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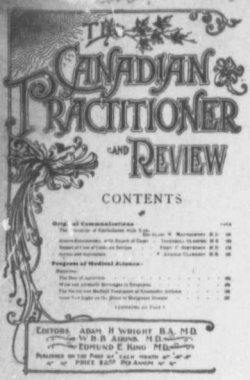
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... By ...

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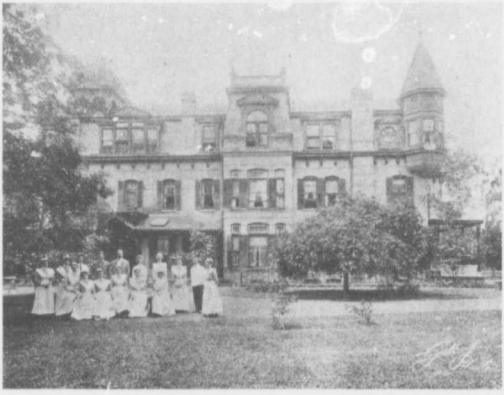

THE WRITER'S PRIVATE HOSPITAL FOR NERVOUS DISEASES.

NEUROLOGY AND THE PREVENTION OF INSANITY IN THE POOR.*

By CAMPBELL MEYERS, M.D., M.R.C.S. (Eng.), L.R.C.P. (Lond.),
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Mr. President and Fellows,—In a recent article on "The Present Status of Neurology," by Dr. Joseph Collins, of New York, he states that the progress in neurology during the last twenty years has been so gratifying, that to-day the correct diagnosis of organic diseases of the nervous system is more directly dependent upon the application of rules of scientific exactitude, than in any other department of internal medicine. Despite this fact there is no denying that a remarkable stagnation in neurology has come about. This stagnation he attributes to the disappointment of our expectations that the laboratory worker, experimenter, and pathologist would contribute to the elucidation of the origin and course of nervous disease, and also to the fact that there are no signs tending to indicate that we can look to them for much help in the future. As a matter of fact, he says that the neurologist must look to himself in the interpretation of diseases of the nervous system, and no longer pin his faith to the physiologist or pathologist. In other words, the advances of neurology must, in the future, be made on clinical lines and by clinical study.

It is not my intention at present to even attempt to discuss the broad field of neurology, but rather to make a few remarks about a portion only of this field which, though of supreme importance, has been comparatively little cultivated, of which Krafft-Ebing wrote, "It is astonishing that so little notice has hitherto been given in medical literature," and in which clinical study must form the chief reliance of the neurologist. I refer to disease in that portion of the field of neurology which on the one side is bounded by nervous health, and on the other by that boundary line after passing which it is termed insanity. This disease has been discussed both as neurasthenia and as incipient insanity. While personally, as I advocated in an earlier paper, I believe a more correct designation for it would be cerebrasthenia or that subdivision of neurasthenia in which mental symptoms predominate, the more frequent use of the name, neurasthenia, by the profession at present leads me to employ this latter term in these remarks. The importance of this branch of nervous disease is at once apparent when we

*Read before Toronto Clinical Society, April, 1905.

consider that its treatment comprises a practical prevention of insanity, which would of itself alone be even a greater blessing to mankind than the prevention of tuberculosis. Not only from a humane but also from an economic point of view is this important, for where the Government must provide for the care of the poor in both these diseases, it has only to do so for the tubercular for a limited time, while for the insane it may be necessary for twenty or more years. Further, the loss of use of the intellect of the individual to the world during the period of insanity must be considered, as well as the fact that recovery from this disease sometimes leaves a liability to recurrence, or impaired intellectual faculties, which prevent, to a greater or less degree, the resumption of business or social life to an extent previously enjoyed. That the acute, idiopathic insanities (and it is to these only I here allude, and especially to mania and melancholia) can, in the large majority of cases, be prevented by suitable treatment, when such is undertaken sufficiently early, is now recognized by all authorities; hence, the importance of the study of this branch of neurology, as I believe the cultivation of this field will yield a more abundant harvest than any which have been reaped in this branch of medicine in the past, abundant as they undoubtedly have been. Further, the clinical study of these cases, which need not depend on the laboratory worker or the pathologist to the same extent as heretofore, will give an impetus to neurology which will produce even greater results than have been attained in the past.

