

Spitzka (E. C.)

REFORM IN THE SCIENTIFIC STUDY OF  
PSYCHIATRY.

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THERE are certain questions related to insanity which do not find a place in purely clinical and pathological memoranda, and which therefore have been rather neglected by our special societies and journals. Some of these questions, however, are of such fundamental importance, that even at the risk of diverting an undue proportion of your time to insanity, a subject which has already furnished the themes for more than half the papers read before the Society, I have resolved to ask your attention for them this evening.

I propose to-night to exhibit the organic connection existing between psychiatry or mental pathology, and that branch of general pathology which relates to the nervous system. I intend further to examine in how far attention to this subject is likely to benefit the general practitioner; how far the claim of a certain circle to monopolize the subject is justifiable, either in equity or on practical grounds; and finally, what

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arrangements could and should be made to render psychiatry as available to the profession at large as other specialties have been rendered.

“Mental disease” is merely a symptomatic term, as “mental” and “moral” are adjectives founded on abstractions. With the abstract, medicine does not profess to deal, and accordingly the great masters of modern science have ever sought for a proper material basis for such symptomatic conceptions, before according them a place in the field of medicine. It then was found, in complete accordance with physiological presumptions, that where demonstrable lesions were discovered, between which and mental symptoms a direct relation could be established, their seat was in the hemispheres of the brain. It was further found, that in many instances in which structural lesions of these organs were not discoverable, that anomalies of the circulatory apparatus, involving nutritive disturbances of the encephalon, could be either demonstrated or logically inferred to have existed during life. In accordance with the laws governing inferences, investigators were justified in locating the somatic disturbances producing insanity, whether of a structural, nutritive or dynamic character, whether primary or secondary, to distinct lesions, in the pro-  
*an*encephalon.

Accordingly the topographical area within which the mental pathologist is to conduct his difficult and interesting researches, constitutes but a segment of that great system which comprises the legitimate domain of the general neurologist. Neurology deals with the whole nervous system, mental pathology merely with a part; and since the anatomical provinces with which the two are concerned bear to each other the relations of a part to a whole, it follows *caeteris paribus*, that also clinically, psychiatry is but a subsidiary branch of neurology.

The more closely we examine into the subject, the more shall we find the above relation maintained in every respect, and that aside from the purely anatomical relation, there are numerous strong bonds of connection.

Among such links I may mention the closely similar etiology. We find alcoholism, syphilis; insolation, traumatic,

reflex and teratological influences, producing, in one series of subjects ordinary nervous affections, in another series, insanity. And this analogy as to causation is even verified in the varying influence of purely mental and moral causes, for while such causes ordinarily result in the production of mental disease, they in some instances may produce spinal symptoms. Occasionally the etiological relation assumes characters which cannot be explained away on the ground of mere coincidence, as in the case of locomotor ataxia compared with progressive paresis of the insane. Here it has been found, that not only has the same series of causes (with a single and that a consistent exception) been assigned for both, but that, as a dependent result, the relatively greater immunity of the female sex is in the same percentual proportion. The terminal stage of many spinal and cerebral diseases is insanity; locomotor ataxia often makes its exit under the mask of paralytic dementia, melancholia, or maniacal delirium. The dementia of epilepsy and choreic insanity corroborate this statement, and many of the hallucinatory, delirious, and amnesic conditions, occurring in the course of *ramollissements*, hemorrhages and meningitis, find their place here. Considering symptoms *per se*, many of the symptoms of insanity occur separately or combined in many diseases not classed under the head of insanity; and any attempt to consider the amnesia or delirium following an apoplexy, as something intrinsically distinct from the amnesia and delirium found respectively in dementia and maniacal excitement, is inadmissible. The acute maniacal condition, which occasionally supplants the ordinary convulsive epileptic attack, is the true equivalent of an epileptic explosion.

Not only is the causation and the symptomatology similar; not only does one frequently pass into the other, but the histological changes on which insanities, as well as other nervous diseases, depend, are the same; and it seems to be the seat, rather than the character of the lesion, which determines insanity in one man, ordinary nervous disease in another. In illustration of this, I need but point to tumors, disseminated sclerosis, syphilitic affections, and to perimyelitis as contrasted with periencephalitis.

How often is not a latent morbid tendency in the higher

centres called into insane activity by lesions in lower associated centres? How frequently does not an apoplexy or encephalitis situated low down, project a disordering influence on the cortical expanse, through centrifugal tracts in the line of the lesion? And may not such a disordering influence be situated even in the bodily periphery? Is not every relation between uterine and other peripheral irritation and resulting spinal motor, sensory or vasomotor disorder, repeated in the phenomena of hysterical, reflex and some cases of puerperal insanity?

In stating that the lesions producing insanity are similar to those of other nervous diseases, I should add, as a matter of course, that this similarity extends even to those forms of insanity and spinal disease, which both furnish us with the apparent pathological enigma of marked, furious, and fatal symptoms, occurring without any demonstrable post-mortem lesion.

From a pathological and clinical point of view, therefore, as well as for several important practical reasons, the study of insanity should be considered a subdivision of neurology. A strictly separate study of either must be prejudicial to both, on account of their numerous and intimate relations. To make a special province of diseases of the liver, without considering these in their relation to cardiac and pulmonary insufficiency, gastric, hemorrhoidal, and enteric associated conditions, would be scarcely less absurd, than to treat of pulmonary and cardiac, gastric, enteric and hemorrhoidal affections, and neglecting their hepatic complications! Yet the former case is represented by him, who lectures on insanity without being familiar, or caring to familiarize himself, with nervous diseases in general; the latter by the neurologist, who is prevented by an unjust monopoly from considering mental disorder in conjunction with other nervous disorders!

As you are well aware, it is only under exceptional circumstances, if ever at all in America, that the teacher of nervous diseases can command the material essential to a thorough clinical and pathological demonstration of insanity.

