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SOME MENTAL DISORDERS

OF

CHILDHOOD AND YOUTH.

BY

HENRY M. HURD, M. D.,

Superintendent of the Johns Hopkins Hospital, Baltimore.



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SOME MENTAL DISORDERS OF CHILDHOOD AND YOUTH.¹

It is daily more evident that the domain of neurology is widening and comprehends both morbid psychology and morbid neurology, and that neurologists and alienists are co-laborers in co-ordinate departments of a growing science. Permit one whose work has been in clinical psychology to express the conviction that in the future the problems of psychology must be approached more and more from the side of scientific neurology. The need of a definite study of mental phenomena through the methods of scientific precision adopted by the neurologist is apparent to all who seek to advance psychology. Every alienist ought to be a trained neurologist, and every neurologist ought to study morbid mental phenomena as carefully and precisely as he studies nervous diseases. Although neither born nor educated in New England, I have always felt a peculiar interest in the work of her sons in these broad fields of knowledge. The list of names of those who have attained eminence in such studies is a long one, and I can only mention a few like Luther Bell, Edward Jarvis, the elder Stedman, Howe, Brigham, Bancroft, Earle, Butler, Ray, Draper and Goldsmith in my especial line of work—all of whom have passed from earthly work. Most of them died full of years and of honor after laborious and useful lives devoted to science and philanthropic efforts; but some like Bell, Draper and Goldsmith, were cut off in the maturity of their powers with long years of increasing professional activity before them. Bell's essay "On a form of disease resembling some advanced stages of mania and fever, but so contradistinguished from any ordinarily observed or described combination of symptoms as to render it probable that it may have been an overlooked and hitherto unrecorded malady," has the honor of being the first clear, accurate and discriminating description of the fatal

¹ Read before the Boston Medico-Psychological Society, April 19, 1894.

disease now known as *delirium grave* or Bell's disease. Jarvis's paper on the "Influence of distance from and nearness to an insane hospital, on its use by the people," had probably more influence upon legislation looking to provision for the dependent insane in the United States than any other paper of similar length ever published. It gave a deathblow to the theory that one hospital for the insane could be useful to a large State. In all the range of painstaking investigation, I know nothing to compare with the thoroughness and masterly character of the statistical work contained in this inquiry. Howe's various reports to the Legislature of Massachusetts on Idiocy, Deaf-Mutism and Blindness inaugurated a philanthropic movement for the education, training and development of these defective classes which has spread over the whole United States. These and similar papers prepared by their authors in the line of chosen professional study are passing examples of the work which has done so much honor to Boston and New England medical and psychological thought in the past. It is most gratifying to be able to congratulate you upon the higher character of the work done here to-day by Putnam, Edes, Folsom, Knapp, Cowles, Channing, Stedman, Walton, Fisher, Webber, Prince and others. The era of pioneer work in nervous diseases and in behalf of the defective and insane is now happily over. It is no longer necessary to urge the erection of buildings for the accommodation of the latter upon an unwilling or indifferent public. Special institutions exist for the proper treatment of all classes of the insane and of many forms of nervous disease; neurology and psychology are now on a higher plane. The neurologist of to-day is free to occupy his thoughts and employ his energies in the study and treatment of disease. The contributions to medical literature now made by the specialists of Boston testify convincingly to their appreciation of the opportunity which has come to them through the self-sacrificing labors of earlier men.

It is my design to present to you briefly, to-night, "Some Mental Disorders of Childhood and Youth."

