THE career of the modelly trained moral imbecile, "Gradgrind," is an apt illustration of the results of a bad system. His case is one of the extreme consequences of school over-pressure in which the struggle for marks before maturity more than equals in fierceness and intensity the struggle for gold after it. In certain respects this school over-pressure checks, even in well-developed minds, the transition from the terror of the unknown of childhood into the calm of maturity. Many morbid fears, imperative conceptions and acts, which torture the individual during an otherwise healthy career, unquestionably originate in the early periods of life. The physical basis of these is resultant malnutrition. Dr. Francis Warner,† discussing the effects of school training, on children, remarks:

It is very common to see disordered conditions of the nervous system in children with defective construction of body, but these nerve disturbances may also be seen in children with normal construction of body. Such signs would appear to result from the disorder produced by special circumstances rather than the mere defect in original construction. Among the signs of fatigue in children is the slight amount of force expended in movement, often with asymmetry of balance in the body. The fatigued centers may be unequally exhausted; spontaneous finger twitches, like those of younger children may be seen and slight movements may be excited by noises. The head is often held on one side. The arms when extended are not held horizontally. Usually the left is lower. The face is no evidence of bodily nutrition. It may be well nourished yet the body be thin. Three per cent. of the children seen in school are below par in nutrition. These children are of lower general constitutional power and tend to an ill nourished condition under the stress of life and the many causes of

* Concluded from July Alienist and Neurologist, 1893.
† Review of Insanity and Nervous Diseases, June, 1892.
mental excitement which, while they render them sharper mentally, militate against general nutrition.

Damaging therefore as school over-training is to the normal child, the effect on the neuropathic is still greater. More than three-quarters of a century ago a pioneer American alienist, Dr. George Parkman,* said that in this class of patients,

From puberty, brilliant talents, astonishing facility of receiving and communicating ideas often appear suddenly, especially in females, followed by mediocrity, disappointment and apathy.

The class thus early recognized were persons of "insane" diaisthesis or "insane temperament; a congenital condition graphically portrayed by Dr. C. F. Folsom:†

It is closely allied to insanity and the neuroses, and at the critical period of life is exceedingly apt to develop into one of them. It is congenital or due to early interference with normal brain development. It shows itself in childhood and infancy by irregularity or disturbed sleep, irritability, apprehension, strange ideas, great sensitiveness to external impressions, high temperature, delirium or convulsions from slight causes, disagreeable dreams and visions, romancing, intense feeling, periodic headache, muscular twitching, capricious appetite and great intolerance of stimulants and narcotics. At puberty developmental anomalies are often observed in girls and not seldom perverted sexual instincts in both sexes. During adolescence there are often excessive shyness or bravado, always introspection and self-consciousness and sometimes abeyance or absence of the sexual instinct which, however, is frequently of extraordinary intensity. The imitative and imaginative faculties may be quick. The affections or emotions are strong. Vehement dislikes are formed and intense personal attachments result in extraordinary friendships which are not seldom swell around suddenly into bitter enmity or indifference. The passions are unduly a force in the character which is said to lack will-power. The individual's higher brain centers are not well inhibited and he dashes about like a ship without a rudder, fairly well if the winds be fair and the seas calm, but dependent on the elements for the character and time of the final wreck. Invention, poetry, music, artistic taste, philanthropy, intensity and originality are sometimes of a high order among these persons but desultory, half finished work and shiftlessness are much more common. With many of them concentrated, sustained effort is impossible and attempts to keep them to it are impossible. Their common sense perception of the relations of life, executive or business faculty and judgment, are seldom well developed. The memory is now and then phenomenal. They are apt to be self-conscious, egotistic, suspicious, and morbidly conscientious. They easily become victims of insomnia, neurasthenic, hysterical, hysterical or insane, and they offend against the proprieties of life or commit crimes with less cause or provocation than other persons.

At the same time that many of them are among the most gifted and attractive people in their community, the majority are otherwise and possess an uncommon capacity for making fools of themselves, being a nuisance to their friends and of little use to the world.

If such children could be placed in the hands of judicious and experienced physicians much better results could be obtained and the downward tendency might be stopped.

Dr. F. M. Turnbull* forcibly and logically insists on the importance of mental training at home and selection of studies and books:

In many cases a child is much better to be kept at home from school, especially where the parents, by their example and conversation, are a means of education, for as a child is impressionable and susceptible to a wonderful degree, and oftentimes very observant, its manners and language become the same as its associates. In school ungrammatical expression, vulgarisms and wickedness are rapidly acquired from other children, and it is hard to eradicate the impressions made at this period.

