NEUROPATHIC WARDS IN GENERAL HOSPITALS.

By CAMPBELL MEYERS, M. D., Toronto, Canada.

Reprinted from Proceedings of the American Medico-Psychological Association, Sixty-Fourth Annual Meeting, Cincinnati, Ohio, May, 1908.

NEUROPATHIC WARDS IN GENERAL HOSPITALS.

By CAMPBELL MEYERS, M. D., Toronto, Canada.

Mr. President: As functional nervous diseases have of late occupied a prominent place in the advance of medicine, I thought a few remarks on the practical result of their treatment for the past two years in the special department of a general hospital, might be of interest to this Association.

I may first say that I advocated the formation of neuropathic wards in general hospitals primarily, in the belief that a practical means would thus be found for the prevention of the most serious disease which, not only the physician but the State has to contend with, viz., insanity.

I would here state that by the word "insanity," as used in this paper, I would refer only to the *acute* insanities, the psychoneuroses of Kafft-Ebing; and by functional nervous disease; to those forms especially of so called neurasthenia, in which psychical symptoms predominate, or as it might be termed, acute psychasthenia. The chronic insanities, such as dementia præcox, etc., are not included.

With the many other beneficial results, which arise from the treatment of those functional nervous diseases, in a special department of a general hospital, which do not tend immediately towards insanity in their onward course, I will not detain you.

I would like first to direct your attention to the question of the prophylaxis of insanity from a neurological point of view, viz., by beginning at the earliest stage of the development of nervous disease, and proceeding thence to the more advanced stage, when the boundary-line of insanity is reached.

The question of the prevention of insanity has been discussed chiefly by the alienist, who, in spite of every effort to promote this good work, has been greatly handicapped by the existing condition of affairs, since the patient only comes under his care when

actually insane, and in consequence, the patient's state previous to admission must remain more or less a surmise to him. The average general practitioner, under whose care these cases must inevitably first come, has heretofore received an instruction in insanity, and these functional nervous diseases, which has been wholly inadequate in proportion to their importance, and which, when added to the isolated treatment of the insane apart from general hospitals, has unfortunately led to the development of a chasm of considerable dimensions between alienation and general medicine. This chasm will, I trust, be bridged by the neurologist. The study of neurology heretofore has been largely confined to the organic nervous diseases, and the contributions to the elucidation of the problems of this class of disease in recent years by the neurologist has been most gratifying. The functional field, however, with its gates wide open, has admitted but comparatively few workers, and in consequence this fertile field has remained, for the most part, uncultivated.

A preliminary difficulty with which we are confronted in the consideration of these troubles, is their classification, since the nosology of both functional nervous diseases and insanity has been much changed in the past few years.

A discussion as to a line of demarcation between functional nervous disease and insanity is so broad a question as to be entirely beyond the scope of a short paper, and yet some more or less clear conception of what is intended to limit the former is essential. If we attempt to draw a line *pathologically,* it must, in the present state of our knowledge, end in confusion. While all admit that both these forms of disease are due to a lesion in the nervous system, and in many cases a purely functional lesion, yet, to describe an attack of mania as a functional nervous disease, while pathologically correct, would certainly lead to much misunderstanding. Hence, much as it is to be desired, that these diseases might be classified on the basis of their pathological anatomy, and further, that the term "functional" as applied to nervous disease should become more restricted, such is at present impossible. We must, therefore, turn to-day to another basis of classification, which, while it presents many imperfections, is for the present the more practical one, viz., the *clinical* basis.

On this basis, the boundary-line forms the line of demarcation between functional nervous disease and insanity. While it is sincerely hoped that this boundary-line will in the future be eliminated, except for medico-legal purposes, and, as I advocated in an earlier paper, that it will no longer form a barrier in the treatment of these diseases as at present, still, for another generation at least, it must exist and will meanwhile serve a useful end. If we regard the boundary-line of insanity as indicating a more or less advanced stage of functional nervous disease, we will, I think, have a practical basis on which to proceed.