This is chiefly on account of a feeling among a number of asylum superintendents, that they can claim to monopolize the

science of psychiatry, to exclude every non-asylum physician from this field, and that they alone are entitled to teach this subject in our medical schools. *A priori* there can be no fairer proposition than this: that he who has devoted his life-time to a given specialty, ought to have the first voice and the high privilege of instruction in that specialty. If capable, zealous and honest scientists establish a monopoly in scientific matters, even a monopoly may become enduring. But I would most strenuously object, that every one who may have happened to possess the requisite social and political influence, to receive an asylum position, is therefore to be considered a psychiatrist. Such a conclusion, based on an acceptance of a discreditable *statu quo*, has been the great bane of American psychiatry, and I regret to say has been diligently fostered by that narrow circle of asylum physicians which furnishes the *ex cathedra* statements of the Asylum Association. To these statements too much *blind obedience* has been paid in the past, too little *attention of the proper kind* is paid to them at present.

Aside from the fact that their above claim, like all exclusive claims, is a selfish one, and that it precludes, as it is intended to preclude, the possibility of fair competition by capable men, it involves assumptions whose grounds must be carefully analyzed before they can be granted!

If asylum superintendents stand so high in scientific *morale* as to be able to determine themselves to be the only psychiatrists in America, surely they should have such results to show in proof of this, as would justify their self-implied omnipotence; and should we in the course of an objective and impartial inquiry, find that this claim cannot be sustained by facts, that on the contrary, the documentary evidence of asylum physicians, themselves, shows such claims to be ill-founded and fallacious in the highest degree, those who have provoked these criticisms by their assumptions can find no cause for complaint in the publicity which is given to the results of our investigation of the matter. For the institution of this investigation, those implicated have themselves alone to reproach.

It has long been a subject of comment and surprise, that nothing worthy of notice has proceeded from our insane asylums, in the fields of pathology and clinical observation.

The exceptions to this rule are so few that they just serve to prove it. There are nearly a hundred asylums in this country, many of which have opportunities for making from thirty to fifty autopsies annually, and a few, as many as a hundred or more. These autopsies, if systematically and properly made, would furnish valuable and suggestive data, not only in nervous and mental, but also in general pathology. One is justified, in view of this unpardonable waste of material, to employ the strongest terms of censure in characterizing the apathy and ignorance manifested by those concerned in this dereliction of scientific duty. There is no grander field for research than that of human comparative cerebral anatomy. The observation of variations in the relative development of the ganglia and hemispheres, the measurement of their relative dimensions, and the registration of their absolute and relative weight, the establishing of a relation between certain forms of cranial and thereon dependent cerebral asymmetries, or the tracing of both to inequalities or transpositions of the great vessels, with the delineation of the convolutions, constitute tasks which will contribute to the elucidation of the most important anthropological problems. As to the pathological usage of this material, I need hardly refer to the important gauges which the pathology of certain cerebral provinces furnishes of many physiological experiments and theories.

Even where autopsies are performed, they are usually made to satisfy purely formal considerations, such as an occasional coroner's inquest! Those who make the autopsy, are ignorant of any higher cerebral anatomy; the landmarks of the convolutions do not exist for their guidance, and the intricacies and topography of the peduncular tracts are to them a *terra incognita*. It is but natural, under such circumstances, that the brain should be neither measured, weighed nor delineated; the lesions, if they be fortuitously discovered, pass unlocalized, and asymmetries or heterotopias pass unrecognized.

If we cast a glance at the present state of psychiatric literature, we find that, while in Great Britain and on the Continent, valuable monographs are daily being published, America is far behind, not only in the number but in the quality of its contributions to psychiatry, in striking contrast with its

well-deserved eminence in other specialties. American psychiatric contributions are frequently abstracted from articles appearing in trans-atlantic journals, or if *quasi* original, are still more worthless.

While special reference to individual cases is not desirable in a paper of the present character, and I wish therefore to avoid all mention of persons or particular institutions, yet as I cannot expect you to take everything for granted, I have briefly adverted to a few monographs emanating from asylums, making scientific pretentions, and published in a journal devoted to asylum interests, to prove my very decided assertion, just made. With the proof of the correctness of that assertion, the stock argument employed by the inner asylum circle when excluding the non-asylum physician from the discussion of insanity, namely, that no one, who has not been in an asylum, can possibly know anything about the subject, falls to the ground. In fact, this argument, if accepted, would lead to the inevitable and ludicrous conclusion, that the asylum patients, who frequently enjoy a far more varied, extensive and constant "asylum experience" than even the superintendent himself, must therefore be experienced and competent alienists.

One of the first contributions to which my attention was called in this connection, is sufficiently characterized by its final conclusion, one which renders all comment superfluous: that "Phosphorus is to the brain in insanity, what iron is to the blood in anæmia!!!"

Another by a leading member of the innermost asylum circle, is ironically referred to by the reviewer in Virchow-Hirsch's *Retrospect* in these words: "This fortunate writer knows *all* the lesions of insanity" and the accompanying micro-photographs are stated "to show nothing that they are intended to show;" I may add that they show lesions which can be artificially produced in the brains of cats, dogs, sheep, and other animals not very liable to insanity, by using certain reagents. A crowning specimen of asylum work is furnished by an article dealing with that interesting form of insanity which is associated with progressive motor paresis. I do not dwell on the fact that this article is a fair specimen of text-book compilation, for in one respect at least, the

author has been strikingly original, if not revolutionary. He writes the clinical part with the aid of two assistants, and under the head of Pathology, adds a "summary of the existing state of knowledge on the subject, kindly furnished him" by a special pathologist of an asylum two hundred miles distant from his own. Perhaps he thus intended to inaugurate a new era in the wholesale manufacture of monographs; it may be convenient at times to resort to a division of labor in medicine, but how a logical relation is to be established between lesions and symptoms, when the clinical observations are made on one series of patients, and the pathological observations on an entirely different series, is to me, in the case of the ever-varying picture of cerebral diseases, simply incomprehensible.

I can assure you, that utterly beneath all criticism as these specimens of asylum literature are, they are by no means the very worst. The average articles seldom rise to such a lofty level, as pathological, clinical and therapeutical subjects, constitute in their modest and unpretentious horizon. Occasional melancholy lucubrations over deceased and lamented brother superintendents, or reminiscences of the newspapers published by asylum patients, contributions to what is termed "mental hygiene," strongly suggestive of the influence which the asylum chaplain has acquired over the asylum superintendent, and impassionate glorifications of "mechanical restraint" constitute the range of subjects which medical superintendents delight to read and write about.

