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508  
p-6

ARTICLE VI.

HALLUCINATIONS OF CHILDHOOD.

Being the Annual Dissertation read before the Convention, May 23, 1872.

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I propose to speak of the hallucinations of childhood, as presented in various forms, and which arise from various causes.

I shall not confine myself to the one more general train of phenomena described under the term insanity, but hope to present, briefly, different manifestations of perverted or deranged mentality occurring in early life.

I question the correctness of the statement that the insanity of the savage, and that of children, is necessarily idiocy.

Certain forms of insanity, of course, cannot occur until after development of the moral faculties; but I can see no reason why sensorial insanity may not exist in children, even in young children, as well as adults.

All the definitions of insanity appear to be based upon a change from the normal standard of the individual, whatever the health standard of the individual may have been; that is, functions are perverted, the senses receive impressions which differ from those received in health, judgment and memory are impaired or lost, the will for the time being is subjected to the sway of the passions, etc., etc., and all definitions go on to explain, more or less minutely, the change from health to the condition denominated insanity.

Idiocy is defined to be "the result of an infirmity of the body which prevents the development of the physical, moral, and intellectual powers." An eminent writer has said, "the type of an idiot is one who knows nothing, can do nothing, and wishes nothing; and every idiot approaches more or less to this maximum of incapacity."

"Monomania is a fixed idea predominating over every faculty of the mind, absorbing all other ideas, and generally influencing the actions of the body."

“Hallucination is a false impression made on the sensorial apparatus, often very slightly interfering with the intellectual powers, and unaccompanied by irresistible impulse.”

I use this latter term to embrace, for my purpose in this paper, all those changes or perversions from the health standard to well marked insanity on the one hand, or pronounced idiocy on the other.

Defects of the mind are as numerous as are defects of the physical system, and are capable of many subdivisions. We have been too content, hitherto, with general conclusions. If a mental deficiency has declared itself in a young child, we have classed the subject of it, without much study or thought, as an imbecile or an idiot; and possibly have too often considered an irregularity or a perversion to be a deficiency. I recognise the difficulty of defining conditions satisfactorily, and especially the poverty of a definition as applied to a psychical or physiological state; but if I may in any degree awaken inquiry, and stimulate careful and philosophic thought, upon the varied abnormal mental conditions of childhood, the object of this paper will have been accomplished. It has seemed to me (whether justly or not, I cannot say) that the medical profession generally, trusting on the one hand to the acknowledged skill and province of our specialists in insanity, and on the other magnifying the Chinese wall of defined distinction between insanity and idiocy, has concerned itself too little in regard to certain mental phenomena presented in early life, which are seldom brought to the notice of other than the family physician. Indeed, we have been taught that insanity does not occur in early childhood, and that any mental perversion or obliquity tended directly and alone toward idiocy. An old writer has said that, as a rule, insanity cannot occur before puberty; because, previously, the intellectual faculties are not developed, or have not acquired strength to exercise perfect functions, and that instances, if found, are exceptions, and like remarkable examples of precocity of physical and mental powers, which we sometimes see as exceptions to a general law of nature.

Cabanis, and others, assumed that the presence or influence of the seminal secretion is necessary before the brain and nervous system is susceptible of insane excitement. It is natural to suppose that, resting upon such teachings, we may have adopted too thoroughly that theory, and by our inaction permitted a condition to occur which, by timely precaution and care, had the case been properly studied and understood, might have been prevented.

Many children possess a feeble physical system, with feeble mental powers, or it may be a feeble frame with precocious mentality; highly nervous, sensitive, excitable, with a strong tendency toward mental derangement. Now, if we repose upon the conclusion that insanity, however slight or partial, is foreign to childhood, and that no mental derangement can exist without it is imbecility or oncoming idiocy, we lose the only opportunity, by inaction, which can occur in the child's life to prevent that sad result.

Doubtless, many of the severe derangements of the nervous system in childhood tend to the production of imbecility, idiocy, or dementia, or of diseases which, if permitted to run an unchecked course, lead into them; but, if exception is taken to the statement that hallucinations occur in childhood which do not alone point toward idiocy, we have only to refer to the epidemic mental diseases of the 13th century,—to the prevalence in an epidemic form of St. Vitus's dance at a later day, and to the influence which a belief in witchcraft exerted upon childhood, both in Europe and America. It must be remembered that I do not use the term hallucination either as essentially a symptom of confirmed or general insanity, or as the term is conventionally understood.

