THE RELATION OF ALCOHOL AND SYPHILIS TO MENTAL HYGIENE

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Formerly the problem of mental hygiene was considered too large and indefinite a problem to be considered from the public health viewpoint. But if this problem be divided into its constituent parts, most of these parts, considered separately, are manageable. Doctor Williams here discusses two of these groups—alcoholic and syphilitic insanities.

Not so many years ago an insane person was supposed to be possessed of a devil. A still less number of years ago insanity was considered a moral rather than a physical or psychological disease, and the insane person was supposed to have sinned so seriously that God had turned against him and had taken from him his reason. Until comparatively recent times the field of mental disease has been so enwrapped in an atmosphere of mystery and the supernatural, that it has been considered a field for the metaphysician and the moralist rather than for the physician.

No intelligent person believes today, however, that an insane person is possessed of a devil, and no one believes today that an insane person has in some unusual way transgressed spiritual laws. But there are intelligent people who still believe that disappointment in love, failure in business, masturbation, so-called overstudy and the like are important causes of mental disease. "Mortified pride," "agitation on the approach of matrimony," "metaphysical hair-splitting," "pre-disposition excited by novel reading," "the complete gratification of every wish of the heart," "changes from ordinary to vegetable and abstinence diet," are some of the assigned causes which are to be found in hospital reports of comparatively recent times. In quite recent Ohio report, I found Christian Science assigned as a cause of mental disease.

Because of the lack of understanding of the nature of the disease, because of the apparent mystery attached to it, and because of the manifold manifestations of the disease and its apparently manifold causes, mental disease has not been considered a fruitful field for public hygiene. Were the factors formerly assigned as the causes of mental disease the true causes, there would be little room for mental hygiene, for people would continue to make love, to enter into business and to read novels, regardless of the possible danger of mental disease.

But modern methods of study and research have been applied to mental disease within the last twenty years just as they have been applied in other fields of medicine, and the results have been illuminating. The problem, considered as a whole, is confusing. But, like most large problems, it is found to be divisible into its several constituent parts, and these parts considered separately are in many instances found manageable. I shall discuss but two of these parts: the group of alcoholic and the group of syphilitic insanities.

When we come to discuss the part that alcohol plays in the production of mental disease, we must speak with the greatest caution. There is already a great deal of misunderstanding and misinformation on the subject. It is of the utmost importance that we distinguish between alcohol as a primary and fundamental factor in the production of mental disease, and alcohol as a contributing or social factor in the production of mental disease. If we confuse the two we shall be wholly misled in the results we may hope to obtain by proper prophylactic measures.

Fifty years ago, before the causes of mental disease were really known, the superintendents of the insane hospitals in the country were united in their belief that alcohol was the chief cause of insanity, and the reports of those years devote pages to the discussion of the havoc wrought in mental life by alcohol. But, as so often happens, a more careful study of the problem has shown that the early reports are inaccurate, due to a frequent getting of the cart before the horse. The excessive drinking of alcohol, which leads to the production of what are known as the alcoholic psychoses, is frequently but a symptom of a previously existing and underlying nervous and mental condition. A comparatively mild, but important type of mental disease, exists in many of these individuals long before they become alcoholic, and their becoming alcoholic is, in fact, dependent largely upon this previous mental condition.

The feebile-minded individual who, because of his feeble-mindedness, has less resisting power to social temptations, and who consumes alcohol to the point of developing alcoholic hallucinosis, figures in the statistics of our hospitals as a case of mental disease due to alcohol. Obviously, however, mental disease of a serious kind existed in the individual before he came to the attention of the hospital, and had there been no alcohol for him to consume, he would still have been a case of mental disease in the community, making for inefficiency, creating intricate social problems, and multiplying his own kind. This is one type of individual who is coming to our hospitals with alcoholic mental disease, in whom alcohol is not the fundamental factor. Others are those suffering from mild attacks of manic depressive insanity, certain types of dementia praecox, and the psychoneuroses.

I wish to emphasize this point. If we assume that 20 per cent.—and many enthusiasts have placed the figure at 80 per cent.—of insanity is due to alcohol, and work upon that basis, we are going to find that with alcohol abolished, should the time...
come, we shall be disappointed in the comparatively small diminution that will take place in the amount of mental disease in the community. It is obvious, therefore, that the figures which are published today by the majority of our state hospitals as to the per cent. of alcoholic psychoses in their institutions, are not reliable as evidences of the amount of insanity produced by alcohol. That figure would be difficult to obtain, and I do not believe that any exact figure exists today. On the other hand, the figures which are issued annually by the state hospitals are of very great importance in showing the amount of mental disease that it is necessary to care for in our state hospitals at public expense, because of alcohol. Had there been no alcohol in the community, the feebleminded or neurasthenic individual who previously had been doing sufficiently well to maintain his place in the community, would not have developed alcoholic hallucinosis, and would not have been brought to the state hospital to be cared for at state expense. This is true of a large proportion of the alcoholic cases brought to the hospitals. Alcohol has not been the fundamental cause of their mental disease, but granting their mild form of mental disease, alcohol has super-imposed a serious condition which has made necessary their care in a hospital. I insist that this is a distinction with a real difference. It is of the utmost importance that in our search for the causes of mental disease we do not confuse cause with effect.

The part that alcohol plays in the fundamental production of insanity we do not know. On the other hand, in the consideration of the more immediately practicable problem,—the amount of mental disease it is necessary to care for at public expense because of alcohol, we do know, and the figures are important.