If we look at their annual reports, we find that some of them wax enthusiastic over the prizes gained by their hogs and strawberries at agricultural fairs, while others give you the benefit of their historical ideas on insanity. Beginning with David and Solomon, they pass from Scripture to Homer, thence to Bedlam, and tracing the development of humanitarian sentiments to the present day, when unlucky legislatures were induced, through the expansive views of the superintendents regarding the insane millennium, to appropriate ruinously extravagant sums to the erection of an insane paradise, they kindly permit their trustees to publish such "historical" documents accompanied by caricatures of morbid brain tissue in the illustrated monthly magazines.

Judging by the average asylum reports, we are inclined to believe that certain superintendents are experts in gardening and farming (although the farm account frequently comes out on the wrong side of the ledger), tin roofing (although the roof and cupola is usually leaky), drain-pipe laying (although the grounds are often moist and unhealthy), engineering (though the wards are either too hot or too cold), history (though their facts are incorrect, and their inferences beyond all measure so); in short, experts at everything except the diagnosis, pathology and treatment of insanity.

But certainly that evidence which is the best calculated to show how far the claims of some medical superintendents to monopolize psychiatric clinical instruction is a just one—practically considered—is that furnished by the few instances, in which these gentlemen have exercised this supposed prerogative and monopoly; by their fruits shall ye know them! It is fortunate that they have published several of their lectures, which from the fact that they have been published may be taken as fair, if not the best samples of their didactic efforts; I say fortunate, because unless the lecturers in question had committed themselves in print, I should have fears that you might suspect me of testing your credulity.

On opening one of these specimens of a lecture held in 1876 (!) entitled "Feigned Insanity," I find that it begins with the statement—"that moral and feigned insanity are convertible terms"!!—Mind you, this is a superintendent, who possesses "asylum experience," that he presents such propositions to medical students, and that for the sake of a weak paradox, the customary resort of those who believe that they must make up for a lack of real knowledge by sensational statement, he falsifies the science of psychiatry to the extent of representing a morbid symptom, fully recognized and extensively treated of by Bucknill, Tuke, Ray, Maudsley, Crichton Browne, Krafft-Ebing, Meynert, Gauster, Morel, and in fact all authors that will be quoted in ages to come, as identical with a nonentity.

Such a statement does not surprise him who has been interrogated by that same "lecturer," whether "miliary sclerosis" and "miliary aneurisms" were not also convertible terms; but

aside from the suggestion that presents itself, that every science might be extremely simplified by having terms which possess the most opposite meanings rendered "convertible," we must come to the conclusion, that it is high time for the medical profession to awaken out of that lethargy, which has alone permitted ignorant, incapable and insincere tyros to drift into responsible didactic positions. That these "lectures" are empty pretenses would be sufficiently proven by several paradoxes and downright contradictions similar to the one just given; but if you will permit me, I shall illustrate this position which I have taken still further:

If in at least one of our larger municipal asylums, an investigator should happen to require an ophthalmoscope, in order to examine the retina of a patient suffering from paralytic, or epileptic insanity, or of one afflicted with cerebral sclerosis, he will be informed that such an instrument is not to be found in the whole institution, and that even if it possessed one, the chief medical officers would not know how to use it. There are valuable and suggestive inquiries being made abroad, on the variable electrical reaction in certain forms of insanity. Should the investigator wish to repeat them in these institutions, or to employ electricity therapeutically, he will be informed that no battery has ever entered the asylum precincts.

It is needless to add, that when two instruments possessing considerable practical diagnostic value are not in an institution, that those which are subservient to purely scientific research should be also wanting. A microscope, and appliances for weighing the brain, are unknown articles in many asylum inventories! Now, what is the defense made when these grievous shortcomings are brought to the notice of those guilty of the omission? That—forsooth—no appropriation has been made by the State or the Commissioners for scientific apparatus. I submit, that this is a frivolous evasion; a physician cognizant of his position as a medical officer, appreciative of the material at his disposal, and imbued with a genuine, not an affected interest in his noble specialty, will provide these instruments for himself. Their use is destined to improve his own knowledge, not that of the State authorities or the Commissioners of

Charities. While I fully recognize that a government can exercise no wiser liberality than that of fostering and encouraging scientific research, it is to be insisted that such liberality be displayed in the proper direction, and that those who claim governmental aid, also show their ability for the work to be carried on with such aid. We have had at least two melancholy experiences with the munificent but misspent liberality of past legislatures in this respect, and it is our duty to prevent, as far as we can, any further criminal waste of the public funds, in favor of crude and dishonest work, carried on in the interest of private advertisement.

As long as no governmental supervision of the insane, deserving the name, exists, I do not understand how the medical superintendents who are continually intriguing against such supervision, the only safety-guard against the abuse of trust, can fairly ask for an increase of these trusts. Until such supervision is established, scientific work ought to remain a matter of private zeal and enterprise. If the general practitioner, in spite of his numerous interruptions, can afford not only to supply himself with those instruments, but also to study and understand their use, there is no excuse for the medical superintendent, who with a remunerative salary, a well-defined routine of duty, and abundant, I designedly say, abundant leisure, neglecting to do the same.

If it were only in justice to the young men, who, fresh from college, enter an asylum, to acquire a year's or two years' hospital experience, the superintendent should acquire those faculties which fit him to direct the energies of the aspirant into proper channels, not as is the case, be actually inferior to the new-comer in medical and scientific culture.

As I have hinted, out of the one hundred asylums in this country, two have by skillful manipulations of the legislatures, succeeded in obtaining munificent appropriations for laboratories, and one of these in addition for a special pathologist. Altogether, at the latter institution \$10,000 are annually expended on scientific work, including the State subsidy for a scientific journal published by the asylum officers. I am informed that this subsidy is *probably* \$2,500; but the loose manner in which the financial account is notoriously kept,

does not permit this amount to be exactly ascertained. The printing of extra copies of the pseudo-scientific annual reports, in which insanity is traced to the sojourn of judges in crowded courtrooms, and priority in cerebral pathological research is claimed, side by side, with the statement, that their "microphotographs show details of structure, which are invisible even under the best microscope," may cost the State about \$500 more. The salary of the special pathologist, with the support of his family, amounts to a further \$2,500, and \$3,000 per annum are appropriated for the current laboratory expenses. The cost of medicines in 1878 was \$4,000, of which sum \$1,500 can be safely put down to the "experiments" on the *positive* and *relative* nature of drugs. So that in the course of five years \$50,000 may have been expended for investigations and publications. Now, let me briefly state what has been done in return for this unexampled liberality of the people of the State of New York; time will forbid me from going into details, and I therefore merely quote the language of a prominent medical weekly journal, which I can fully endorse, that aside from the fact that it was a weak and transparent evasion for a superintendent to publish under his own name, the work done by his special pathologist without acknowledgment, that the autopsies and microscopic examinations were fragmentary, crude and vague, and that one case intelligently reported was worth a score of imperfectly registered ones, such as those published by the asylum in —.