The problems of mental disease or of morbid mental phenomena in childhood are complicated by a variety of causes incident to

age, hereditary tendencies to disease, immaturity and physiological development—each bringing new factors into the mental life of the child and adding fresh causes of disturbance or disease. Goubert, who has recently studied the morbidity of childhood in Paris, in the light of mortuary statistics, has deduced the interesting result that each stage of childhood possesses peculiar tendencies to disease and death. For example, up to the sixth month the infant is liable to the diseases which follow malnutrition; from the sixth to the thirtieth month, to diseases due to inherited tendencies of whatever character they may happen to be; from the third until the seventh year, to epidemic diseases; from the seventh until the tenth year there seems to be a period of normal vitality and a comparative immunity from epidemic diseases; and from the tenth until the fifteenth year, to cardiac, rheumatic and nervous affections. A similar study of the liability of childhood to nervous disorders reveals the facts that before the sixth month we have congenital epilepsy or idiocy; from the sixth month until the seventh year, convulsive affections, night-terrors, delirium, transitory mania and acute maniacal attacks; from seven to ten years comparative immunity from disease with the exception of chorea; and from ten to fifteen years, melancholia, imperative conceptions, convulsive tic, hysterical affections, paranoia and the like.

Hereditary tendencies to mental and nervous diseases also complicate the relations of the child to good health. Inherited defects of nerve or brain tissue, as has been pointed out by Clouston, are more apt to develop during the period of the rapid growth of the brain when muscular co-ordination and speech are developed, and when the first strain is put upon the growing brain by educational requirements. The brain and nervous system are developing new functions; and if the inherited quality of the brain cells is unstable or the character of the tissue does not fit it to assume an independent originative life, weaknesses are developed and defects become apparent. Such inherited defects appear in early childhood in the form of squint, stammering, inability to learn, night-terrors, transitory delirium during febrile attacks, infantile paralyses, etc.; and later in the form of chorea, epilepsy, asthma

and ocular defects; and finally, at puberty, as hypochondriasis, hysteria, emotional instability, moral perversions, imperative conceptions and insanity.

Brain immaturity in connection with faulty educational methods, also adds another disease-producing factor. Protoplasmic energy required for the growth and development of brain tissue cannot be expended in molecular activity without dangerous drafts upon the future stability and permanent dynamic activity of that organ. According to Boyd, quoted by Clouston, the brain acquires 90 per cent. of its growth by the seventh year, and its full growth between fourteen and seventeen years of age; but many years must elapse thereafter before it reaches its full maturity and perfection. If in the process of education, energy designed to further its growth is dissipated in functional activity, hereditary tendencies to disease become thereby developed, or the development of the brain is limited and defects become evident which under more favorable circumstances would not have existed.

A fourth most important factor is introduced by the changes which accompany the development of puberty in both sexes, marking the period when nature is beginning to develop the reproductive function. Prior to this time her effort has been to promote the growth of the individual; now she initiates a bodily and mental activity which looks to the perpetuation of the race. The pubescent change is coincident with growth of body; but it introduces new functions, fresh causes of derangement, and taxes the physical and nervous energies to satisfy the desires, longings and aspirations which are the legitimate result of the development of the second stage of life. Nature prepares the way for the function of reproduction long before the system is mature enough to exercise it. In other words, after puberty is established, in both sexes, years are required before the system is mature and perfect enough to permit the subsequent perpetuation of the species. During this long period the influence of the maturing function is felt upon the whole mental life of the individual. Before puberty, mental disorders are simple, and mental phenomena are largely automatic and easily understood. After puberty, new powers of mind are developed, and greater complexity is introduced into mental phenomena.

An interesting analogy exists between the mental states of childhood and those of primitive people. The primitive man is imaginative, unreasoning, full of superstition, credulous, and the creature of desire and of impulse. His intellectual processes are automatic, spontaneous, instinctive, and his conclusions are not elaborated by thought or by painstaking inquiry. The same peculiarities characterize his mental derangements. He is the victim of mania or dementia—more rarely of melancholia. He has few systematized delusions, and his mental symptoms lack complexity or coherence. Beyond hallucinations of hearing or of sight, which are to be traced directly to his imaginative temperament and his early training, his insanity presents little of interest. In childhood, up to the age of puberty, a similar simplicity of mental phenomena exists. Light is also thrown upon the hallucinations and morbid mental states of children by the religious ordeals of savage life. The savage who is to undergo the religious initiation prior to becoming a warrior lives in solitude, abstains from food, and is deprived of sleep; his imagination is excited by tales and traditions, and his expectation is strained to receive the inward vision or to hear the voice which shall proclaim him acceptable to the deity. Solitude, starvation, lack of sleep, high-wrought enthusiasm and expectant attention all contribute to produce the longed-for hallucination. In the morbid mental states of children in a similar manner, malnutrition, poor sleep, an over-excited nervous system, improper educational pressure and undue stimulation of the imagination produce analogous results. Children have hallucinations of sight and hearing, but rarely fixed delusions except in reference to bodily conditions. They are impulsive and lack self-control; they may have imperative conceptions and fixed or insistent ideas after puberty, but no elaborations of thought and no systematized delusions.