Boismont divides the physical causes of hallucination into three sections: "hereditary diathesis, sex and climate, and temperament." He says that "hereditary tendency may probably depend on nervous or vascular influence." He has seen it as early as the seventh year.

It is recorded that among the Cevennes and in the predicants of Sweden, insane children of five years were discovered.

Esquirol, Haslam, and others, have related cases of insanity in young children.

Dr. Mare, physician to Louis Philippe, tells of "a young girl, aged eight years, who openly avowed her intention to kill her mother, father, and grandmother. Two motives seemed to influence her in this resolution, the desire to *possess their property*, and to amuse herself with little boys and men. She was morose, taciturn, and answered very laconically to any questions addressed to her. In the country she abandoned herself early to solitary vice, without her health appearing to suffer, but on her return to the town she began to fall away rapidly. \*Boismont has observed

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\* Journal Psychological Medicine.

three cases, aged respectively seven years, six, and ten. The first, a girl, was an intelligent and pretty child. Her mother was under treatment for a mental affection. This child was capricious, violent at times, and subject to fearful fits of passion, when she would break or destroy everything within her reach. She also became subject to attacks of ecstasy, when her features would assume a seraphic expression, and her eyes remain fixed upon the sky; she would cry with a voice vibrating with emotion, "I see the angels; they are coming to me." After the attack passed, she would gradually become tranquil, and answer questions rationally.

The child aged six years was a boy. He would endure no control if possible to avoid it, and became furiously enraged if control was attempted. He was constantly escaping, and never found until some mischief had been accomplished.

When taken to the hospital, it was thought necessary to apply mechanical restraint, and when he found himself powerless, he threatened those about him in a most extraordinary manner: "As soon as I am at liberty I will set fire to the house, and if I can find a pointed knife I will stab you to the heart; I should rejoice to see your blood flow, and to kill you."

The third case which this author describes had "a lively, bold, intelligent aspect. Good memory, learned easily, and exhibited only a shocking disposition. Would pinch, bite, strike, and in various ways abuse all who came within his power. Would lie, steal, and obey no orders. Threatened to kill his mother. I now quote the language of this author: "When the boy was in our presence he seemed at first a little abashed; and spoke only in monosyllables. But, speaking to him with precaution, and attributing his misdeeds to his malady, he became more communicative, and answered our questions. He avowed quietly all that he had done; he said, "I have no pleasure except in doing mischief. I should like to shed your blood. When I pushed my mother it was to throw her down." On different occasions he manifested a desire to stab her with a knife to kill her. It is naturally, and without auger, that he does wrong. He knows well that it is wrong, but he feels no regret; he gives a blow as another child would give a piece of bread to a beggar. He spoke to us without reserve. One would have thought that the conversation was upon the most indifferent matter; the eyes had no particular expression. He retains the remembrance of what he supposes to be an injury,

or of an unpremeditative wrong, and avenges it upon the first opportunity.

These three cases establish clearly the fact that mental derangement may occur in childhood ; but they constitute rather perversion of instinct, of sentiment, and of moral faculties, than well defined types of mania or monomania. This tendency, moreover, is in relation with the psychological dispositions of this period of life."

But mania, distinct and well defined, may exist in children. Dr. Bucknill reports the case of a lad of twelve years of age who attempted suicide by drowning and by strangulation. He tried to suffocate himself by pressing his fist against his throat, and struck his head against the wall.

Hot baths, and medicines to procure sleep were administered, and in 48 hours he was quiet. Three days after, when the medicines were discontinued, the symptoms returned with all the first violence, but yielded completely to treatment.\*

It is usually supposed that hallucination occurring in the adult is evidence of some cerebral lesion ; but this need not be received as uniform, at least in the young person. The changes accompanying development in the young brain cause certain great changes in the circulation.

There are children in whom the evidence is plain that the abnormal condition is directly attributable to the vitiated constitution of the nervous element of the child. This taint is hereditary. An acquired or accidental irregularity of the parent may present in the offspring a natural predisposition to irregular or perverse acts. I knew, ten or more years ago, in this State a young man whose walk was that of a staggering drunken man. As he was an imbecile mentally, and we were at that time taking a census of idiots and feeble-minded ones in Connecticut, questions in regard to the *cause* were proper. The mother, in reply to direct questioning, stated that conception took place when the father was partially intoxicated. She saw her husband coming reeling home, and was afraid of him, but was obliged to submit to his somewhat furiously amorous attentions. The condition of the child was undoubtedly the result of the condition of the father at that time. Reasoning by simple analogy, this very marked case will help to explain the cause, or some of the causes, of moral insanity in childhood.

