condition of physical apathy. There no longer appeared the active excitement, the voluble conversations, and such like, but she dreamed dreams both sleeping and waking, the results of which were related, not very frankly to her mother, and for some time exhibited great slowness in everything, physical and mental, though all this while a moderate

degree of intelligence was maintained in practical matters. She gradually grew more talkative and augmentative, discussing most exhaustively the pros and cons of the simplest matter. Gradually religious ideas became prominent; became sleepless, lost appetite, etc. Then a period of three weeks intervened of very large excitement coupled with terror. The house was peopled with wild animals of definite kind and of aggressive fierceness, which kept her in a state of perpetual consternation. She frankly admitted to her mother about this period that she knew herself to be crazy, declaring herself the victim of imagination or worse, and would endow the picture of living objects on the wall with malignant tendencies and beg her mother to turn them about. At eight and one-half years of age suffered an attack, rather prolonged, of feverishness with meningeal symptoms, pain in the back of the neck, constipation, and finally troublesome diarrhœa. At one time a collapse occurred for twenty-four hours when she was adjudged to be almost dead. During convalescence there occurred a period of intense excitement for ten days, with active imaginings, and then suddenly intervened the former state of apathy. A complete period of mental deafness followed for about five months. The child came under my observation in June, 1892. There was described a recent attack of chorea which in all respects seemed true chorea. The child seemed to me rather stupid, filled with sudden fears and certain motor weaknesses which prevented her from walking straight; also hallucinations of fanciful nature.

I found a good deal of irritation about the nasal passages which it seemed necessary to cure, and, not to prolong the account overmuch, in two or three weeks this was accomplished, or very nearly. There were no adenoid growths of the pharynx. I directed that she should spend the summer at the seashore, where she improved greatly, the asthmatic attacks disappearing and the naso-pharyngeal catarrh subsiding almost entirely. The mental condition improved much. In the autumn her physical state appeared enormously better, and general intelligence too, giving great hope of thorough repair. There then supervened a period of extraordinary religious exaltation of a very picturesque kind, and just such as I imagine would convince people of strong religious convictions that this child had been directly breathed upon by the Spirit of God. She had been under the constant influence of an over-religious servant who

played upon the impressionable nature of the little girl, had taught her all manner of religious phrases, and did just as much emotional mischief as she could possibly contrive. Thereupon her pupil proving extremely apt, there transpired a large series of interesting religious phases wherein she would eloquently expound her opinions on passages of Scripture, her views upon the conditions and aspects of heaven, what people should do to enable them to secure residence in the abodes of bliss, etc. There were vouchsafed to this little maid glimpses of heaven which she described most graphically and charmingly. There finally grew an overmastering desire to die and become a blessed angel. As to what she should do and where she should live, how conduct herself, etc., no devotee of the Middle Ages, brought up in a nunnery, could have more vividly portrayed ; indeed she exhibited a grasp of knowledge of the details of ordinary routine religious teaching which was out of all proportion to what her previous training warranted, giving any casual observer the impression that much of this was actual revelation. Her mother says that this was a feature frequently repeated in various members of her own family, who would fall at times into ecstatic states, during which astounding revelations were made to them. What might have transpired had not these good people been bound down by the conventionalities of the Society of Friends it is impossible to estimate. In October, 1892, H. had an attack of typhoid fever accompanied by talkative delirium, relating her dreams, intermingled with a constant complaint of the same pain in the back of the head as in former illnesses, but with almost no digestive trouble. After convalescence was safely established she was brought to the city and placed in the hands of a professional nurse and her condition closely watched. Improvement in all particulars was steady and rapid. The imaginative tendencies showed themselves occasionally and were quietly argued away or ignored. The desire to do bizarre and silly things was likewise discouraged. Occasional ventures to soil herself or the bed were promptly, though not too roughly, nipped in the bud, and a general measure of systematic education in the decencies instituted, which soon showed excellent effect. By careful direction of gentle, tactful personalities the imagination was clipped and reduced to normal proportion, a large measure of residual common sense allowed to come to the surface. Undoubtedly much harm had been done unwittingly by the mother in un-

conscious encouragement of poetic flights and baseless apprehensions were not judiciously explained away. Obedience was not demanded in practical home measures; over-indulgence probably given to vagaries of thought and act, and, in short, parental discipline, rarely the best in cases such as this, was rather worse than usual from a mother over-solicitous.

At the present writing this interesting child is seen to have gained notable ground in all ways, and good hope is entertained of a cure.



