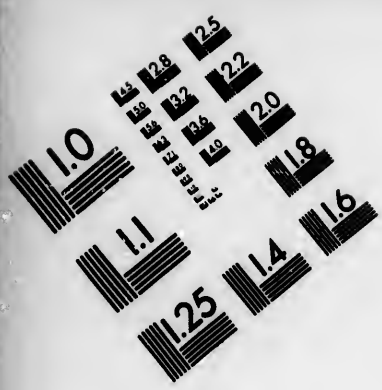

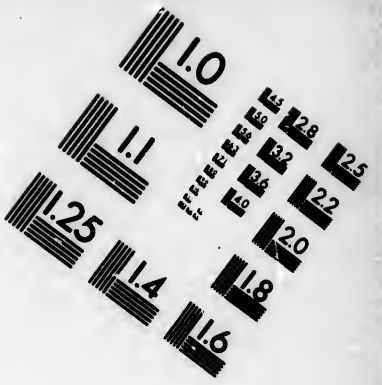

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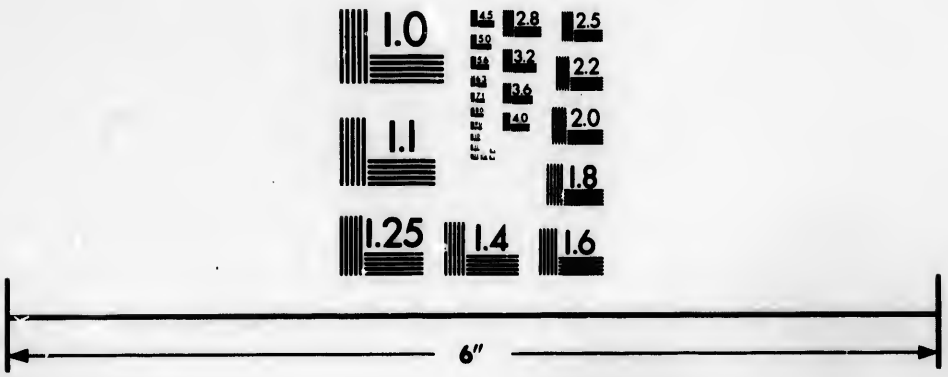

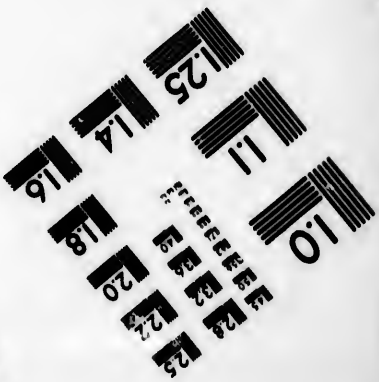

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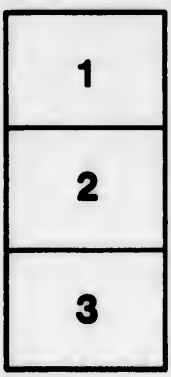

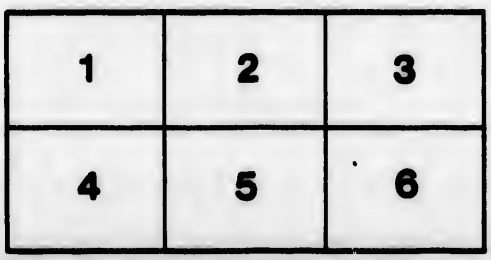

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THE GENERAL PRACTITIONER AND THE INSANE.

BY

J. V. ANGLIN, B.A., M.D.

(*Reprinted from the Montreal Medical Journal, December*, 1893.)

THE GENERAL PRACTITIONER AND THE INSANE.*

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Mr. President and Gentlemen,—In this imperfect paper there is no pretension of attempting to bring before you anything new in connection with that branch of medicine in which I am engaged. Doubtless there have been introduced in recent years innovations for the amelioration of the insane that might be reviewed with profit. But the physician who can find leisure from the whirl of practice to learn of these things, has opportunity to do so in the ever-increasing literature that deals with alienistic themes.

My desire is to remind the general practitioner of some jottings touching his relations to the insane; to dust the corner of his memory where lie the psychiatric teachings of younger days, if he had such, for it is only within later dates that colleges have recognized the value in lectures on mental diseases.