In the present paper I shall not consider idiocy, imbecility or cretinism, moral imbecility or epileptic degeneration, which are not forms of insanity so much as symptoms of mental degeneracy; nor shall I speak of mania or melancholia occurring in those suffering from congenital mental defects. I desire, therefore, to limit my paper to the consideration of imperative conceptions, mania

(confusional insanity), melancholia, convulsive tic and pubescent insanity. In what classes of children do these disorders develop?

(1) In neurotic children with unsymmetrical heads, with brains of feeble resistance to disturbing influences, and nervous organizations quickly responsive to bodily disorders however slight. They suffer from night-terrors and show delirium after slight febrile attacks.

(2) In children who have a hereditary tendency to mental disease. In many of these an apparent symmetry of head and a well-developed body exist, but the quality of the brain seems at fault. It is lacking in the ability to will sufficiently, to inhibit morbid impulses or to resist imperative conceptions.

(3) In children with a feeble physique who are unable to join in the outdoor sports of others, and who thus become overstimulated by reading or have an over-development of their imaginative powers.

(4) In backward children who develop slowly. The backward child is not necessarily a defective child, any more than the child who gets his bodily growth slowly is defective. Slowness of development in body and brain has sometimes been associated finally with peculiar powers. This, however, is generally more true after puberty than before. Slowness of bodily growth commonly implies nutritive debility; and backwardness of mind an allied defect in the metabolism of the brain cell. A wise educational method would conserve this energy until nature is ready to use it. Too often, however, it is recklessly exhausted by high-pressure educational efforts, and disease results.

Simple Psychoses.—Simple psychoses in childhood are not uncommon. They often develop in strict conformity to the classic physiological axiom of Cullen, who said a century ago, that “certain impressions and certain states of the body, like to those which produce the sensation of consciousness, may both of them act upon the nervous system without producing any sensation” (of consciousness). These impressions and states of the body would have little weight in the adult, but are effective in children because of the nervous instability of childhood. The delirium of children—night-terrors so-called—is a familiar example of this.

The sleep of the child is broken by digestive derangements, and the child suddenly awakening cries out and has active hallucinations of hearing and of vision which may last several hours. A better example, however, may be found in the mild melancholia which often develops in nervous, delicate children with feeble vitality, impaired nutrition and over-active brains. In her autobiography, Harriet Martineau gives from personal recollection an account of the morbid character of her own mental processes when but seven years of age. She says: "I must have been a remarkably religious child, for the only support and pleasure I remember having from a very early age was from that source. While I was afraid of everybody I saw, I was not in the least afraid of God. Being usually very unhappy, I was constantly longing for heaven, and seriously and very frequently planning suicide in order to get