I would now desire to direct your attention to a modest beginning which has been made in the Toronto General Hospital, where neuropathic wards were established now nearly two years ago. A building which was semi-detached from the hospital, and had been formerly the residence of the medical superintendent, was kindly offered by the trustees of the hospital, and the Ontario government made a grant sufficient to cover the alterations necessary. By this means, accommodation for twelve beds was provided—six for male and six for female patients. Two floors were thus occupied, and the beds so arranged that four on each floor were in a large ward, while the remaining four (two on each floor) were in separate wards, and were thus utilized for isolation. At first wire screens were placed on the outside of the windows, but later these were found unnecessary and an objection in regard to fire escapes, and they were discarded, the windows being fastened by a simple lock in doubtful cases. On each floor a room was fitted up with hydro-therapeutic apparatus, and these, with a diet kitchen on each floor consumed all the available space in the main part of the building. I may add that the upper story was used as a dormitory for the nurses, and that in the basement a strong room was made for the *temporary* detention of a violent or dangerous patient, until he could be transferred to an asylum, which was done as speedily as possible. On the exterior of the building, two large open balconies were made on the south and east sides, thus allowing provision for plenty of fresh air and sunshine to the patients, who utilize them both in winter and summer with excellent results. While the general conformation of the building and its limited accommodation presented several defects which

could not be overcome; still the broadmindedness of the trustees in offering the building and in establishing a separate department in the hospital, more than compensated for these defects, and I very willingly assumed charge of it at their request.

While the object of these wards was the *treatment* of acute nervous disease, it was soon found that a certain proportion of cases admitted did not belong to this category, and consequently they could only be admitted for observation. After being under observation for a sufficient length of time, to determine the diagnosis, they were, if found insane, at once transferred to an asylum or taken away by friends. These cases were not visibly insane when admitted, but had been referred to these wards simply as "nervous." They comprised such cases as dementia præcox, often in an early stage, and a decision as to their diagnosis, with advice as to the steps to be taken in their treatment, probably averted a crime in at least two of the cases admitted at this early stage. Had these wards for the "nervous" not existed, it is altogether probable that a study of the symptoms would have been delayed until the commission of a crime betrayed insanity. The report of these wards for the past two years shows that 20 per cent of the cases were, after observation, adjudged to be suffering from some form of insanity on admission, and thus not suitable for treatment.

As mentioned above, I will not detain you with a discussion in regard to the other functional nervous diseases admitted to these wards for treatment, such as hysteria, epilepsy, functional paralyses, etc., which did not exhibit any immediate tendency to the development of insanity. On turning, however, to those cases for which these wards were especially established, we find that 67 cases have been admitted to date suffering from acute psychasthenia. There is not included in this number those cases of neurasthenia in which *somatic* symptoms predominate, in which their disease might be termed "somatasthenia." I would, however, here mention the immense field which is open for study in the functional nervous disturbances of the thoracic and abdominal viscera, a field of study in which not medicine alone, but surgery as well, might claim its quota of the benefits.

I will not here enumerate the psychical symptoms of neurasthenia with which you are all so familiar, but I would like par-

ticularly to lay stress upon one fact, viz., that the progressive intensification of these same symptoms leads the patient to a more advanced stage of this same affection, which we then term insanity.

May I now mention a synopsis of the history of a patient who was under treatment last year, and whose symptoms fairly well represent the type of case admitted as acute psychasthenia?

She applied for admission about May 1, but as there was no vacancy, she was obliged to wait. As she was very urgently in need of treatment, I feared she might become insane before a vacancy occurred. She came several times to the hospital while awaiting admission, and on each visit her symptoms were more pronounced, and my anxiety about her mental condition greater. When the vacancy finally occurred on May 18, she was very near to the boundary-line of insanity. The history is as follows:

M. M., female, age 46, admitted May 18, 1907. Discharged August 24, 1907.

Family History.—Father living and well, 87 years of age; not nervous; a farmer, and has always enjoyed the best of health. Mother dead; paralysis; 68 years. Was of a very nervous disposition, as were also five sisters; otherwise negative.

Personal History.—Occupation, housekeeping; no children; no miscarriages. Began to menstruate at about fourteen; always regular, and never suffered very much pain at her periods. As a child, says she was not of a nervous disposition. Never had chorea or other nervous trouble. Says she was quite bright at school, but never applied herself closely to her studies. Always took a great deal of outdoor exercise. Is a farmer's wife. Married at 26. Says she has never worked hard; always has had a comparatively easy time.

Previous Illness.—Had influenza a number of times; otherwise quite healthy till present trouble developed.

Present Illness.—Patient says it began about one year ago, and she attributes it wholly to the fact that her husband was taken seriously ill with paralysis, and patient worried very much, thinking that he would not get better, as he was confined to his bed for about six months. Patient says she became exhausted by worrying and by the work in attending to her husband. The first symptom to make its appearance was weariness. Patient says she felt tired each morning on arising, and even though she rested during the day she still felt tired. Then insomnia developed. She began to worry about any small matter, and felt that she was surrounded by a multitude of troubles which she was unable to overcome. She frequently became depressed, and finally gave up all hopes of getting better.