One great difficulty has always been the lack of realization of the serious nature of these cases. Kraepelin, in his last work, says, "that even in the mildest forms of insanity, (of which this disease is but the initial stage) the suffering is greater than that of any other class of disease with which the physician has to deal." How often in every-day practice is a patient, suffering from neurasthenia who complains of psychic pain, told, "Oh, it's nothing, only nerves," etc., etc. The reality of the existence of these pains was strongly confirmed in my mind by an incident which arose in the following manner: A neurasthenic patient of mine was attacked with severe pains in his left shoulder during my absence in England some years ago. He consulted a surgeon, who carefully examined the shoulder without finding any evidence of local disease, and told the patient he found no cause for his pain, that it would soon be better. This improvement, however, did not take place, and the pain continued severe until my return. Some simple prescription was given him and the pain soon ceased. A short time afterwards he had the misfortune to fall and fracture his femur, from which, while it was being put up, he evidently suf-

fered intensely. When the operation was over I asked him which had caused him more suffering, the fracture or the pain he had had in his left shoulder. He immediately replied the pain in the shoulder, and I knew his character too well to doubt his statement for an instant.

Why are these symptoms of neurasthenia often treated so lightly? I believe it is due to the fact that a hiatus in medical education has always existed in the domain of neurology under consideration. The student has excellent works on insanity written on this disease after the boundary line has been passed, but previous to this stage he has but little. A single chapter on neurasthenia in the recent text-books of medicine, written with about as much warmth as neurasthenic patients are welcomed to the wards of a general hospital, is probably all the average student reads about it. As for clinical instruction this is scanty if not altogether absent. What then must be the logical result? He goes into general practice where these troubles are common without any definite knowledge of this form of functional nervous disease, gropes about in the dark for a variable number of years, and finally grows to look upon them as whimsical, chimerical, etc., gives up their study in utter disappointment, or learns often by sad experience, both to himself and his patient, how serious some of these troubles are. Having devoted my entire attention to neurology for nearly fifteen years, a branch of medicine of which these cases of neurasthenia form an important quota, and having had exceptional opportunities during the past twelve years in a private hospital, with the aid of a large staff of nurses, to study these patients, to observe the various phases of their disease from day to day, to see, in some it is true, a gradual intensity of their symptoms develop until the boundary line was passed and they were transferred to the care of an alienist, or in, I am pleased to say, a much greater number, to observe a gradual abatement of their symptoms and a return to a life of usefulness, has not only confirmed the belief I had already formed of their gravity, but also led me to believe that by their early treatment, insanity could be prevented, both of which conclusions I had the honor of laying before the Canadian Medical Association in 1898. If I add that such patients have frequently told me that they would prefer to have either pneumonia or typhoid fever to the disease from which they were suffering, some idea of the serious nature of these troubles to such patients will readily be realized.

Before proceeding further I would like to say a few words about insanity, since it is on the field above mentioned that the neurologist and the alienist most frequently meet in the practice of their respective specialties. Although insanity is

one of the oldest diseases of which we have any record, how little has been done to alleviate the suffering of the insane, until the last fifty years. If any one interested in the history of insanity were to visit the Asylum of Sainte Anne in Paris, he would there see illustrations of the methods and contrivances with which the insane were treated in the early part of the eighteenth century. The cruelty of these methods and the torture of these contrivances, reminds one of nothing so strongly as of the Spanish Inquisition. When Pinel (one of the brightest minds of his day) cast off the iron fetters from the insane at the Salpêtrière a little more than one hundred years ago, it was hailed as a great advance in the treatment of the insane. This wise and humane act is one of which the whole medical profession may feel justly proud, especially as it was owing to this action that all mechanical restraint gradually disappeared from asylums. When, however, Tuke put into practice the theory that lunacy is a bodily disease, he established a firm basis for the rational treatment of the insane, on which has been built during the last century, all the best remedial measures for the relief and cure of the most serious affliction that can come to man, and thus earned the everlasting gratitude of countless ages yet unborn. Barbarous as seems to us the so-called treatment of the insane in the eighteenth century, there is still one grave defect which exists to-day, and which, on account of its injustice and cruelty, almost makes one wonder if one is not living in the times before Pinel and not in this century of ours. I refer to the fact, that a poor man, however blameless his life, may be arrested, thrown into a common jail with the greatest criminals of the country, and taken before a police magistrate like a common felon. Why? Simply because he has the misfortune to be suffering from a disease of the brain. Had it been a disease of the liver, a much less important organ, an ambulance would have been sent for him, and he at once would have been given a bed in one of the public hospitals. When one considers that in 1854 (only fifty years ago) there were as many insane poor in chains, in the State of New York, as when Pinel removed the iron fetters in 1792, can one wonder that distrust and suspicion should still exist in the minds of the masses? In the light of these facts, is it astonishing that the laity, without any adequate knowledge of the modern treatment of insanity, should be prejudiced against asylums, and defer asylum treatment for a relative, until the last extremity is reached, when often, alas, it is too late?