¹ Henoch has given a graphic description of this affection: "In the midst of a deep sleep, especially a few hours after falling asleep, the children suddenly start up, cry out aloud and continuously, grasp in the air with their hands or sit in bed with a fixed stare and anxious expression of countenance, muttering unintelligible words or words intelligible with difficulty. Many tremble in all their limbs, throw themselves terrified into the arms of the frightened mother or nurse, without clearly recognizing them, and it becomes difficult to soothe them. After a short interval the scene is repeated, not infrequently several times in succession, so that half an hour or more may elapse before complete quiet ensues and the exhausted child again falls soundly asleep. As a rule, the remaining part of the night is passed in quiet repose; and on awaking the child knows nothing of the events of the night, and does not even remember the physician who was seated before the bed during the attack. Attacks of this kind are repeated at irregular intervals, sometimes every night, sometimes a few times a week or even more infrequently. Two attacks rarely occur in one night. The children present no symptoms during the day which can be brought into any relationship with the nocturnal paroxysms. . . . That dream visions and hallucinations play a part in the process, is evident from the fact that they are often distinctly mentioned by the children. I have heard them beg that the chains be taken away, that the animals be driven away, etc. It also happens that they want to jump out of bed in order to escape their fears. A boy, aged four years, who had been very much frightened by a bee, had an attack of *pavor nocturnus* during the following night, in which he was constantly talking of a fish which was threatening him. This was repeated for a few nights until the child was afraid to enter his bedroom, and always wanted to be in the open air."

there. I was sure that suicide would not stand in the way of my getting there. I knew it was considered a crime, but I did not feel it so. I had a devouring passion for justice; justice, first to my own precious self and then to other oppressed people. Justice was precisely what was least understood in our house in regard to servants and children. Now and then I desperately poured out my complaints, but in general I brooded over my injuries and those of others who dared not speak; and then the temptation to suicide was very strong. No doubt there was much vindictiveness in it. I gloated over the thought that I would make somebody care about me in some sort of a way at last; as to my reception in the other world, I felt sure God could not be angry with me for making haste to Him when nobody else cared for me and so many people plagued me. One day I went to the kitchen to get the great carving-knife to cut my throat; but the servants were at dinner, and this was put off for that time. By degrees the design dwindled down into running away. I used to lean out of the window and look up and down the street and wonder how far I could go without being caught. I had no doubt at all that if I once got into a farm-house and wore a woollen petticoat and milked the cows, I should be safe and that nobody would inquire about me any more." When older she suffered acutely from ill-defined terrors, or even harmless noises "like the beating of feather-beds on Castle Hill at Norwich"; and her whole life was made unhappy by horrible dreams which left persistent impressions upon her mind. These mental states were directly traceable to a state of innutrition. She had diarrhea, and little ability to assimilate food. In some of these overwrought and underfed children we have a development of distrust and morbid fear. In a little fellow of nine years of age who had been improperly urged in school, a morbid conscientiousness developed and an anxiety to do what he conceived to be right. He was fearful that he might not say his prayers correctly, and often passed half the night upon his knees repeating his petitions over and over until he thought them to be "perfect."

Imperative Conceptions.—In this case as in many others, imperative conceptions were observed which impelled him to strange

acts, like kissing the ground, putting mud into his mouth, placing his knife and fork in strange positions at the table, throwing his cap without apparent reason into the different corners of the room in turn, etc. These and similar imperative conceptions do not seem so much imperative ideas as imperative motor acts. This is not surprising when we call to mind that the mental concepts of a child, except possibly those which have been especially called into activity by religious training or by nursery tales addressed to the imagination, are of the crudest character and do not possess the dominating force of the imperative conceptions of an adult paranoiac. The child may have imperative conceptions about God or in reference to wild animals or hobgoblins as the result of education, it is true, but generally they are developed in connection with isolated motor acts, and do not lead to insistent or fixed ideas. Such imperative conceptions are instinctive in character, and are due to reflex bodily irritations acting upon the brain. Morbid self-distrust is not uncommon among those who have been religiously educated. A little patient under my care became fearful she would not speak the truth if any questions were answered by a simple "yes" or "no," and invariably replied, "It may be so," or "It may not be so"; and repeated questioning could elicit no positive affirmation or denial.