Add to this the *leucin* precipitates to which I have referred; the patent ignorance of cerebral anatomy manifested by the special pathologist, who actually finds an atheromatous patch "at a point where the middle cerebral artery is given off from the basilar," a discovery not explicable on the grounds of a *lapsus calami*; and the manner in which absurd claims founded on incorrect and illogically interpreted observations are employed to falsify medical jurisprudence,\* and widely circulated in the daily press, and there will remain but one general conclusion: that the work there done is not only without value, but absolutely misleading; that the claims advanced are founded on that happy combination of effrontery and ignor-

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\*In the case of the autopsies made on the murderers Waltz and Grappout.

ance, which currently passes under the designation of, and is certainly kin to charlatanism; in short, that the State has paid \$50,000 for what is little better than the private advertisements of one medical superintendent.

Just enough work and no more has been done, in the two asylums in question, as will suffice to justify the further continuation of the respective appropriations, and evidences of seeming insincerity are not wanting. In the case of the western asylum, the superintendent in the course of a paper read September, 1876, before the International Medical Congress, reported having autopsied 115 insane subjects; in a second paper read before the Wisconsin State Medical Society, March, 1877, this number has risen to 200; and in a discussion (published) held at the meeting of the Asylum Association in July of that year, he reports 260 as the number. On deducting the original 115, we find that in ten months, that gentleman claimed to have made 145 autopsies. Now, looking at his report for the year beginning September, 1876, we find that in that *whole* twelve-month, there were 42 deaths in the asylum. There are here two alternatives: either that this superintendent sends his moribund patients home, and autopsies them there, thus diminishing his death-rate (a rather unlikely contingency), or that he makes 145 autopsies on less than 42 subjects! In either case giving some ground for the charge of deliberate deception!

It is a fact, but one to be extremely regretted, that in the only instances where pathological researches are systematically made in asylums, that whatever value they might have, is nullified by the slight dependence which we can place on the trustworthiness of those reporting their results. Errors, even palpable ignorance, may be pardoned; but misrepresentation should not be overlooked nor permitted to enjoy its fruits undisturbed.

To some grave insincerities we have adverted in the case of both asylums, but those alluded to as committed in the eastern one, are remarkable in that they are but the natural outcome of a system, which has harmoniously confused if not falsified the financial statements (*JOURNAL OF NERVOUS AND MENTAL DISEASE*, volume V., page 781), the statistics of recoveries, and

the influence of asylums on insanity in their vicinity, as well as the pathology of insanity!

Whether the superintendent of such an institution hides his restraining apparatus when distinguished foreign visitors come to see his asylum; whether he publishes the pathological labors of his assistant under his own name; whether he surreptitiously prevents the publication of scientific contributions by non-asylum physicians, merely because their results are truthfully reported and conflict with his own, or perhaps for the reason, that the writers are not also superintendents; or endeavors—I am happy to say, unsuccessfully—to suppress the reading of papers ventilating asylum matters, merely because the writer has been sufficiently incautious and fair-minded to give his opponents a fair notice, in order to ensure a discussion which *he* had no reason to fear; that superintendent exemplifies and personifies that spirit, dominating the Asylum Association, which systematically shuns inquiry, excludes competition, avoids open discussion, and opposes supervision, because it has the best reasons for fearing such inquiry, competition, discussion, and supervision.

It is the Asylum Association as a body which is responsible for the crude and unscientific classification of insanity, to be found in many asylum reports. Several superintendents seem to be unaware that such forms of insanity as progressive paresis\* or *folie circulaire*, have an existence. We find suggestions emanating from that body, which conclusively prove that with many of its members, administrative hobbies form the first and scientific considerations their last object. Who that recognizes the importance of the thorough alienist's studying not one sex, nor one form of insanity, could have proposed that the sexes should be under separate superintendents, and that special institutions should be erected for the epileptic insane? And

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\*During the progress of the discussion of this paper, an assistant physician at one of our municipal asylums, had the temerity to verify this single statement. For this very objective and modest participation in the discussion, he has been discharged from his position by the Medical Superintendent, *who was present, and who, although repeatedly called upon, did not venture to deny a single statement of the paper.* Comment is superfluous.

yet all these propositions have been and are still made, on the grounds of pretended administrative convenience.

It is these gentlemen, many of whom from the moment of their entry into an asylum, become narrower in their views from day to day; who are lost in the contemplation of belittling routine duties; and whose activity reaches its acme, say, in a *ukase* issued concerning the facings of the uniforms to be worn by attendants; or the recognition of a dramatical or musical entertainment gotten up by some friends of the superintendent's, in the avowed interest of the patients, in reality for the amusement of a select circle of visitors, liberally invited on such occasions.

I have already mentioned one excuse with which the officers of certain asylums are ready, when the waste of pathological material in their asylums is referred to. Another excuse which is frequently given, is that the friends of patients will not give their consent to an autopsy. This statement is known to be farcical by those who make it. In our general hospitals, even patients who are not pauper patients, are autopsied to a considerable extent, and if the Asylum Association were serious in its desire for the medical culture of its members, it could, with its powerful influence, too often, alas, exercised for purposes which were not good, have accomplished that which English physicians have done, namely, rendered autopsies compulsory by legal enactment. But it seems that on the contrary, they persistently oppose such examination, and in one of our municipal institutions, the superintendent has *actually forbidden autopsies to be made*, on the pretended grounds, that dissecting material was rare in the medical schools! On the title page of that superintendent's annual report, we find that his institution boasts of a special pathologist; under the circumstances, this gentleman must enjoy an *otium cum dignitate*, if not a sinecure.