As it is now the custom to relegate the sick in mind to institutions set apart for their cure and care, too often the doctor in general practice deems it unnecessary to trouble his mind with the mind's troubles. His lot is thus easier than his brother's, who gives his life to the insane work. For the mentally sick are liable to all the ills of the flesh as well, to which the asylum

* Read before the Canadian Medical Association, September 20th, 1893.

physician must attend. He cannot, therefore, neglect his surgery, for among his patients traumatism is common; paretic bones are fragile; there is a share of major operations. Indeed, the greatest triumphs of the art are in brain surgery. With medicine he encourages intimacy, for often diagnosis is obscure from inability to glean other than objective symptoms. His patient may be oblivious of pain or dumb to all enquiries. Sometimes, too, he must welcome the little stranger to a sad world, for not rarely the strain of pregnancy unhinges the mind.

Seemingly little as the general practitioner has to do with the insane, yet there is no one on whom falls weightier responsibility regarding them. With him rest questions whose decision may make or mar the life of the mentally afflicted. On him depend the diagnosis of a person's insanity, the advisement or administration of the adapted treatment, the certification of the mental condition in legal form if hospital surveillance is determined on. All of which considerations are of vital import, not only to the patient, but often to a circle of relatives, and, indeed, if carelessly undertaken, may rebound injuriously on the practitioner himself.

On these points we will enlarge, believing that they will interest you more than any recital of the advances in hospital methods, pleasurable as that might be. The diagnosis of insanity which may stagger the expert, and yet which in this country commonly lies with the general practitioner—of this we will give some hints further on, in discussing medical certificates.

Once convinced of a person's lunacy, the question a physician must poise in mental scales is, shall he advise *home* or *hospital* treatment? and he must decide quickly. If hospital care is essential, every day's delay lessens chances of recovery. Alienistic observers agree that insanity is more curable the earlier it comes under treatment. It is well to remember, however, that the doctor should only advise, advise as urgently as necessary, but let the friends assume all the responsibility of whatever course is followed. Indeed, in some cases, it is prudent to have writing to that effect. Now that insane hospitals are efficient to a satisfactory degree, in most cases it will be wise to

suggest transference to one of these. Nevertheless, there may arise cases so manageable that the medical man may have confidence in his ability to treat them himself, and results may justify this course. There may be those that for some good reason cannot be removed at once. There will be cases where friends will prove obstinate to conscientious counsel. Then the physician must endeavour to extemporize equipments essential to the hospital in the home, or, better, in some rural resort, for nearly always change of environment is advisable. But this can be properly done only for the few. The plan will be beyond the many. In any case but the mildest, two experienced attendants will be necessary, and other expenses will be heavy. Above all, the relatives take on themselves a responsibility often involving human life, that hospitals are more able to assume. Moreover, it will be difficult to restrict the liberty of the sufferer, who is not sick in his own eyes. In short, the treatment of patients at home is utopian. We believe the cases are few that will not have more hope of betterment in a hospital. This means no reflection on extra-mural skill, but the management of insanity is such that it cannot be well imitated in general practice. We are not blind to the fact that objections to hospitals hover round the stigma that families imagine will cling to the name if one of their number has been within asylum walls. This, alas! is our inheritance from the dark days when people had reason to look on these as lunatic prisons. But such times are only history, and it is our duty to help break down present prejudices. The asylum is now as free from objectionable features as the general hospital. There has been a revolution in treatment within the lifetime of many of you. The odium is lifting, and the hospital idea in the waning years of this progressive century is predominant. Even the ancient term, asylum, with its suggestions of custody, is in many places only a memory. Insanity is unveiled in its true character—a disease, and not a crime. Improvements have been going on, till to-day curative establishments are prepared to cater to the preference of wealth; institutions for the public are on every hand holding out remedial care, with every com-

fort that the appreciative can desire. The nurses selected are trained thoroughly, so that the attendant, as one puts it, is no longer a keeper, but the companion of the insane. Intelligence and tact have deposed brute force. Many an asylum corridor is as free of lock and bar as was the patient's home. The surroundings breed contentment. Occupation and amusement are made a constant study; for entertainment is found in our day as diverting as in the first authentic lunacy of history, when the melancholy monarch was "refreshed" by the strains of David's harp. It becomes medical men to keep informed in the strides asylum management is making. Knowing the merits of the modern institution, and that it is a potent instrumentality for good, we can recommend it as a desirable retreat for patients.