Convulsive Tic.—In others, convulsive tic or coprolalia in a disgusting form are present. A conscientious child may be conscious of the infirmity, but is powerless to control the morbid impulse. One victim of coprolalia was so much annoyed by her tendency to utter indecent words, she remained constantly with her mouth widely opened, and when the impulse to speak could no longer be resisted, attempted to substitute a more seemly word, but always without avail. My friend, the late Dr. Gundry, in a private letter, related a similar case of coprolalia in a boy, which persisted to manhood. This child had an insane brother, mother and grandmother. He was bright, ambitious and truthful, and was neither profane nor obscene in conversation. Often, however, in company at dinner, when listening intently or when studying his lesson alone absorbed in his task, his throat would give a gulp and some vile word would be belched out, as if uncon-

sciously. Sometimes the word would be plainly uttered, sometimes indistinctly. He never recovered from this peculiarity. Many years afterwards Dr. Gundry met him in a court-room, as a newspaper reporter. Several times during the session of the court he uttered a single profane or obscene word. He was respectable and had a position of responsibility upon a newspaper, but was occasionally troubled with this incontrollable tendency. He was conscious of some absurd thought intruding itself upon his mind, but had no idea of speaking until he heard the vile word uttered loudly and explosively. Dana has reported a case of a similar character in a backward boy of twelve years, who prior to a similar speech disturbance had convulsive seizures and afterwards chorea. In this case, however, a congenital mental defect seems to have existed.

Maniacal Attacks.—In my experience maniacal attacks are apt to take the form of confusional insanity. They generally proceed from some bodily disease like chorea, or are due to fright or shock or injury. The attacks of transitory mania which have been described so frequently by French writers are probably due to nocturnal epilepsy. The distinguishing feature of the mania of childhood is the absence of fixed delusions and the presence of great motor activity. The excitement in fact seems more like a very active delirium than an acute mania. This is especially true of choreic mania.

Melancholia.—Actual melancholia does not generally develop much before the onset of puberty, and the delusions which are present are of much the same character as the melancholic delusions of an adult. In the majority of cases they are of a hypochondriacal nature and relate to bodily conditions. With the religiously educated or over-conscientious, they relate to a failure to perform religious duties or to a fear of harm to others from their presence. In two cases under my care there were present delusions of poison, which interfered with the proper taking of food. The most common delusions of these patients, however, are those which relate to bodily conditions. In certain rare cases hallucinations are observed. Among young girls approaching puberty hysterical phenomena are present and complicate the mental symptoms. Suicidal impulses are not uncommon.

Pubescent Insanity.—The most characteristic form of mental disturbance at puberty is pubescent insanity. As at this period the intellectual side of the individual is not accentuated and the emotional nature is disproportionately developed, the morbid symptoms relate almost wholly to the latter. They are in the domain of the affections, and lead to perversions of feeling, eccentricities of conduct, and personal acts which are inconsistent with the previous character of the child. Self-control is lessened, natural instincts are perverted and healthy sentiments are lost. Unpleasant and abnormal traits of character become unduly prominent—so prominent in fact that many persons, losing sight of the non-development of marked intellectual traits at this age, disregard them altogether and speak of these cases as cases of moral insanity. If, however, an actual outbreak of insanity can be prevented until puberty becomes fully established, especially in girls, perversions of sentiment disappear and the “moral insanity” is no longer apparent. If, on the contrary, appropriate treatment is not initiated, intellectual derangements sooner or later appear and actual insanity with delusions becomes fully established. Heredity plays a most important part in this form of disease. I cannot remember a single patient who did not have a hereditary tendency to insanity. As before remarked, emotional disturbances and moral perversions precede the manifestation of any intellectual disturbance. Evil propensities, wayward conduct, irritability, inattention, impatience of control and general irresponsibility mark the conduct. Such patients frequently possess the precocity which characterizes a nervous temperament. They are stimulated in school by the presence and competition of others, and early become proficient in study; but they are impressible, excitable and ill-balanced. Prior to the development of actual insanity, they display many unnatural characteristics. They are alternately elated and depressed. Their periods of depression are characterized by stupor, listlessness, indifference and lack of the power of application. Their periods of elation, on the other hand, lead them to do extravagant acts. They are restless, excitable, loquacious, and have wild schemes for business or study, or extravagant views as to the spending of money. They