Another apology offered, is almost comical, namely, that the asylum superintendent is so overcrowded with routine duties, as to be unable to devote the necessary time to scientific work. How does this statement agree with the fact, that these officers have abundant time for engaging in lobbying, for carrying on private practice, although nominally salaried for attending to

their asylum duties; that they go on lecturing tours, attend flower parties and kindred social celebrations; compose sermons, historical compositions and *extemporaneous* after-dinner speeches, often the result of a three weeks' incubation?

Now, although these gentlemen have, on the insupportable ground of lack of leisure, tacitly confessed to not having accomplished anything in science, in other words, that they have not had the time to perfect their medical training, they still claim to monopolize the field of instruction offered by insanity. I think the alternative is a fair one, either to understand the subject one proposes to teach in all its bearings, or if one does not understand it, to leave it to those who do.

The material of our asylums is a rich material, but it will remain a dead material unless the general medical body examines the subject of asylum management from a medical and philanthropic point of view.

The general medical body has had every provocation for instituting such investigation, for it has not been dealt with very delicately by members of the Asylum Association. Those who study asylum reports, will every now and again discover covert and unjust attacks on the medical profession. The tone adopted by medical superintendents, when speaking of those whom they happen, through the accident of a diploma, to have the honor of being colleagues of, is strongly suggestive of the asylum atmosphere.

In one report, issued shortly after the new Lunacy Law came into operation, several examples of what purport to be the average grounds on which general practitioners send patients to asylums, are published. These reasons for considering the patients insane, are placed in as ridiculous a light as possible, for the edification, doubtless, of boon companions; but on looking at them carefully, we find that considering the general character of certificates of commitment, and the dimensions of the blank space left for the registration of these reasons, that the majority are correct, and need only be read aright. They are certainly, considered as reasons discovered prior to a patient's admission to an asylum, every bit as good and satisfactory as the reasons which the superintendent is able to give when required to testify in case of a writ of habeas

corpus\* concerning a patient who has been under his care (!) for months.

When the American Medical Association invited the Asylum Association to join issues, and bring psychiatry into relation with general medicine, the invitation was not accepted, because, as several superintendents stated, such a procedure would be the *death* of their own association. They finally, through the efforts of some intelligent members, concluded to send delegates, and their association still exists, although the IX. Section of the American Medical Association has sunk to the level of a sub-committee of the asylum circle.

Perhaps the real reason of this refusal was the apprehension that the non-asylum physician would presumably take a closer interest in asylum matters, and that as a result, increased demands would be made on the scientific labor of those occupying asylum positions; from a certain point of view these would be very undesirable innovations. If an association stands on such a feeble basis, as to be in danger of dying when the general practitioner asks that which he has every right to demand, its *death* would not only *not* be a matter of regret, but a consummation devoutly to be wished for.

In fact, this association has sufficiently characterized itself, and revealed its true aims and purposes by formally resolving that further supervision than that exercised by the asylum autocrats themselves was unnecessary. At this boldness, and I should prefer to say *audacity*, Dr. Bucknill might well be astonished. This opposition is not only aimed at governmental, but also at medical supervision; with few exceptions, medical superintendents have persistently objected to visiting and advisory medical boards!

From all that which I have just stated, our mature conclusion must be, that the average medical superintendent of insane asylums, not appointed on the strength of general and scientific culture, deficient in anatomical and pathological training, with-

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\* In the Geisinger case, the superintendent was able to give but one reason, "spends money foolishly," and on cross-examination was found not to be able to state what pubescent insanity was. This is natural, when we recollect that it was only two days before that his assistant, being asked, informed him what was the patient's form of insanity.

out a genuine interest in their noble specialty, untrustworthy as to their reported results, and not in that communion with the general medical profession which every liberal and broad-minded physician naturally seeks, are the *last* individuals in this world to whom the responsible duty of training the embryo practitioner in an important specialty should be entrusted.

Having negatived the exclusive claims of a special circle, it would remain for us to justify the proposed distribution of the material for clinical instruction presented by asylums, among those engaged in teaching nervous diseases in our schools, if such a justification were necessary. Happily, this is not the case; the list of names of our leading American neurological teachers includes excellent pathologists, sound logicians, acute clinical observers, men rich in every scientific attainment, and of world-wide fame. The general neurologist, who from the very nature of his studies is forced to pay attention to all scientific branches in relation to general nervous pathology, approaches also the subject of insanity, best prepared to deal with it exhaustively, and from every point of view.

Such contributions to our psychiatric literature which have an intrinsic value, have mostly come from these men; and they simply substantiate an experience, that the material for the best alienists is to be found among those who have been best trained as a preliminary in general medicine. Our own Rush was a prominent example of this experience; Esquirol was like Connolly, a thorough clinical scholar; Morel a far-sighted pathologist; Griesinger first attained eminence as a writer on fevers and other general affections, while Meynert and Westphal respectively reflect the influence of those great masters of modern medicine, Rokitansky and Virchow.

It might be asked why, even granting the propriety of treating psychiatry as a branch of neurology, I do not admit the feasibility of treating it under a separate teacher, on account of the vast scope of the subject? Those who would make this interpellation, could point to the example of many European universities, where a separate psychiatric clinic and professor for that clinic exists.

I am very willing to admit, that any plan which will ensure

a thorough and exhaustive study of an important subject, is the preferable one; and that for Vienna, Paris and Berlin, and all organized universities, this plan has not only worked well in the past, but deserves to be still further developed in the future. For American medical schools, such an arrangement would be entirely premature. With our single buildings, our crowded courses, and a staff of a dozen instructors at most, they are placed under entirely different necessities from the European schools, with their dozens of lecture rooms, dozens of courses simultaneously read, and a staff numbering from fifty to one hundred and fifty regular and other teachers. The latter, too, include among their auditory, especially in the case of the psychiatric clinic, more ripe practitioners and graduates than undergraduates.