A physician will not be long in practice, however, without meeting some insane one whom he will have to attend temporarily or throughout his illness. A grasp of the principles of treatment for mental ailments may then be of service. While each case must be treated individually, there is much common ground. Change of scene and companionship is almost always advisable for your patient; perhaps a quiet journey or ocean trip. A nurse or two, qualified for the work, is indispensable. Relatives, often the best attendants in bodily suffering, make the poorest for the mental invalid, who is sure to do as he pleases with them. Often he dislikes most those whom in health he loved. How often we see a patient as docile as a lamb from the day he crosses the hospital threshold, who has been infuriate in his home. Ordinary sick nurses are little better than the sympathetic relation. They are prone to be awed by the wild fury of the maniac, or shocked by unlicensed language, much to the delight and encouragement of the lunatic.

With many of the insane, *sleeplessness* precedes or is concomitant with other manifestations. This insomnious condition brooks no delay, especially if the case is in its incipiency. The natural brain restorative is sleep. To produce it there is no catholicon. The ideal sedative is yet to be found. But some have merit. First and above all must we try to invite repose

by measures intrinsically harmless, as open air exercise pushed to pleasant muscular fatigue. A few hours' labour, or a drive for weaker ones, will often calm the brain storm and secure restoring slumber. A full meal will induce sleep in some, as we know from analogy. Then there is the hot bath (104°), which is surprisingly efficacious. These simple means will fail sometimes, and drugs be indicated, but we must beware that nature does not come to depend on them. Let us glance at a few that the alienist has proved useful. Alcohol is helpful where stimulation is needed as well as sleep. In small doses it will dissipate the wakefulness of anxiety. In larger quantity it will rarely fail in any case. Hyoscine has displaced its fellow, hyoscyamine, than which it is more uniform and certain. Hyoscine is indicated where there is motor excitement, and has been abused as the agent of chemical restraint. By its aid violence is calmed and loquacity ceases. It has advantages: its dose is small and tasteless, its action prompt, tolerance is slowly established, and no habit formed, as no pleasurable sensations ensue. Paraldehyde is preferred by some. It produces natural sleep, does not irritate the stomach; no headache follows its use. The unpleasant taste and odour to the breath are its drawbacks, and we find some have a repugnance for it. Sulfonal is successful often, and ordinarily safe. Its effects are lasting, though slow, but may be hastened if given in gruel or milk or water as hot as can be borne. An increased dose is not needed, the second acting better than the first. Our old friend chloral and the new chloralamide and trional have their advocates also. None of these will avail if the sleeplessness is caused by bodily pain. Then, and then only, is opium called for. I emphasize this because this drug is over-used. With some it is routine practice to prescribe it. It is useless and harmful in insanity, as it impairs digestion and bodily health, and thus combats the effects we most desire. The remedies mentioned are the popular sedatives, but their use must be deferred till other means prove futile. There is a temptation to over-drug the lunatic. It has happened that the ill effects of indiscreet medication have had to be eliminated before improve-

ment began. The people have great faith in their virtues. A question sure to be asked about an insane friend is: Does he take his medicine regularly? Neither will you have many cases before some sensitive relative will suggest: Can't you give him something so he won't know we're taking him to an asylum?

As with mental aberration there is usually found bodily debility, either as cause or result, consequently we run the gamut of the standard tonics, and find it the rule that mental improvement keeps pace with the physical. Cowper has said, and he ought to know,

> "The frenzy of the brain may be redressed
> By med'cine well applied."

But there are other agencies to heal a mind diseased which the modern alienist places in the van of all the resources of the pharmacopœia. Such are the practice of hygienic teachings; the culture, employment and amusement of the patient; the application of mental therapeutics; in short, all things that tend to lift the patient out of his self-absorption and develop altruistic feelings. To describe them is to detail all that is embraced in the comprehensive term "Asylum Management," which is not possible. They will be rarely expedient outside.

Lastly, the nourishment of the patient must not have least consideration. Improvement often dates from the ingestion of a good meal. Many eat too little or not at all, and must be fed by the stomach tube. This forcible feeding should not be postponed. There is no special rule as to diet. Eggs and milk in abundance should form the basis. It must be borne in mind that maniacs will assimilate many times the amount of food needed in health. Whatever treatment is pursued, everything centres about an effort to build up the patient.

