ON THE ROLE OF EDUCATION IN THE PREVENTION OF INSANITY.*

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The question of the prevention of insanity is one in the forefront of medical thought at the present time. The conception has not only aroused theoretical interest, but has inspired a definite movement and led to the organization of several bodies, which aim at taking practical steps to carry out this most desirable object. Education will play a cardinal rôle in any such movement. Our knowledge of mental diseases has many gaps, but one is impressed by the fact that we have a great deal of knowledge with regard to mental disorders, which is not being made use of. The practical application of our knowledge should go hand in hand with our research studies and should not lag far in the rear. In three directions the opportunities open to educational methods promise a good return.

Firstly, it is important that the community should learn certain important facts bearing on the causation of mental diseases, and should show the same attitude to mental disorders as to other forms of sickness, so that the conditions for the

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early treatment and the after care of the insane may be favorable.

Secondly, the general medical profession should have a much more alert attitude towards early symptoms of mental disorders, and should feel competent to deal with them in a purposeful and reasonable way, and the practitioner should not feel that the only knowledge required of him is what is sufficient to enable him to certify a patient.

Thirdly, apart from the education of the adult members of the community and of the members of the medical profession, responsible as it is for the hygiene of the community, one has to consider the great importance of education in its more usual meaning, the education of the developing individual.

With regard to the education of the community, I should like to call your attention to a pamphlet entitled, "Why Should Anyone Go Insane?" which has been circulated by the thousands throughout New York State in an endeavor to put directly before the laity certain important facts. Many facts of great hygienic importance can be readily appreciated by the intelligent layman. It is important that the general crusade against alcoholism and syphilis should be strengthened by the knowledge of the large number of cases of insanity due to chronic alcoholism, and of such startling facts as that one of every five male admissions to the metropolitan hospitals for the insane is a case of general paralysis, a disease essentially of syphilitic origin.

The general practitioner has a relation to his environment which enables him to be especially useful in disseminating such knowledge and in making it potent for good with regard to the hygiene of the community. His special knowledge may be utilized either in frank individual relations or by affiliation with, and inspiration of, movements, which would not have the same authority if carried on by a purely lay organization. As an illustration, the general practitioner may do a great deal of good, as an individual, in dispelling certain erroneous ideas which have a great deal to do with lax sexual morality. The glaring discrepancy between the conventional morality of our time and the actual mode of life of the average unmarried young man is partly accounted for by a current belief that chastity is in itself somewhat prejudicial to the health of the individual. Many a young man thinks that it is the natural thing to indulge his sexual instinct with prostitutes and others, not realizing that in gratifying an instinct that is one part of his nature, he is proving false to ethical cravings which are just as essential and just as healthy a part of his nature.

Apart from the dissemination of such knowledge, the general practitioner has in his more technical work many opportunities, which at present are probably insufficiently utilized, and the responsibility for this omission rests with his medical education.

Before a patient is sent to a hospital for treatment the family physician has usually been called in and frequently the patient has been under medical care at home for a long period. This stage is one of the most hopeful periods from the point of view of treatment, and is the time at which it is most important to be in close touch with the actual forces which are threatening to disrupt the mental health of the patient.
The symptoms are usually commonplace; somatic complaints of various nature are apt to be prominent; the patient's general activity may be somewhat abnormal; the usual interest in the ordinary matters of the patient's life is apt to flag; the patient may show an unusual interest in subjects which seem rather bizarre. Vague terms, such as neurasthenia, are apt to satisfy the physician's curiosity with regard to the nature of the case.

It is to be hoped that medical men will soon realize the responsibility which devolves upon them in this period and will not be satisfied with merely giving drugs for the headaches and sleeplessness, or prescribing tonics or cathartics on more or less general principles, or suggesting a rest cure or a voyage, trusting that the whole matter will readjust itself spontaneously. With a better education the physician will endeavor to understand the exact meaning and source of each individual symptom and will not rest content with the superficial explanation which the patient is always ready to offer or eager to accept. He will then find out that he is dealing, not with purely casual and capricious symptoms which he is to treat in a merely empirical way, but with symptoms full of meaning, which are the first warning of a dangerous break in the equilibrium of the forces which regulate the patient's conduct, and he will have to deal with these forces in a clear and purposeful way.