Having to deal with the present, I unhesitatingly pronounce myself in favor of uniting psychiatry with neurology, in our college courses, and of liberally providing the teachers of these subjects with the requisite material. This should be effected by the same mechanism which is employed in the utilization of the material collected in our general hospitals: by the appointment of visiting physicians, having the same relative grade, functions and privileges enjoyed by visiting physicians of other hospitals. In the case of asylums containing any considerable number of female patients, one gynæcologist at least should be appointed in addition, in pursuit of the excellent suggestion of Storer,\* for although that writer supposed a far larger proportion of cases of insanity to be influenced by uterine and ovarian conditions than actually is the case, yet the few thus caused may be cured by well directed gynæcological treatment, when otherwise, and in spite of strait-jackets, conium, chloral, bromides and opium, the insanity would speedily become inveterate.

The majority of such a staff would naturally consist of neurologists, and by preference, of such neurologists as are engaged in instruction in our regular medical schools. Such appointments would immediately raise the whole tone of asylums; sluggish and incompetent superintendents would soon be

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\* Storer : *Insanity in Women.*

weeded out; the suggestions of experienced and impartial men of high professional standing would lead to many ameliorations in the condition of asylum patients; the assistant physicians would receive a stimulus to study and research, and as from them would in the end be recruited the coming generation of superintendents, professional ability would at last become a question in the competition for asylum positions.

The increased opportunities which the medical student will then have of studying insanity from the actual patient, and of doing so under the guidance of a thorough clinical teacher—not as heretofore, of lecturers who memorize from Sankey, Blandford and other authors, the evening before their “lecture,”—will redound to the benefit of the profession directly and indirectly.

Directly, since the physician will not only more readily and early recognize insanity in general practice, and perhaps by appropriate measures, prevent the necessity of asylum incarceration, productive as it often is, of more harm than good, but he will also be able to determine whether a patient, whose insanity he is about to certify to, is really insane or not, with more certainty than heretofore.

Indirectly, in so far as the medical student with a special *penchant* for psychiatry, will then enter the hospital (let us trust *hospital*, no longer *house of detention*) with at least a rudimentary appreciation of the subject, not as at present, exhibit in connection with his superintendent the familiar figure of the blind leading the blind.

We might remain very well satisfied if we had accomplished thus much, but as every step to reform discloses fields for further reform, we may indicate at least one or two of these, prominently, one which closely interests the profession of the city of New York city. It is well known that certain delays occur in the transmission of patients to asylums, which are prejudicial not only to their mental condition, but present features revolting to humanity. The manner in which disorderly insane patients are beaten by the police, locked up in station houses and sent to the penitentiary or workhouse, before their insanity is discovered, can of course be obviated to a considerable extent, by greater attention on the part of

police and prison physicians. The poorer classes, when unable to obtain the means which would enable them to command the time and services of the two physicians necessary to certify as to the insanity of a relative, have no other way of protecting themselves and the patient himself, than by having their relative arrested like a felon, and taken to the city prison, whence he is transferred to the asylum. The necessity for such a procedure can be avoided; it is degrading, unnecessarily degrading to the patient, and demoralizes the relatives. If in our city hospitals, a patient becomes insane, he is thrown into cells, which are stated to be unfit for even the very worst criminals! Lonely underground "hospital" cells, police station-houses, and jail corridors are not proper places for the detention of the insane, even temporarily.

At the *Charité* of Berlin, and the *Krankenhaus* of Vienna, there are several wards for the reception of the insane, recently received from all parts of the vicinity. Chronic incurable cases can be speedily sent thence to regular asylums; those suffering from febrile delirium can be watched *and treated* at the same time, not, as not unfrequently happens in our vicinity, sent per steamboat to the Islands, and delivered to the asylums there situated in a moribund condition, and occasionally the bearers of contagious or infectious diseases! In recent and curable cases, the necessity and expense of sending to an asylum are thus frequently entirely obviated.

You already perceive in this brief sketch of a great abuse, several hints as to possible demands for psychiatric knowledge in the prison and police physicians of the future. Such demands enter into the calculations of every one conversant with State medicine, and they only serve to illustrate the need for a more thorough psychiatric curriculum in our medical schools.

These reception wards for fresh and temporary cases, constitute the ideal psychiatric clinic. The teacher who has such a clinic under his control, makes his diagnosis in the presence of his pupil, and the latter is brought face to face with insanity as it will present itself to him in the emergencies of his later professional career. Besides this, cases of questionable or simulated insanity, occurring in course of medico-legal

practice, could be advantageously placed here for supervision and observation, on a plan similar to that adopted on the continent. If you provide such an appendix of a general hospital in addition, with an analytical laboratory and appliances for conducting what are called "coroner's cases," you have all the component parts of a true "medico-legal" clinic.

In previous writings which have dealt with this subject, and which have advocated the institution of clinical instruction in insanity, whether with sincere or with selfish motives, it has been stated, in enumerating the advantages therefrom resulting, that insanity would be considerably diminished by being properly treated in the beginning. You may ask why I do not repeat this encouraging statement. For the simple reason that however well-meant it may be in some cases, it is entirely erroneous, and exhibits an unfamiliarity with the subject truly unpardonable in the case of those who have had "experience" with insanity. One of these writers states "the evils of the lack of attention to the pathology of insanity, and want of knowledge of the true character of the disease, are much greater than the public *are* aware of. If the result was only an indifference to the whole subject by medical men, it would be bad enough, but it is far worse. It is the application of a false theory, which not only deprives the sufferer of proper treatment, which he has a right to claim, but subjects him to wrong and injurious treatment, and especially to neglect of remedies in the beginning, when the disease is in its curable stage."

This is truly grandiloquent language, but it is nothing more than the same cant which is repeated *ad infinitum*, and used to substantiate the propriety of erecting needlessly expensive palaces for the insane, on the ground that their erection will eradicate insanity from the land. It also accuses the general medical body of neglecting the study of insanity; but who is to blame for this unquestionably existing neglect, in the light of past and recent revelations?

What is meant by "false theory"? What by the "curable stage of insanity"? What by the want of knowledge of the true nature of the disease, said to be much greater than the public is aware?

What the author means by these terms, we can hardly guess from his language: what we understand by them is as follows:

The "want of knowledge of the true nature of the disease" which is actually greater than the public is aware of, is to be found in the asylum whence that statement originated, an asylum whose superintendent, and pathologist, in ignorance of the pathological writings of celebrated authors on insanity, make a test of insanity by an autopsy, and proceed to say on the strength of its negative evidence that the subject thereof must have been sane.