G. H. Lewes states:

One thing, however, he (Goethe) did learn at school, and that was disgust at schools. The boy carefully trained at home, morally as well as physically, had to mingle with school-boys who were, what most school-boys are, dirty, rebellious, cruel, low in their tastes and habits.

The child who inherits a strong moral sense and that stability of character which is to enable him in time to become a social being, and to mould his surrounding circumstances for his own and his fellow-creatures' ultimate good, will come through this ordeal with only scars upon his mental and moral faculties, and may be benefitted by the battle, as it will give him greater self-reliance, and there is the stimulus of competition, too; but even here the scars and stains remain, verifying the saying that he who touched pitch shall be defiled.

With a child who is not thus fortunately born, and has some slight immoral tendency, or has inherited a too pliable character, an emotional and passionate nature without corresponding self-control, or the insane temperament itself, to which such a nature leads, the wound may be irreparable, and in some moment of weakness may be fatal to the preservation of a moral sense and self-control. Parents who feel their incapacity to decide whether 'tis better for their children to stay at home or go to school, should submit the question to some person in whose judgment

*"Illustrations of Insanity," 1817.
†"Pepper's System of Medicine."
they have confidence, for it may be that the home influence is not the best that can be had. If every boy or girl were surrounded by such influence as Goethe's childhood was, we would not need to hesitate.

The mother of Goethe employed her faculty of story-telling to his and her own delight. "Air, fire, earth and water I represented under the form of princesses, and to all natural phenomena I gave a meaning, in which I almost believe more fervently than my little hearers. As we thought of paths which led from star to star, and that we should one day inhabit the stars, and thought of the great spirits we should meet there, I was as eager for the hours of story-telling as the children themselves, I was quite curious about the future course of my own improvisation, and any invitation which interrupted these evenings was disagreeable. There I sat and there Wolfgang held me with his large black eyes; and when the fate of one of his favorites was not according to his fancy, I saw the angry veils swell on his temples, I saw him repress his tears. He often burst in with, 'But, mother, the princess won't marry the nasty tailor, even if he does kill the giant.' And when I made a pause for the night, promising to continue it on the morrow, I was certain that he would in the meantime think it out for himself, and so he often stimulated my imagination. When I turned the story according to his plan, and told him that he had found out the denouement, then he was all fire and flame, and one could see his little heart beating beneath his dress. His grandmother, who made a great pet of him, was the confidante of all his ideas as to how the story would turn out, and as she reported these to me, and I turned the story according to these hints, there was a little diplomatic secrecy between us which we never disclosed. I had the pleasure of continuing my story to the delight and astonishment of my hearers, and Wolfgang saw with glowing eyes the fulfillment of his own conceptions, and listened with enthusiastic applause.

"What a charming glimpse," remarks Lewes (Life of Goethe), "of mother and son!"

Turnbull shows himself a deeper psychologist than Lewes, when he remarks that:

The mother's admirable method of cultivating the inventive activity of the boy, finds its pendant in the father's method of cultivating his perceptive faculties. Goethe speaks with less approbation than it deserved of his father's ideas of education, probably because late in life he felt keenly the deficiencies of systematic training. But the principle upon which his father proceeded was an excellent one, that of exercising the intellect rather than the memory.

Children should be taught self-denial, that they may be the better able to bear misfortunes and disappointments that are to come later in life, and which, if they have not the philosophical spirit and a persistent optimistic habit, may be the exciting cause of their mental ruina.

A selfish egotism is one of the peculiar traits of character which is most noticeable in the insane; a constant introspection; their symptoms, their miseries, or their imaginary grandeur, etc., are the all-absorbing themes with many of them.

Egotism often manifests itself, in various degrees, in children as well as adults, in the form of self-consciousness or morbid sensitiveness or pure selfishness; and all these should be combated as dangerous tendencies and as indications, when marked, of the insane temperament. Self-consciousness can be lessened, if not overcome, by avoiding all conversation and personal remarks about children in their presence, and by awakening their interest in anything which will cause them to forget themselves in the presence of others. Morbid sensitiveness should be overcome, first, by kind treatment, persistent admonitions, and by discouraging all belief in fancied slights or injuries, and by teaching that, in this respect, "where ignorance is bliss 'tis folly to be wise." They should be taught self-control, to curb their passions and vicious impulses, as these lead to insanity and crime.