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\* Greeding tells of an infant born mad, and describes the interesting wonder at some length.

We must refer, in many cases of deranged mentality, to causes which operated before the birth of the child. There are instances of youthful insanity not the result of inheritance, and other instances which are undoubtedly attributable to inheritance alone. It is believed that imbecility and idiocy are more frequently inherited than other forms of derangement. If fright, grief, anxiety of the mother during pregnancy, may cause such cerebral disturbance as shall produce death of the fœtus, or fetal hydrocephalus, &c., why is it difficult to believe that thought, emotion, passion of the mother, may exert an influence upon the intra-uterine child, from the moment of conception, moulding in a greater or less degree the bias of its future mind. Hereditary tendencies and transmissions have been demonstrated a thousand times.

Dr. Goëlis states that "multiplied experience of the influence of terror and anxiety in the mother during the latter period of pregnancy was afforded me and the other physicians of Vienna in the year 1809, when our imperial city was bombarded. Most of the children who were born after this frightful catastrophe, in about ten, twenty, or thirty days after their birth, were seized with convulsions and died. Within the cranium were found traces of inflammation, and in the ventricles of the brain effusions of lymph and serum."

Maudsly, in an article on hereditary influence, says, "Every effect or defect in the parent must be subject to the fixed laws of individual production, whatever they are; and in considering the nature of any defect or effect in the offspring, we may accept with certainty the proposition of Polonius, that the effect defective comes by cause." "How shall a man," asks Emerson, "escape from his ancestors, or draw off from his veins the black drop which he drew from his father's or his mother's life?"

We have all met, I suppose, with instances where the mental disturbance of a nursing mother has contaminated or poisoned her milk, so that offering her breast to the child has caused convulsions and death. I attended, not long since, a lady who had a good confinement, and gave birth to a large, well formed, healthy child. The infant grew well, and continued healthy. During a period of suffering and mental excitement, the mother nursed her baby, which was soon seized with convulsions, and after about twenty hours of alternate spasms and coma died. In this instance, had the child lived, who shall determine what would have been its mental condition? Several possible conditions arise

before the mind. Perhaps health, or otherwise, epileptic insanity, imbecility, profound idiocy, the exaltation and eccentricity which results from hyperæmia of the nervous centers, or degradation and degeneration of the nervous tissues, with its legitimate following of feebleness, and contradictions in character.

There is a form of mental exaltation or ecstasy occurring in children, of which I have seen several cases. I shall mention two. I refer to phenomena not occurring in a diseased condition, except that the ideal centers were in a morbidly active state, but the children were of a highly nervous temperament; excitable children.

It is said that one of the most famous musicians was in the habit of composing without the aid of an instrument; or else he used one which gave forth no tones. We meet men so occupied with one idea for a time, as to be oblivious to all that is passing around them. I think there is some analogy between the absorbing inspiration of the musician, or the wholly engrossed pre-occupation of the man of business, and the state of the children of whom I am speaking. A precocious girl of  $3\frac{1}{2}$  or 4 years of age whom I knew, had a most wonderful memory, and an exceedingly vivid imagination. She would at this age repeat long poems that had been read to her, and would also construct and relate a romance sufficiently entertaining and connected to be interesting to listeners; but could neither repeat from memory, nor entertain by her romantic imagination, without the aid of an automatic movement. When asked to recite a poem, or tell a story, if inclined to comply with the request, she would call for her *shakalo*, or something to shake. Coming from a healthy stock, being wisely guided through childhood, her mental precocity properly repressed and her physical system carefully and thoroughly developed, she is to-day a young lady of more than ordinary culture and acquirements.

Another child, 7 years of age, under my care, with a well formed head, and a bright, beautiful eye; with a strong frame, splendidly proportioned and developed, of healthy parentage, without disease in infancy—having, in fact, never known a sick day, is frequently subject to ecstasy or hallucination. In many respects she is far behind ordinary children of her age, having slowly and imperfectly acquired speech; but in music she is far in advance of most children, and a picture will engage her wrapt attention for a long time. Music once heard is sooner or later

repeated in songs without words, and during the progress of the singing the outer world is closed to the child. But some regular rhythmic motion is the invariable accompaniment if it is permitted, and the forcible arrest of the motion is sufficient to arouse from the trance.