are uncontrollable at home, and cause friends and relatives great sorrow by their waywardness. After being on the border-line of mental disease for months and years, alternately reproached by relatives for stupidity and idleness, or punished for ugliness, insubordination and vicious conduct, their morbid mental condition is finally recognized and they are placed in asylums. In a few instances, habits of self-control and composure are re-established by a long period of treatment, and they return to their friends to live as mental invalids, unable to do anything but routine work and destitute of self-directing power. In the vast majority of cases they develop what is known as periodic or recurrent mania, more commonly known as *folie circulaire*, and oscillate between depression and elation. Most cases of recurrent, circular or periodic insanity have their origin at puberty, and are due to an original unstable state of the nervous system, as is shown by the mental failure which follows an attempt to take on the second stage of physical and mental development. The inherent vice of the constitution is so great, the mental faculties yield to the first strain which is put upon them. The partial recovery which follows is rarely a complete restoration, and a vicious cycle of depression and exaltation, excitement and stupidity is established. Hence pubescent insanity is generally an evidence of a degeneration which is congenital, and from its nature, incurable. Among this class of cases, rapid recoveries and speedy relapses are found to occur. The mind has no tenacity, no fibre, and cannot hold a condition of health or disease long. The apparent health is a sham, and the symptoms of disease are not continuous. The delusions do not become systematized, and the morbid manifestations are those of depression, purposeless excitement or moral perversion.

In the foregoing brief and necessarily incomplete sketch of the common and simpler mental disorders of children, I have omitted any allusion to the startling phenomena of morbid impulses to crime in childhood. Impulses to kill, to burn, to steal, to commit sexual crimes, it is true, are not uncommon; but as a rule are developed in epileptics and children who suffer from congenital mental defect. They are of interest as illustrative of premature

criminality ; but they are the results of an originally abnormal personality and throw little light upon the genuine insanities of childhood.

In conclusion, permit me to add the conviction that I shall be remiss in professional duty if I do not urge upon you as medical men to call a halt in the present high-pressure educational methods in vogue in our primary schools. The feeble mental powers of growing children are taxed to the utmost by excessive memorizing of isolated and miscellaneous facts. Nervous and conscientious children are rendered morbid by the exactions of oppressive regulations or a foolish routine, which confuses moral distinctions and gives peace to the untruthful alone. Knowledge is not imparted as a means of strengthening and developing the mind, but for its own sake as useful facts. Little children are subjected to the worry of examinations and to the ruinous competition of marking and of weekly report-cards. Growing children are drilled to carry out elaborate mathematical calculations in haste, and a premium is often placed upon rapidity of performance rather than correctness. Too many branches are taught and too many hours are spent in school. In many schools children of ten years of age are compelled by reason of excessive lessons to spend hours at home which should be devoted to play or to sleep, in the preparation of lessons. To regular school duties in many instances, especially with young girls, is added a semi-weekly music lesson which involves several hours a day of close application to routine "practising" at the piano in a constrained position. The exercise is monotonous and wearisome to the last degree to minds and bodies already overtaxed by study and several hours of confinement to the school-room. Recreation even is converted into a fresh tyranny. Almost every girls' school has a well-equipped gymnasium where muscular exercise is made compulsory in movements designed to cultivate the physical system and where all movements must be executed with the precision and exactness of military drill. While engaged in writing this paper I chanced to visit a gymnastic exhibition in a well-appointed school where girls varying from ten to fourteen years of age were taught. Their movements were marvellously precise and correct, and were

executed with dash and enthusiasm. I was struck, however, with the nervous strain apparent in the countenances of many of these young girls. It did not seem play or recreation, but a task to be executed with as much expenditure of nervous and mental energy as any form of study. These are every-day examples of the trend of our present educational methods, and they might be indefinitely multiplied ; but I spare you the further details. Is it any wonder, under these circumstances, that the mental disorders of childhood are increasing in frequency? Is it not our duty as medical men to protest against the burdens which are thus unnecessarily placed upon growing and immature brains?