Finally, we come to the delicate duties that devolve on the profession in committing the insane to hospital. The hand of justice sets safeguards about the citizen's liberty, and forbids his being put under restraint without legal proceedings. It may seem waste time to say this, but some act as if ignorant of it, for insane have presented themselves at asylum doors with

only an informal line from an intrepid physician beseeching their admission. It is felony to detain any person without definite legal conditions. These may seem exacting, but the superintendent does not coin them, neither can he alter the laws of the land. Doubtless, over-stringent lunacy laws have delayed the restoration of many a curable case. Take Illinois, for example, where every suspect is dragged before a jury, no matter how ill, and made the butt of the court idlers. What is the consequence? The sensitive hesitate to seek the commitment of early cases of insanity, and have family troubles exposed. Nothing is gained, for sane people have been deprived of liberty under the system. Too many legislators would thus submit the sick in mind to the same ignominy as criminals.

In Canada, we are progressing towards the ideal we hope for, that holds liberty sacred, but still admits the insane to treatment without injurious delay. We are many steps from it yet, however, at least in Quebec. The only cases where we think strict formalities should be dispensed with are those where persons come of their own accord for admission, as they do sometimes to most superintendents. Such are usually genuine patients, seeking relief from symptoms recognized by themselves, the forerunners, perhaps, of serious mental disease. These should be allowed to enter as freely as to a general hospital. However, our duty is in the present, when it is obligatory that patients be admitted in a set way. Certain formal documents, correctly prepared, are requisite. Those who see many of these observe occasional errors, for which the fallibility of human nature is answerable. Some of the points commonly neglected will be noticed, in the hope that benefit may accrue to some case of "moping melancholy" or "moonstruck madness."

In our different provinces, the blank forms vary somewhat, but the essential features in all are based on the English statutes. Whatever else be wanting, a medical certificate is always required, and with it some history of the patient. When the friends of an insane person accept a physician's advice to adopt hospital treatment, the admission blanks should at once be pro-

cured from the proper authorities, usually an asylum superintendent. In making application therefor, such particulars of the case should be sent as the patient's name, sex, age and duration of disease. Acute attacks will be favoured, if there is any choice. When the blank forms are received, the doctor who wishes the best for his patient will exercise his medico-legal knowledge in supervising the preparation of all of them, that delay through mistakes may be avoided. Till the papers are correct, the patient will not be admitted. The various blanks are, as a rule, self-explanatory, and require only reasonable care as to details in filling them up. As to the medical certificate, practitioners often forget that the printed portion is fixed by law, and requires as particular attention as any. In this formal part, both the examiner and the patient must be designated precisely, and the date correctly inserted. These slight requirements are important to the identification of person and place. The lawyers set great store by them. It renders the document defective if there is any doubt as to who is spoken of. If ever you have to defend your certificate, nothing will create a more favorable impression for you than absence of negligence in attention to details.

In the body of the certificate must be written grounds on which the person is judged insane and suitable for confinement, and here there is a painful laxness in many cases. To fill this part will necessitate your examining the patient, for the basis of proof must be gathered from personal observation of his present condition. Knowledge of the past, and opinions of others, though valuable, can only be introduced secondarily. Hence is invalid this certificate, which I have seen, whose baldness is relieved only by, "Have seen him in previous attacks," or this example, "I am inclined to think he should be confined in a lunatic asylum, by the report which is given me by the members of his family." What a walk-over the prosecuting lawyer would have if these cases came to Court!

The prudent man will learn all he can of his patient's past and present character before interviewing him, but the opinions of interested parties must not bias his mind nor hurry a per-

sonal examination. There is the possibility of sinister motives. Make sure the patient is sober and uninfluenced by any "insane root that takes the reason prisoner." Not only should the doctor act in good faith, but he should ascertain why the relatives want the patient removed; still, that a man is dangerous is not the sole reason for seeking the restraint of a hospital. Modern English law regards necessary care and treatment sufficient ground for detention.