These cases afford proof that the motor centers are involved when the ideal centers are morbidly active.

"M. Delasiauve brought this subject under the notice of the *Société Médico-psychologique*, February, 1856. This affection M. Delasiauve described as having for its fundamental character a disturbance of the intellectual faculties, manifested more or less confusion of idea, but was always complicated with ecstatic phenomena, the paroxysms of which varied in duration, and in some cases returned at short intervals. The patients remained several hours of the day as if wrapt in a sort of mystical contemplation. Often the attention was fixedly directed to one spot, from which not even the most vivid impressions could arouse them. In other cases the attention was alternately directed to different points. The limbs and body were placed in the most grotesque attitudes and positions; sometimes the head was bent in forced directions, sometimes the arms and legs remained elevated and extended. In some of these cases there was seen slow and measured jactitation, after the fashion of PUNCHINOLLO. Of the eight or nine cases seen by M. Delasiauve almost all were cured within a limited period, in some cases with relapse.

Bathing, sulphate of quinine, and attention to hygiene, were followed by successful results.

Although these cases were important, they did not, in the opinion of M. Delasiauve, deserve a special nomenclature as a new form of mental disease. The phenomena of these cases do not belong to mania, nor specially to early age. They are met with in those forms of partial insanity attended with convulsions, such as catalepsy and epilepsy. The ecstatic state corresponds to a slight degree of cerebral erethism, whereby the intellect, acting through volition, is subordinated to the automatic organic system. Hence, if this view be correct, ecstasy may take place whenever from moral or physical causes the normal activity of the nervous centers is increased, and favors the production of spasm. The preference of these attacks shown toward early age may be explained by the greater impressionability of that time of life."\*

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\* Psychological Journal.

One of the most formidable diseases of childhood is epilepsy. Infants just born have been convulsed with it. Mothers state that at a certain time during gestation the fœtus was convulsed or very turbulent, and the evidence of the mother is sometimes confirmed by the paralysis of the infant.

The disease, epilepsy, is usually presented to our notice only after full and well marked fits have occurred. But there are very many instances of masked epilepsy in children, who develop the instincts, emotions, blind rage and terrible fears which we see in the adult epileptic, and which arise from the same cause. We have been taught the doctrine of masked epilepsy, and in 1860 Morel clearly formalised the disease. According to him, and others, epilepsy is present, undeveloped, unmanifested, but producing as much disturbance and injury to the patient as when accompanied by the fit. The symptoms of this form of disease in children are similar to those described by Morel in adults, only that I think with the young we ought to be on our guard, in all cases of reported eccentricity of manner, or unaccountable conduct, and in many instances diagnose the disease before it has advanced to the possibility of a full and lucid description.

\* His description, according to Browne, is as follows: "Periodical excitement, followed by prostration and stupor; excessive and motiveless irascibility; the perpetration of aggressive acts having the character of sudden and irresistible impulses; exaltation of sensibility; alternations of delirium and cerebral excitement; exaggerated ideas of strength, riches, beauty, intelligence; fear-inspiring hallucinations; associations of erratic tendencies with religious sentiments; sensation of a luminous atmosphere; frightful dreams; nightmare, gradual weakening of the mind, and above all of the memory; loss of recollection of what was done during the paroxysm; the re-appearance of the same delirium during each periodical return of the morbid phenomena; and, lastly, the violence and duration of the delirium being proportioned to the duration of the remission." In the case of a young child all of the above symptoms, well marked, cannot be found; but there is a striking similarity between his full description, and what I have often seen; and I am sure that I have observed a few instances, in extreme youth, where the disease was plainly marked as described above, and in several have been able to watch the little patients through a period of years, and have seen some go down, until

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\* Epileptics: their mental condition, *Journal Mental Science*, 1865.

convulsions were severe and frequent, and have seen others emerge from their sad condition. I have some children now under my charge, epileptics, who as often have paroxysms of irresponsible fury, without convulsions, as they have fits without the fury.

A. B., now a young woman of — years, was a very affectionate and beautiful child. It is unknown to me whether convulsions had supervened before any of the strange, unaccountable, violent conduct which marked her character as a child began; but certainly the two conditions were not connected in the minds of parents or medical attendants. Of a kindly disposition, affectionate, fond of caressing and of being caressed, she would sometimes, while in the act of kissing with all the animation of a happy child, be seized with an impulse to pinch or bite, or strike instead. As years advanced, the strange contradictions of character increased in intensity. She received considerable education, and thoroughly understood moral obligations and duties, and was desirous to hold herself amenable to them. This girl, since she came under my observation, has been a decided epileptic, and has at times, periods of insanity, and at others convulsions, unaccompanied either before or after by mania.