It is astonishing what an amount of benefit a patient, who is suffering from apparently a pronounced disorder, may derive from one or two frank interviews with a physician sufficiently aware of the springs of human conduct, quick to see where the shoe pinches, and willing to help the patient to deal frankly with the real sources of his troubles.

The third direction in which we are now ready to make progress is that of education in the more usual sense, the training of the developing child. It is somewhat dangerous to touch on this topic, for even to emphasize the facts is often interpreted as implying a suggested solution of the problem. Whoever realizes the complexity of the situation must be well aware of the difficulty of offering a solution, with the existing diversity of opinion on these topics. It must be insisted on, however, that the time is ripe for certain conditions to be definitely brought up for discussion with a view to practical decisions being arrived at; for in many mental disorders we see the culmination of a process, which was profoundly influenced by the early environment and the educational influences, which helped to form the developing individual. The situation here is too complex for the layman to thoroughly realize, and requires a certain intellectual level to be appreciated. On the other hand, the thought is intolerable that we should simply accept the situation without doing something to modify the factors which tend to produce such disastrous results.

When it is a question of dealing with mental constitution, family atmosphere, educational methods, social and ethical influences, from what center shall we direct our prophylaxis? To what authorities can we appeal? By what means can the facts which we actually possess be made of some use for the health of the community? If important facts cannot be directly placed before the community, they must filter down through the various educational channels and the source
From which these influences flow should be the universities or other educational centers. The psychiatrist must bring to the psychologist the data of the consulting room, so different from those of the psychological laboratory. These data must not be neglected when the psychologist places before the teachers the facts which are to guide them in their educational work. As yet we have made scarcely a beginning in this co-operative labor; teachers are only beginning to realize the full scope of the problem with which they have to deal.

In discussing the education of the child from the point of view of mental hygiene and the prevention of mental disorder, one must take education in the widest sense; it should mean more than the equipping the individual with a certain amount of knowledge, commercial or ornamental. It should mean the process of fitting the individual to harmoniously adjust himself to his environment in a biologically healthy way. The education of the child begins not when it first enters the kindergarten but when it is put to its mother's breast. Traits of character are not fixed elements lying immutable in the center of the personality. They are types of reactions and habits of activity which develop from elements intimately associated with the instinctive life of the individual.

It is not for the psychiatrist to pass from his own sphere into that of the pedagogue unless he has had special training. The psychiatrist, however, has a right and a duty to insist that the facts with which he is confronted in his daily work be made available to those who are dealing with the developing child.

We believe that many patients, who come under observation with well-marked mental disorders, would have benefited by special advice and guidance in the years of their development; advice which they received neither from their parents nor their teachers, their physicians nor their pastors. It seemed to be the direct duty of none of these to supply the guidance which was of supreme importance and the want of which was an important condition of the later development of morbid symptoms. Looking back on the development of a case it seems that much might have been done in the way of prophylaxis, but a prophylaxis which would take in wider considerations than those usually included under medicine proper. The solution of the problem passes into a region where the co-operation of the teacher, of the psychologist, of the physician, of the social and religious worker and of all those, who are responsible for the moulding of public opinion, is required. We are beginning to see in outline the steps in the development of many disorders and to apportion in a tentative manner its due weight to each causal factor, to the type of constitution of the individual, to the family environment, the education received, the social and religious influences which bore upon the patient, the various upsetting factors and conflicts that formed part of that individual's life. From our study of mental disorders we are learning that the daily routine of the infant and the young child with regard to the elementary functions of nutrition, defecation and micturition contains elements of great importance, any abnormality of which should receive serious consideration.

In the psychoneuroses and in other mental disorders we come across odd delusions and reac-
tions which only receive their interpretation when we understand them in the light of infantile tendencies, which have later been repressed and put out of sight but not quite eliminated from the individual's life. The early affective life of the child in relation to father and mother, brother and sister, contains in it germs which are later to be subtly interwoven with the sexual life of the adolescent and the adult. As the infant develops into the child, the child into the adolescent, the groping for somatic satisfaction may lead the individual into aberrant paths; these aberrant paths are ancestral residuals which we all bear within us, and may be compared to the vermiciform appendix, a fruitful source of trouble.