By "false theories" we mean crude; illogical and commonplace evolutions from the inner consciousness of an asylum superintendent about crowded court-rooms and religious mental hygiene, and which go so far as to abolish or discontinue employment as a therapeutic agent in insanity, and leaves the patients to that monotonous and dreary idleness which may drive any imprisoned and comparatively sane man mad. By the "curable stage of insanity," we mean nothing at all, no more in fact than does the writer, for such a stage does not exist. There are various clinical forms of insanity, some of which have no stage at all, some of which are always curable at all stages, others which are incurable at all stages, and others, which if improperly managed in the beginning may pass to further and worse developments; the latter forms are proportionately rare. This discrimination the writer quoted does not appear to make, either from ignorance of the clinical history of insanity, or for reasons best known to himself. What finally we mean by the "proper treatment which the patient has a right to claim" is, first, that proper diagnosis be made; secondly, that the causation be considered and treatment applied to the root of the evil where this is discovered, or on proper symptomatic indications otherwise. We do not think that the crib-beds in extensive use at the institution in question, constitute the "proper treatment which the patient has a right to claim," but think with Professor Meynert that the struggles of the patient, his mental anxiety, and the horizontal position induced by these beds increase cerebral congestion to such a degree, so not only to occasionally cause death in a comatose or delirious condition, but in those cases

which pass out of the acute exacerbation (not because of but in spite of the treatment) to leave permanent pernicious results behind.

We conscientiously believe that the principles of proper treatment demand, that many cases of chronic mania, of paralytic insanity and of terminal dementia, cases which can be best treated at home, should not be sent to asylums, and that other patients in asylums should be dismissed as soon as it becomes evident that it can be done without risk and to their benefit. The surroundings of his family, the occupation of his vocation, often have a far better influence on the patient than the grated windows, crib-beds, bleak walls, gruff attendants, narcotics and insane surroundings of an asylum. It is to be feared, that in accepting what a leading medical superintendent is continually bringing before the Asylum Association, the Section of Mental Diseases in the American Association, and State Medical Society, as *his* physical theory of insanity, he loses sight altogether of the influence of moral and mental therapeutics. I know and I am properly resigned to the consequences, that in saying this I fall within that gentleman's much abused category of "people who speak about asylums, but do not and cannot know anything about them," but unfortunately for such assertion the position I have assumed is the position of Meynert, of Westphal, of Pinel, of Connolly, and of Tuke.

Instead of making promises which cannot be kept, and holding forth unrealizable prospects of the day when our State, having been financially ruined by erecting asylums on every hill-top, insanity shall be crushed out of existence (in which case I suppose that asylums, not being any longer required for their original purpose, will be transformed into armories for our militia, and poor-houses for our pauperized citizens), let us rather look the question squarely and honestly in the face, and determine what actually can be done! In the first place, the medical student, as well as the medical superintendent, can be taught insanity sufficiently thoroughly as not to be at a loss when mental alienation occurs in his practice as a complication of other diseases. He can be taught that when consulted by a family physician in certain instances of puerperal insanity,

and mild melancholia, it will not be always necessary to submit a delicately-nurtured patient to the shame and exposure of a commitment and transportation to a distant asylum. He can learn under competent teachers what are the causes of insanity, and where such causes are avoidable, how they can be avoided. As one of the advisers of society, he will have much to say on hygiene, on education, and on various other questions related to mental development, of individuals and whole communities. The knowledge, and the acknowledged probity of the general medical body, are looked upon as a safety-guard against abuses committed by members of that body, no matter how much those members may have wished to remove themselves from the supervision of their fellows. Accordingly this general body, if by special training fitted for such a duty, will be able to keep a careful watch on asylum matters, and in regard to hygiene, dietary, medication, and humanitarian considerations, constitute a more effectual prophylaxis against abuse than any supervision now existing. There is hardly a specialty in medicine which will not profit by the opportunities thus given of extending the scope of its investigation. Otologists and ophthalmologists have already turned their attention to insanity; renowned obstetricians and gynæcologists have offered interesting contributions to the subject of insanity in women. And the syphilographer has yet a wide field of exploration before him in regard to the various insanities due to impalpable changes occurring in the primary fever on the one hand, and to Heubner's changes in the vessels of the cortex, during later periods, on the other. When State medicine shall become a recognized field in our country, every district physician will be required to furnish statistics of insanity in his district. The statistics of insanity are among the most instructive and valuable which a State can publish. They enable us to watch the influence of pernicious causes, be they in the way of morbid religious excitement, of corrupt, sensational, and superficial methods of education, or of debauchery and drunkenness. Such statistics, in fact, point out clearly what habits should be avoided, and what popular systems require improvement. On the basis of this precise and reliable information, a general equitable and useful distribution of provisions

for the insane can be made amongst the various sections of a country.

No longer will organized coteries, by causing an artificial demand for asylums, on the plea that only expensive structures will serve that purpose, be able to crowd out more than half the insane in the State from the benefits of asylum treatment. No longer will the discharge of dangerous lunatics be permitted to swell the recovered lists. No longer will the manipulated statistics of a leading superintendent in this State be able to strew sand in the eyes of the public, and to serve as an excuse for preposterous demands.

And now, after having successively given my reasons for considering psychiatry as a branch of neurology, for negating the fallacious claims of an exclusive circle, for recommending systematic instruction in psychiatry, and making some changes in AT LEAST the medical supervision of asylums, it behooves me to say a few words in the light of a personal apology.

In dealing with the flagrant and obvious shortcomings of medical officers, I have employed terms which it is customary to censure as being unnecessarily harsh. It is my impression, however, that if it has once been determined to thoroughly expose an imperfect or corrupt system, and if the results of such inquiry are founded on indisputable facts, that the abuses should be stigmatized as abuses, fearlessly and openly. Each separate word in the English language has its special meaning, and when I have used the terms ignorance, charlatanism, insincerity, and neglect, I have employed them because no other words could characterize so aptly the conditions to which I found it necessary to allude in the course of this inquiry. I have used these terms deliberately, and shall present, if challenged, the detailed proof which I have hitherto not given, as it would have necessitated that mention of names which it has been my chief purpose to avoid.