To gain access to an insane person is not always easy, and there may be actual danger in the attempt. It is the relatives' place, however, to protect the medical man, and if they will not try to do it, he is not called on to run any unusual risks. It is generally best to confront your patient undisguised. It is not necessary to volunteer information as to why you have come, but it is a mistake to deny you are a doctor. Deception may gain a point, but it will militate ultimately against his cure, and breed lack of confidence in those who have to deal with him in the future. Some patients' derangement will be evident at a glance, but it will sometimes require much tact to disclose the minds of others. Many lunatics have the cunning to conceal their foibles, especially if they suspect your object. Experienced men have withdrawn from more than one inquiry without detecting delusions that had existence. Someone has thrown out the hint that a man is likely to betray his lunacy if a question is thrust at him about his relations, and how they treat him. If others have suspicions of insanity in any case, the medical man should be slow to conclude that these are ill-founded. Much may hang on his decision. A renowned doctor said of an accused man that he saw no more insanity in him than in many people that walk the streets. Shortly after, the lunatic in question, without the shadow of provocation, murdered one of the foremost asylum superintendents Canada has known.

One is not expected to make a diagnosis of the form of insanity, but to set forth only such facts as will carry conviction to whoever may read them that the case is suited for confinement. The physician did not think of this who wrote, "He

is suffering from some mental derangement, which at the present time I can't easily diagnose." Modest, indeed, but very weak for a certificate.

To obtain facts on which to base an opinion, one should proceed in a methodical manner. Eye and ear should both be alert. The proof may have to be founded on a number of trivial discrepancies, any one of which would not justify a conclusion, but collectively might form weighty evidence. That practitioner is not blameless who delays making out a certificate till he finds proof of mental unsoundness in some outrageous act. In most cases he will look in vain for an exhibition of that "demoniac frenzy" which the populace attribute to every madman. The lunatic may superficially resemble his fellow-mortals, as did Shylock's Jew the Christian.

Without particularizing, one should observe carefully three things—the patient's appearance, his acts and his conversation. Mind can only be known as portrayed in conduct. Be not satisfied with one symptom; it is a weak certificate that hangs on a single statement. But such are commonly seen. Delusions and hallucinations should be sought for in all cases. They are not necessary to insanity, but if any are found, note them down as lucidly as possible, for nothing carries more weight with the legal fraternity. We must not snatch at statements haphazard, and call them delusions. Probable things may be delusions, and highly improbable things may not be. Thus, the certificate, "He says he is poor, he is financially ruined," was valueless in the case it referred to, because it was true the man's business had failed. But perhaps it was a modern failure.

It is always well to add, after stating a delusion, some such words as, "which is contrary to fact," or, "which I know to be false." This will not be necessary, of course, when a man says he is the devil; but when he is certified insane because he declares himself a poet, this needs qualification, for all poets are not insane, though genius and insanity may be allied. Perhaps this is not a fair example, for doctors may differ in their estimation of a poet; but supposing a man declares him-

self wealthy, when he is known not to be, this should be stated to be a delusion, for not a few men are rich. Hallucinations of hearing should be mentioned, if they exist, as a warning to others, for often the "voices" incite to crime. Any facts, indeed, that may serve as a guide to treatment should be detailed. Incoherence in speech is frequently noted, but it is a relative symptom, and would denote greater aberration in a scholarly man than in the uneducated. We must always remember that what points to mental disease in one may not in another; thus, the use of "perverted theological expressions" and obscene language might not arouse suspicion coming from the mouth of a heroine of the slums, but would suggest doubts of the sanity of a refined woman who indulges in them. Loss of memory is also a symptom that means more in youth than age, when the faculties naturally decline. If, after all efforts, the patient cannot be made to express himself, his taciturnity is not valueless. As a last resort, we may tell the man why he is undergoing examination. If he still maintains obstinate silence, this negative evidence is almost proof positive of insanity.

Having acquired all the information possible from the examination on which to ground an opinion, one may then cite any derived from previous acquaintance with the patient. Next may be inserted, in corroboration, facts ascertained from others, and it is always well to name your informant. Whatever you write down, assert only facts which you have elicited by searching enquiry. While conspiracies to incarcerate the sane are almost matters of history, yet the day may come when you will have to defend your statements, and this should engender caution. The most obvious case may prove the most troublesome. The long-headed practitioner will copy his certificate, and retain some fuller notes. These, to be of service, must be made at the period of examination. A certificate will be strengthened in proportion to the care shown in its construction. The facts should be written clearly, tersely and without comment. Make use of the patient's very words, if pertinent. Poor composition suggests negligence. Irrelevant sentences only weaken. Thus, the proof of a woman's insanity in a certain certificate grounded

on, "1st. Frequent births, 2nd. Close confinement to children," is not to the point; in short, is simply absurd as it stands. Statements that prove sanity ought to be omitted. Yet, frequently we see such phrases as, "He has no delusions," "He is not dangerous," "Talks quickly, but sanely," "Otherwise her mind is clear." Some facts are ridiculous, and to be avoided, *e.g.*, where a man is adjudged insane because of his "repeating poetry now and again," or "praying and singing hymns frequently." On such grounds the whole Salvation Army might be "run in." Perhaps the climax was reached in the certificate wherein the only fact alleged to prove unsound mind was, "He tells lies." Needless to say, this was not accepted as substantial ground.