D. has been under my care for six years. He was not reported as an epileptic, and I do not certainly know that he has had a fit; but my assistants have reported two or three instances when D. very evidently was arrested by an epileptic ~~fit~~, or a "cerebral surprise." He came to us with a reputation of being an ugly, ungovernable, uncontrollable boy. By reference to the institution records, I find these words used by the person who brought him: "He is vicious and ugly, fond of mischief, and caring nothing for consequences." He did not come from a family of sufficient intelligence to gain a clear and satisfactory description of his early life. I learned very little about the boy before his admission to our school. He is usually mild, obedient, and glad to be useful in all ways within his power. But periods recur when his eye glistens, his lips quiver when spoken to, as with suppressed excitement, his motions are sudden and rapid, and, unless closely watched and restrained, he embraces the first opportunity to *run*. And he does run, with the fleetness of a deer. Instead of the blind, unthinking heedlessness of a common epileptic seizure, he preserves a sort of method. He runs for a certain goal. He needs about 6 or 7 miles to work off the paroxysm, and then subsides into the quiet, tired boy, is ready to come home, and can give no reason

why he ran away. At the suggestion of a brother superintendent, I have given this lad a brisk cathartic, when the condition was evidently approaching, with good effect. It doubtless exercised a double influence, reducing any slight cerebral congestion, and giving him *something to think about*. In this latter influence, the compound cathartic pill proved itself a *moral means*.

Many young epileptics may be kept from a fit by a moral force. The eccentric or insane impulses may be suppressed by being antagonized.

There is probably little danger that an epidemic delusion will attack thousands of children, and carry them beyond, or in spite of, parental or legal restraint, into the excesses of the past; but new forms of nervous disease attack the race. It has even been said, by some thoughtful physicians, that changes in bodily functions attend upon changes in civilization, and that new social phenomena follow closely upon every discovery in science.

In the early days, the greatest demand was made upon the stomach and digestive apparatus, and but comparatively little was demanded of the brain and nervous system. Then, the diseases were inflammatory; now, infinitely more is expected of the brain and nervous system, and we have more and different nervous disorders.

In my judgment, the majority of cases of disease treated in the United States by our profession consist in some form of nervous disorder, or of disease having its prime foundation in nervous disorder.

“The fathers have eaten sour grapes, and the children’s teeth are set on edge.”

If such be the present condition of the adult race in our land, what is to become of the children?

Who shall furnish the answer? Certain things must be done. American society must modify its pace in the pursuit of wealth, of position, and of knowledge.

Nervous force, vitality, health of parents, is used up in the mad struggle, and our children are instructed, not *educated*; *crammed*, filled, stuffed, without imparting to the mind a capacity to make a proper use of the knowledge gained.

Every expert in nervous disease is sadly familiar with a whole class, which might properly be denominated “boarding-school cases.”

As an instance of the criminal cramming of some of the pro-

fessional educators of our youth, let me mention the last case of the kind brought to my notice.

A frail, delicate girl at school had ten studies! A system of marking was rigidly enforced, 100 being the maximum of good recitations, or perfection in recitation. A monthly report was sent home. All institution and social influences were brought to bear to stimulate to perfection. This girl was obliged to send home one report, in which it was announced to the parents that she lacked 2-100ths of perfection in one or two studies. She accompanied it with a letter of regret and self-condemnation, and expressed her determination to send better returns in the future. Alas! before the next month, disease had claimed its legitimate victim, and that poor over-tasked brain was enjoying such a period of rest as only the delirium of fever affords.

What unparalleled outrage or unmitigated humbug attends much of this so-called education of our youth!

Our children need to receive "that sound education which should consist in the literal educing of the faculties of the mind, as a counteracting agency to the instincts;—one which co-ordinates the faculties of the mind, which gives exercise to reason and judgment, at the same time that it represses without ignoring the instinctive part of our nature." Precocity is an actual danger, and should not be fostered as a wonderful evidence of talent.

The too vivid imaginations of childhood should be restrained and repressed, or they may lead into ecstasies and hallucinations, and to these succeed delusions, or organic changes of various kinds, which leave their indelible stamp as permanent as life.