But it is to the better education of the medical student, and as a necessary result, that of the future general practitioner, that I would like to direct your attention. As is well known by all

examiners in medicine, the graduating student has a most imperfect knowledge of neurasthenia and insanity, a defect which is the more striking when compared to his present knowledge of disease of any other organ than the brain; as, for example, that of the heart. Why should this be so? The medical superintendents of asylums have, for many years, done all in their power to disseminate a knowledge of insanity. One reason is the belief on the part of the student, that there is a chasm of greater or less dimensions between the general practice of medicine and the treatment of insanity, and the impression that the latter must always be treated by an alienist and in an asylum; hence, no practical benefit will be derived from its study. Another is that there is a lack of *realization* on the part of the student that insanity is "brain disease with mental symptoms." Again, the situation of asylums is so frequently a long distance from the scene of the student's daily work, and the immense number of patients and the intricate classification of insanity tend rather, during his occasional visits to the asylum, to confuse his ideas and leave him with an ill-defined knowledge of the subject. But how about his instruction in those functional nervous troubles which often, for a long period, precede insanity, of which Krafft-Ebing (whose work as a neurologist lent a great aid to his success as an alienist), says in his last work, "Seldom does insanity come like a thunderbolt from a clear sky, much oftener its development requires months and even years"? Naturally the student has no such instruction in the asylum since he can see there only cases in which the boundary line of insanity has been passed. As I have already said, his instruction about them in the general hospitals is at best but scanty, owing to the lack of clinical subjects. From what has been said I hope I have made clear that the first step in the prevention of insanity must be taken by providing better facilities for clinical instruction in functional nervous diseases, for the medical student—the future general practitioner—*under whose care such cases must inevitably first come.*

If lack of education is really the cause, the remedy at once becomes apparent, viz., to increase the facilities for the instruction and study of these diseases. How is this to be accomplished? For some years past three suggestions have been before the medical world: (1) To convert our asylums into hospitals in the strict sense of the word, admitting cases of neurasthenia without certificate. (2) To establish psychopathic hospitals as separate institutions, and (3) to establish in connection with the general hospitals one or more wards, or a separate pavilion, in which these patients could be received. In regard to the first, much as I should like to see in every asylum a well equipped hospital for acute cases, and, firmly as I be-

lieve that the worthy efforts of alienists will certainly be rewarded in time, I do not think this solution offers most advantages for the initial step. How would such a hospital be filled with such cases as we are discussing? By voluntary patients, without certification? One can at once see how inadequate must be the supply, if only on account of the prejudice which now exists in regard to asylums. By cases from the general profession? But how is the general profession to recognize the urgent need of treatment in these cases without further opportunity for observation than has been given it in the past? Or, granted that these hospitals were filled with a sufficient number of these neurasthenic patients, would not the distance at which asylums are so often placed form a tremendous barrier to the average student, whose time is already so fully occupied? Moreover, that this distance has to be travelled to see only one class of disease is also an important consideration.

In regard to the establishment of psychopathic hospitals I do not think the suggestion is at present the most useful or practicable one for this country, as the initial expense alone, would delay their construction for an indefinite number of years.

It is rather to the third suggestion above mentioned that I think we must turn for an immediate and practical solution of the difficulty, a solution which I advocated at the annual meeting of the Ontario Medical Association in June last, viz., the establishment of wards or a separate pavilion in connection with general hospitals, and especially at first, in connection with those general hospitals where clinical instruction is constantly given. Has this plan been tried and with what success? To any who have not yet seen the report of the last annual meeting of the Neurological Society of Great Britain and Ireland, with the address by its president, Sir John Batty Tuke, M.P., which is devoted in part to this subject, I may say it will be found most interesting. He cites the experience of Glasgow, which was the first city in the United Kingdom to carry such a scheme into effect. In 1890 one parish, the Barony, instituted what were termed observation wards for the reception of so-called "nervous cases." Notwithstanding that the general arrangements were not suitable from a hospital point of view, the results of the experiment were generally satisfactory. Encouraged by these results a second stage of the experiment took place in 1899 on a much larger scale, in wards set apart for the purpose in one of the city hospitals. Satisfied further with these results, in June, 1904, wards were erected for the special purpose, a pavilion attached to one of the general hospitals. Time forbids further details, in regard to the successful results, which have attended this experiment

to provide early hospital treatment for the poor suffering from this disease. I would like, however, to quote what he says about the value of these wards for clinical instruction: "Clinical instruction in an asylum was all very well, but it was not worth argument, to show the infinitely greater advantage that would accrue to all students, were such wards open to them." This institution in Glasgow is the only one of its kind in Great Britain. In Germany much more has been accomplished. To each of the twenty universities a psychiatric clinic has been attached, either in buildings, independent, in the neighborhood of a general hospital, or in wards specially devoted to the purpose. That of Heidelberg was established in 1878. All alleged to be mentally unsound passed through these hospitals; if the nature of the case demanded certification it was passed on to the asylum; the rest consisting of early or mild cases of insanity, neurasthenia, the subjects of delirium due to fever, etc. —in fact, all such cases demanding observation and treatment— were retained without certification and treated to a termination without being reported to the State Office. These clinics were on exactly the same footing as the other clinics, medical and surgical, existing in all German universities. Similar provision has been made in the United States, especially at Bellevue Hospital in New York, and in Philadelphia; while France, Austria, Italy and Switzerland have likewise demonstrated the efficacy of this procedure.