The child, with its affective life aroused by the caresses of the members of its own family, finds these the first objects of its satisfaction long before the social conception of incest has any meaning for it. The sexual life which later becomes more definitely localized and specific may find channels for its outlet already determined in part by these early influences. The more specific manifestations of the sexual instinct are worthy of close attention, a fact which has hitherto only been partially recognized in the importance which most have been willing to attribute to masturbation. The actual meaning of that aberrant manifestation in the individual case, however, may vary considerably and it is of the greatest importance that the symptoms should be treated with full cognizance of the part which it plays in the whole life of the child. It is quite inadequate to try to correct these tendencies merely by the weight of an external authority or by appealing to other somewhat inferior motives.

Natural tendencies which assert themselves in this way can probably only be satisfactorily dealt with when the child is helped to a clearer appreciation of the actual bearing of these new factors which are entering into his life. To be taught that they are absolutely mysterious, in themselves unworthy, something merely to be crushed and ignored, is not sufficient when the recurrent cravings are sufficient proof that they are an integral part of one's nature, and when they refuse to be disowned. Is there any objection to the child being somewhat early initiated into some sense of the responsibility attached to functions which are going to be dominant factors in his adult life? Would it not be wiser to teach the developing individual the value of the sexual life rather than emphasize its humble origin? The importance of early ruminations on this topic, the influence of the oppressive feeling of mystery which surrounds it, with the consequent impairment of frank and healthy relations with comrades, is a fact which the physician often comes across and which the teacher well knows, but which has probably not received sufficient weight in educational discussions; thus we are at present at a loss for definite educational methods based upon the above facts, and we are not even agreed upon the principles which shall guide us. The divergence as to principles largely depends upon the fact that the knowledge of the forces in human life gained by an analysis of mental disorders is as yet restricted to a comparatively small body of workers in this field. The dissemination of this knowledge meets considerable resistance and the presentation of the
subject is very apt to be misunderstood. It is to be hoped, however, that the spread of this knowledge among psychologists, teachers, and physicians will create an educational atmosphere in which the child of psychoneurotic constitution will have a better chance of keeping his equilibrium. Progress in this respect cannot be very rapid, the results will be difficult to estimate, but in working towards the establishment of such principles, the psychiatrist is laying the foundation of a wide prophylactic movement.

Discussion.

Mr. Everett S. Elwood, Assistant Secretary, State Charities Aid Association, New York: It is with great appreciation that I have listened to this paper, and, of course, feel that I have little to add. It is a source of much encouragement to note Dr. Campbell's confidence in the value of popular education as a prophylactic measure. Such education should be as thorough as it can possibly be made. We should not be satisfied with simply placing this information before the people once—we should place it before them over and over again and in many different forms. It will require much popular education to counteract the injurious effects of the practices and extensive advertisements of the medical quack.

As I review my six years of teaching experience, I see greater possibilities for more effectively training a certain type of pupil than I did while actively engaged in the work. I am not prone to criticise our educational system, for I fully appreciate the great things it is accomplishing. From my recent and as yet limited knowledge of the causes of insanity, I believe that more can be done in our public schools than is done at the present time in educating the young in the prevention of mental disorders. I recall many individual cases among my former school children that I should now handle much differently than I did then. I should take many nervous, over-anxious, or brooding pupils directly to an alienist for examination and treatment, instead of spending time and energy in mistaken kindness endeavoring to encourage them in their studies. I should also be inclined to give such children more of industrial training and less of the severe mental strain which they must undergo in following the prescribed course of our public schools.

The Committee on Mental Hygiene in its work for the prevention of insanity, is depending upon the physicians for advice, direction and leadership. Much more might be done by the general practitioner if he had an opportunity to gain more definite knowledge of the causes and nature of insanity during his medical studies. If the physicians throughout the State possessed a thorough knowledge of the causes of insanity, they would be of very great assistance in advancing popular education, for the public always gives attention to medical information coming from a physician.

The interest and attention given to the prevention of disease by the medical profession as shown by this program of the annual convention is one of the most encouraging signs of the times. I sometimes wonder what would happen to this country if the legal profession did as much to prevent crime and useless litigation, or did as much to hasten the administration of justice, as the medical profession is doing for the
prevention of disease and the preservation of public health.

We are looking to the profession for guidance and direction in this work. As laymen we stand ready to support it in all undertakings making for the prevention of disease.