Patient became irritable, petulant and emotional—any small matter that called for mental exertion caused her temper to give way. She began to feel that she was not capable of performing the duties which she was called upon to perform. She says she misconstrued remarks made by others, and felt that she was being made fun of when she heard anyone laughing or talking. Complains of a feeling of constriction about the head. Complains that she is indifferent and lacks interest in anything she is doing; cannot concentrate her thoughts, and she is never surprised at anything, no matter how unexpected it may be. She takes everything as a matter of course—has become listless. Feels restless and has a desire to be on the move. Cannot content herself with being quiet, and feels the want of some outlet for her feelings. She has often felt that she is a burden to herself and her people, and that she would sooner be dead.

Physical Examination.—Negative.

The ward notes, after recording various ups and downs, read as follows on July 27:

Has slept very well during the last week, with exception of the last two nights. She is brighter and looks better than she did a week ago. Has gained 3¾ pounds this week.

August 2. Patient doing well. Gained 2¼ pounds this week.

August 8. Patient eats and sleeps well, and is very cheerful.

August 14. Patient cheerful and sleeping well. Gain in weight equals 2½ pounds last week.

August 24. Patient sleeps well, eats well and is bright. Wants to go home to her husband. Discharged. "Recovered." Duration of treatment, 3 months and 6 days.

This patient was doing her household work and nursing her husband, who was still partially paralyzed, when last heard from two months after leaving hospital.

In regard to this history, I may say that while it is at all times difficult to express on paper the degree of intensity of any feelings, I think sufficient has been written to show that a progressive intensification of the symptoms occurred from the beginning, when there was simply undue weariness with loss of sleep and increased emotivity, up to the date of her admission, when her listlessness and depression became so marked that she gave up all hope of getting better, and felt she would sooner be dead. She was then evidently on the border-land, and any further intensification of her symptoms would have resulted, either in self-destruction or an attack of insanity.

Of the results of treatment in the 67 cases above mentioned, 22 were discharged recovered; 36 improved, and 9 were unimproved by treatment and became insane. Hence, in 85 per cent of these

cases admitted, the immediate danger of insanity was averted, a result which can, without difficulty, be reduplicated under similar circumstances in any general hospital when the cases come under treatment sufficiently early. No accident has occurred since the inception of these wards; there is no red tape in regard to admission; no difficulty in regard to detention, and finally, no stigma from being treated with the insane, which the laity so much dread. Again, and perhaps most important of all, clinical instruction has been given in these wards during the past winter. The house staff, the students and the nurses have all referred in warm terms to the value of their experience from the observation and study of these cases.

There now remains one other point to which I would like to direct your attention, and this is in regard to a suggestion which has been made to treat these cases in a psychiatric hospital. The attempt to do this would, I firmly believe, be a grievous mistake. Every alienist is well aware of the difficulty in getting the acute cases of insanity under treatment at an early date, owing to the prejudice of friends to have a near relative treated among the insane. How much greater then would be the prejudice when the patient was as yet suffering from nervous disease only! Practical experience has demonstrated in the wards of the Toronto general hospital that the presence for a short time only of a patient visibly insane has so disturbed the other patients in the same ward that the ill effects were felt for days, even after the removal of the patient from the building. Again, the influence of suggestion, induced by the presence of the insane in the same building, is most harmful, in view of the importance of psychic treatment of these cases, many of whom fear they will themselves become insane, and this fear would thus be kept constantly before them. If further practical results are desired, I may mention the last report of that most excellent department of the Albany Hospital, Pavilion F. The fifth report of this pavilion shows that only 2 per cent of the total cases admitted suffered from neurasthenia. Any attempt, therefore, to treat functional nervous disease in the same department of a hospital as the insane, will, I am assured, result practically in failure, and the nervous patients will return to the general medical wards of the hospital as of yore.

In conclusion, I may state that as a result of more than fifteen years of experience, devoted exclusively to the study (under exceptionally favorable conditions) of diseases of the nervous system, and of which these functional cases formed a large quota, I am convinced that for the true prophylaxis of acute insanity we must look to the general hospital, and that this result will be best accomplished here by the formation of neuropathic wards, especially equipped for the purpose.