To establish such a ward in connection with a general hospital would have the important advantage that, as the financial outlay need not be large, it could the sooner be put into active operation, a very material consideration. With one or more of such wards in operation the first object aimed at, viz., the alleviation of suffering in the poor by proper hospital treatment for their disease, would be attained. In addition to this, there would result at least the following:

1. Better clinical instruction to the medical student. Here the student could be shown these cases in his daily round of work, and be able to study these diseases of the brain just as he studies, in a neighboring ward, diseases of the heart or of the lungs. He would learn to give the same attention to disease in this one organ, as he now gives to disease in all the other organs, and the importance of the study would be brought home to him in a way which is at present impossible. He would realize the importance of active treatment in these cases and his responsibility in allowing these cases to pass over the boundary line of insanity without advising adequate treatment. The study of these cases in their early stages would also enable him to recognize such conditions in private practice, and to take such steps as may save a mind from destruction, a result more desirable even than saving the body.

2. A better knowledge of these diseases would result in the whole profession recognizing the necessity, for example, of hospitalization of asylums, and instead of the scanty number of specialists who are now endeavoring to bring about this good work, there would be a solid phalanx formed by the profession to the requests of which the government would be obliged to accede without delay.

3. To the nursing staff of a general hospital, instruction in such wards would be a great boon, since, frequent as these cases are in private practice, but little opportunity to learn the art of nursing them is afforded in a general hospital. As Church, in his recent work on Nervous Diseases, says in regard to the nursing of neurasthenia, "Any amount of general hospital training does not make a good nurse for this class of patients," hence the importance of further experience in nursing this form of disease.

4. By admitting patients into the wards of a general hospital on the lines suggested above, in Germany, any acute case of alleged insanity would at once be admitted without a certificate, on precisely the same conditions as though the patient were suffering from any other disease than that of the brain, and by this means the cruelty and injustice of taking these patients to a jail would be abolished. Under these conditions recourse to early treatment would be sought, since the prejudice against asylum treatment for a relative would be removed, and much better results would necessarily follow. The stigma, in the minds of the laity, of having been treated in an asylum would also be obviated. Further, the treatment of these patients in a general hospital, by the same methods as all other patients are treated (due allowance being made for the form of their disease), would gradually lead to a more rational view of insanity in the minds of the masses, and thus gradually overcome the prejudice against asylums.

5. A large proportion of suicides would be prevented since there is no doubt that many a sufferer from neurasthenia, who has without avail long sought aid to relieve him of his disease, has ultimately given up in despair, and some additional grief which in health would only have caused temporary depression, has under the circumstances turned the scale, and another suicide is added to the appalling list of those disasters published daily in the newspapers.

From an economic point of view the prevention of insanity in the poor merits the most careful attention of the State. Statistics at present are necessarily scanty. The results of the experiment in Glasgow were as follows: Between 1899 and June, 1904, 1,345 persons were admitted, of whom 1,052 were discharged recovered or relieved. Between June and December

of last year 260 persons were admitted, of whom 155 were discharged recovered or relieved. As a result of twelve years' experience in a private hospital for nervous diseases, provided with all necessary facilities for treatment, but to which cases of insanity are not admitted, the proportion of recoveries, in those patients whose disease would, in all probability, without treatment have passed over the boundary line of insanity, has been about 80 per cent. Granted, however, that insanity was prevented in only 50 per cent of the patients admitted into such wards as I have suggested in a general hospital, what an excellent investment the cost of such wards would be to the Government. There is at present in one of our asylums, at least one man, the cost of whose maintenance has already been paid by the Government for more than fifty years. Had insanity been prevented in this single instance, and to the money thus expended by the Government for his maintenance, be added the value of his services as a wage-earner during this long period, the amount thus saved from this one patient alone, would more than suffice to build and properly equip a pavilion in connection with one general hospital. I shall not add further details, but I hope sufficient has been said to direct attention to the urgent need for the early treatment of neurasthenia to prevent insanity in the poor, by means of well-equipped wards in a general hospital, the accomplishment of which will add another laurel to the profession which has ever made the relief of the suffering of the poor its first duty.