Previous and far abler writers, writers more familiar with the subject than myself, have arrived at many of the conclusions of this paper, and for the extreme delicacy and courtesy which they have shown the inner asylum circle by clothing their criticisms in the mildest language, have doubtless been

considered by the exponents of that circle not as generous, but as timid critics. Accordingly they have vituperated, maligned, or ignored these generous critics in a manner sufficiently characteristic, and which is exemplified by the manner in which the able writings of Drs. Storer, Folsom and Wilbur have been reviewed in the *Asylum Journal*.

Other strictures written in a perfectly objective and impersonal manner, it has been endeavored to disarm, on the score of a supposed personal motive existing in the minds of the authors; but strange to say, the arguments of these writers have not been disproved, they have not even been discussed!! Grave charges against the financial management, and against the reliability of asylum statistics have been recently published in the most widely circulated of American medical journals, which have not hesitated at mentioning the special superintendent and institution involved, and yet that superintendent has been, and is, dumb.

To this, as to all antecedent papers of a similar character, no other answer than the chorus already echoed *ad nauseam* from asylum to asylum—that its writer has never been an asylum superintendent, and can consequently know nothing about insanity, is expected. Since this is the sole argument which I have ever heard the defenders of the impeached system employ, let me ask, what is in this mysterious “asylum experience” that prevents those not possessing a superintendency from judging of asylum matters? What is the difference between a hard-working, able and trustworthy assistant physician of an asylum, and his superintendent, selected to fill his position on grounds of nepotism and political favor? It is a well-known fact that *this* “asylum experience” argument is not used abroad! The *British Medico-Psychological Association* counts among its members not only superintendents, but also their assistants and physicians in general practice; the *Medicinisch-Psychologische Gesellschaft* of Berlin, and *Verein fuer Psychiatrie* of Vienna, are similarly constituted; but it remained for the American Association of Medical Superintendents to announce that, on principles analogous to those which govern “trades unions,” only medical superintendents could be members. No doubt the younger members of the profession, who

occupy the position of assistants, were excluded in order to prevent the rebellious tendencies of energetic and original workers from running loose and opposing the benevolent tendencies of certain superintendents, of keeping asylum matters in the same old conservative rut.

Is it "asylum experience" to examine whether the fence is high enough to prevent lunatics from jumping over? Is it "asylum experience" to go through the wards of a large asylum once a day, or, as has been found in a few instances, *once a month*, and to have no further relations with the patients than to pass by and receive their reverential salute, *à la Grand Mogul*? Is it "asylum experience" to let the assistant physician compile the really laborious part of the annual report, and to rely on him for information when an emergency calls him before court as a witness?

I think that the earnest psychiatric student, whether within or without asylum walls, has at least as good a right to discuss the subject as he whose claims to being a psychiatrist rest on the accident of appointment.

Where the argument of "asylum experience" has failed in its past application, the only resort of the factious minority which rules the Asylum Association has been to stigmatize all who ventured to question the immaculate perfection of asylum superintendents, as persons of *doubtful sanity*, or as meddling and troublesome intriguers, animated by personal motives.

Such taunts are but the cries of helpless indignation, and we can well afford to let impotence howl its very worst! Turning neither to the right or the left for such feeble opposition of the exponents of a corrupt system, founded on a traditional *laissez-aller*, not on merit or real power, let us consider but the one question, whether the interests at stake in the scientific cultivation of psychiatry, are not too numerous, too noble and too important, to be left to be neglected by shallow pretenders and ignorant indifferentists.

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To illustrate the implied inference, that excellent scientific work may be carried on without State aid, and *per contra*, that the existence of State aid does not *always* ensure genuine results, let me point to an asylum in England, the West Riding of Yorkshire, and contrast the work there done and

*the manner in which it is done*, with the same as performed in a prominent asylum, quite distinctly alluded to in this paper. At the West Riding Asylum, a number of enlightened and well-trained, enthusiastic and industrious young physicians engage each in some individual research, and assisted by the greater experience of the superintendent (such a man as Crichton Browne or Herbert Major, for example), publish their results under their own names, in the excellent reports issued by that institution. They receive no State aid whatever; their investigations are conducted in the purest interest of science, not for purposes of advertisement or of deceiving the public by proving the infallible (?) skill of an expert, who neglects the most vital points in his inquiry, and since he must prove his position at all hazards, resorts to the dubious and pliable testimony of an imperfectly performed autopsy (Waltz case, Grappout case; see NEUROLOGICAL CORRESPONDENCE). They lose no time in amusing themselves with the photographing of artificial precipitates, and their investigations extend to the domain of experimental physiology as well as to comparative cerebral anatomy. Herbert Major, the present medical chief, has not scorned to study the intimate structure of the Island of Reil in the Cynocephalus. The head of a similar psychiatric school, Meynert, of Vienna, has furnished perhaps more toward a proper anatomy of the brain, both of the surface and the deeper parts, both of man and other vertebrates, than any other anatomist now living! That such labors, instead of being prejudicial to, are really auxiliary to more practical inquiries, is demonstrated by the fact that therapeutic and clinical discoveries, possessing the highest value, are made at these very institutions.

At the American asylum to which reference is made, a special pathologist is appointed, *who is not a medical man*; he is sometimes styled "Professor," but of what—or where—is not stated! His labors are *not* published under his name; they cost the State \$7,000 annually, as far as we can obtain a clear insight into the matter, and consist of thirty pages of desultory, fragmentary, vague, and utterly inconsistent cases, reported with the pathological findings, in the annual reports; sometimes only six pages are thus filled, and occasionally pamphlets are issued similar to one referred to above.

At the West Riding Asylum, besides the superintendent and his assistants, a number of so-called "clinical clerks" do medical service, gratuitously; their sole recompense consists in the opportunities for observation and inquiry offered by the material collected in the asylum, and the privilege of utilizing this material under the skilled direction of a scientific alienist. Our New York city asylum superintendents often complain that they cannot induce even recent graduates to serve at their asylums; why is it that the West Riding of Yorkshire, remote from any capital city or medical school, can not only command gratuitous services, but even select the best men from among a large number of competitors? The answer is clearly, that in the latter instance, the enthusiasm, learning and integrity of the medical chief, offer the highest inducements to the scholar, while such inducement does not exist where an indifferent, superficial man, owing his position merely to political buffoonery, is the medical head of the asylum, as in the former case.