The most common failing in medical certificates is setting down deductions without enumerating any facts on which they are based. These fall far short of the law's demands. For example, "Saw her at her home, and ascertained that she is insane," "Generally irrational in all her actions," "Perverted deportment and conversation." If the deportment had been described, and some conversation given, this skeleton would not be so apt to give the certifier trouble.

The form of history which accompanies the certificate should always have the supervision of the medical examiner, whether he signs it or not. While much of the information must be got from the relatives, still there are answers that should be moulded by a physician to be relevant. It may mean much in the treatment and prognosis of the case if the questions be conscientiously answered, to say nothing of their value as statistics. If more thoroughness were employed, there would be fewer "don't know's" and "can't say's" than now decorate this form, which often remains a blank, despite the use of ink. While all the questions are valuable, some of them are quite so, especially such as relate to when and how the disease manifested itself, and the number and nature of former attacks, if any. A correct reply to the query regarding suicide or homicide may save life. Yet, I have seen the doctor's certificate declare suicidal tendencies, and the question in the history of the same case as

to self-destruction answered with the much abused, but easily written, "No." Some description of the man as he was, in response to information sought as to habits of life, may bring out knowledge of inestimable worth, especially if it be shown there is now a departure from the normal in such matters as his affections, appetites, religion, temper and tastes.

Then there is the point as to heredity, about which such lies are told as must make the father of them hilarious. The friends cannot be trusted on this score. The doctor should quietly enquire from other sources as well, concerning the taint in the blood, and not only note insanity in the family, but also eccentricity, nervousness, and consanguinity in parents. Then, if you want the truth, as Clouston says, multiply what you get by two. It is well, also, to delve deeply to get at the cause of the trouble. The patient's friends seem to be rarely cognizant of it, for there is nothing about which the asylum physician is oftener asked by them, and he is the last one to come to, not having known the patient's life till he has crossed the hospital threshold. It may not be far to seek, however, if any hereditary blight exist, for very little will unbalance the predisposed. Do not snatch at effect for cause, as is too often done, to the injury of character. Masturbation and intemperate indulgence are more frequently the consequence of a diseased brain than physicians state.

One word more, and I have done. The general practitioner can do an incalculable amount of good for the cause of the insane if he gives proper counsel as to how the patient should be removed from home. I can't put it better than is done by Dr. Burgess in the advice he gives to those who seek admission for some friend to the hospital at Verdun:—

"In bringing a patient to the hospital, use force if necessary, but never deception, as it lessens the chances of cure by making him look upon the institution with dislike, and those in charge of it as alone responsible for his being kept there. Tell the patient frankly that physician and friends consider him *sick*, and that it is proposed to take him to a *hospital*, where his chances of being cured are of the best, and whence he will be taken out again as soon as well."

In these desultory sentences there have doubtless been pronounced numerous platitudes. The apology therefor is that the purport of this paper was to recall such fundamental teachings as each one of us should have imbibed from our Alma Mater before we were weaned, and which are so often forgotten, to the detriment of the insane.

It were more fitting, perhaps, in this jubilee year of the inauguration of asylums in Canada, that this Association should have been occupied with a retrospect of the semi-centennial period, a subject, however, within the province of the Nestor of the Dominion alienists, the oldest of McGill's living graduates, who still enjoys life in that city where he wrought so many reforms, whose benefits we are reaping.

Suffice it for me if from this reading there has dropped a hint that will revive any enthusiasm in those whose care has been styled the most noble branch of medicine. Suffice it if one word has been spoken that will lead to the better treatment and earlier restoration of some mind afflicted with the most distressing of ailments ere it must be said—

> "It is too late: the life of all his blood
> Is touched corruptibly, and his pure brain
> Doth, by the idle comments that it makes,
> Foretell the ending of mortality."