The hospital reports of Massachusetts from 1910 to 1914 give the following as the per cents. of patients admitted suffering from alcoholic psychoses:

<table>
<thead>
<tr>
<th>Year</th>
<th>Per cent.</th>
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<tbody>
<tr>
<td>1910</td>
<td>22.15</td>
</tr>
<tr>
<td>1911</td>
<td>19.16</td>
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<tr>
<td>1912</td>
<td>17.40</td>
</tr>
<tr>
<td>1913</td>
<td>18.46</td>
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<tr>
<td>1914</td>
<td>18.89</td>
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</tbody>
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In other words, Massachusetts, during this period, was forced to expend large sums of money to care for persons suffering from mental disease within its borders, and during these years from 17 to 22 per cent. of the patients cared for were brought to the hospitals because of alcohol.

In New York, when a greater effort has been made to sift out alcohol as a fundamental cause rather than as a contributing cause, the per cent. runs about 12. Where alcohol as a contributing factor is taken into consideration, the per cents. are somewhat larger than those in Massachusetts, running from 23 to 30 per cent.

It is difficult to ascertain, from Ohio reports, just what elements have been taken into consideration in reporting alcoholic cases, but the reports give a per cent. of from 15 to 20.

Hospitals in general agree at about the figure 20 per cent. In other words, 20 per cent. of the patients under public care in our hospitals for the insane are there because of alcohol.

In considering the social and economic side of the problem of mental disease, these figures are important and are reliable. In considering the strictly medical and biologic side of the problem, these figures are not reliable; but for our immediate purposes this is not important.

In dealing with syphilitic insanities we are dealing with a much simpler situation, so far as fundamental etiology is concerned. Syphilis, as we know, is no respecter of persons, and it is not necessary for a person to be feebleminded or otherwise mentally affected in order to contract syphilis or to have syphilis produce a serious and fatal mental disease. The great majority of syphilitic patients in our state hospitals are there essentially because of syphilis. Such other factors as may enter in are of so little importance that they can be disregarded. State hospital figures on the incidence of syphilis are, therefore, of importance.

Ten per cent. of the patients who enter the Massachusetts state hospitals are suffering from syphilitic insanity. Fifteen per cent. of the patients at the Boston Psychopathic Hospital—a specialized hospital where the per cent. would be supposed to be larger—suffer from syphilis. In the New York state hospitals 18.7 per cent. of the patients admitted suffer from syphilitic mental disease. In Ohio, 12 per cent. of the patients admitted annually, come because of syphilis. When it is remembered that the Massachusetts state hospitals admit over 3,000 new patients each year, the Ohio over 3,000, and the New York over 6,000, the significance of these per cents. is apparent.

In order to understand, however, just what these figures might mean in an economic sense, Miss Elizabeth M. Walker and myself have made a careful study of 100 patients who have died at the Boston State Hospital of syphilitic insanity. This study has not been wholly completed, but I can give some figures that may be of interest. In selecting our material only those cases in which the diagnosis was verified by autopsy have been chosen, and there was no selection other than this,—the cases being selected in rotation as they came to the autopsy table.

Here were 100 men, engaged in various pursuits. Seventy-eight were married; 22 were single. They were economic units in the community, each supporting himself, and in many cases each supporting others,—each of value to himself, to his family, and to the community. Each made his daily and weekly contribution in the work of the world. Syphilis intervened, with insanity and premature death resulting.

An estimation of the loss of life, based on insurance tables showing the expectation of life, and taking into consideration such factors as race, occupation, etc., shows that the loss of life in individual cases had been from...
have spent over $80,000,000 in the last five years for the maintenance of patients in their insane hospitals, and from 25 to 30 per cent. of the patients in these hospitals have come because of alcohol or syphilis.

There are today in the state of Massachusetts 1,500 professional men and women, business men and women, artisans, laborers, going about their various pursuits and pleasures, who in the next five years will be committed to some state hospital suffering from syphilitic mental disease. This figure is not a guess. It is easy of computation. It is below rather than above the actual figures. It is based upon the average admission rate to the Massachusetts hospitals for a period of years—and the rate of admission each year increases rather than remains stationary or decreases—and the per cent. of syphilis in the yearly admissions, a figure that tends to remain comparatively constant. There are 3,000 people in Massachusetts now about their work, who, in the next five years, will be committed because of alcoholic insanity. Within the boundaries of the state of New York, there are over 6,900 persons now at their business, who will be taken to the state hospitals of New York in the next five years suffering from either alcoholic or syphilitic insanity. In Ohio, there are 3,000 such persons. In the three states of Massachusetts, New York, and Ohio, over 14,000 persons, who are now productive units, will, on account of syphilitic or alcoholic mental disease, be withdrawn from the community in the next five years, and taken to the state hospitals for the insane, where most of them will be supported at public expense.

This is a situation that cannot long be ignored. Alcoholic and syphilitic insanities are as unnecessary as typhoid fever.

Alcohol is clearly an important exogenous factor in the production of mental disease; we must not forget, however, the endogenous nature of much of the so-called alcoholic psychoses. Effective prophylactic measures will deal with both ends of the problem.

Time will not permit a discussion of the prophylaxis of syphilitic mental disease. I would make but two points. First: it is time that, as students of public health, we ceased to lay the emphasis upon the venereal nature of syphilis, which, after all, is least important part, and put the emphasis where it belongs, upon the fact that it is a contagious disease. Second: to use current expressions of the day, it is time we stopped "pussyfooting about" in our dealing with syphilis, that we stopped "mollycoddling" the disease, and that we placed it where it belongs—in the category of such diseases as smallpox and leprosy—and treated it accordingly.