The reading of boys and girls should have a careful supervision. Dime novels and such sensational literary trash as some illustrated papers; the sickly sentimentalism of such magazines sold on every news stall or railroad train, and even found in the houses of intelligent people, should be forbidden fruit.

Many a boy or girl receives an education as much from reading out of school as from the prescribed outline of study, and the midnight oil is burned over tales of villainy and passion, or some vapid story of a mysterious girl and an impossible man who adores her in a ridiculous manner.

Boys and girls should know nothing of love until they are old enough to experience it, and should not have their minds prepared by their reading for elopements and foolish marriages and a defiance of good advice from their fathers, whom they have invested with the attributes of the traditional stern and tyrannical parent. Instead of all this morbid excitement of the emotional nature they should be induced to read what would be a benefit and a delightful mental resource in after life,—the tales of Grecian mythology, the poems of Homer and other classics, the classical literature of mediæval and modern times, history, lives of great men, popularized science, tales of adventure, if you please, but such as would afford them knowledge of the world, its creatures, and natural phenomena, as, for instance, Robinson Crusoe, Jules Verne, etc. If children can memorize nursery rhymes and such poems as the "Ride of St. Nicholas," why should they not memorize Shakespeare, Spenser, Bryant, Tennyson, Longfellow, or Whitlatter, and have something to think of when grown up, alone, and thrown upon their own resources for amusement. The memory can be cultivated to a certain extent in this way without injury. Of course there must be care and moderation, especially with nervous and precocious children, as in all else. The excitement of children by religious revivals should be avoided, and in fact they are pernicious at any age.
Turnbull lears, however, too much to the cloister theory. Home life should arm the child for the struggle of existence, not shut it out of the struggle.

Dr Mary Putnam-Jacobi,* discussing the "prophylaxis of insanity," clinches her argument for proper prophylaxis in childhood by the following citation from Krafie-Ebing:

In neuropathic families the children early manifest a remarkable nervous excitability, with tendency to severe neurotic disorders at physiological crises, as convulsions during dentition, neuralgias at menstruation. The establishment of menstruation is often premature, often preceded and followed by profound chloro-anæmia. The cerebral functions are easily disturbed, slight physical disorders being attended by somnolence, delirium, hallucinations. The nervous system seems to be everywhere hyperaesthetic. Reaction to either pleasing or displeasing impressions is excessive; there are abundant reflex neuralgias, vasomotor irritations. Pallor, blushing, palpitations, precordial anxiety, are caused by trifling moral excitement or by agents lowering the tone of the vasomotor nerves, as heat or alcohol.

The sexual instincts are precocious and often perverted. The establishment of puberty is often the sign for the development of spinal irritation, hysteria or epilepsy. The psychic characteristics correspond. The disposition is strikingly irritable and touchy; psychic pain arises for trifling cause; at the least occassion the most vivid emotions are excited. The subjects of this temperament alternate rapidly from one extreme to the other. Their sympathies and antipathies are alike intense; their entire life is passed between periods of exaltation and depression, leaving scarcely any room for healthy indifference. On the other hand there is a remarkable inexcusability of ethical feeling. Vanity, egotism, and a jealous suspiciousness are common; and the temper is often violent. The mind is often obviously feeble, with few and monotonous ideas, and sluggish association of them. At other times ideas are readily excited; the imagination is active even to the production of hallucinations; but mental activity is ineffective, because of the rapidity with which it leads to exhaustion. There is no time to complete anything before the energies flag. The will is equally deceptive in its apparent exuberance and real futility. Its capricious energy and innate weakness is a fit counterpart for the one-sided talent or even whimsical genius which often marks the intelligence.

Dr. Putnam-Jacobi, starting from this stand-point, draws the sound conclusion that the utmost care is to be exercised in the training of such children.

* "Archives of Medicine," Vol. I.

Maudsley emphasizes this very point thus:

Those who have had much to do with the treatment of insane persons have not failed to note the marked mental peculiarities of their near relations in many instances, and to lament that they oftentimes show themselves more distrustful, more difficult to reason with, more impracticable, than the member of the family who is confessedly insane. In the first place, they have such an intimate radical sympathy of nature with those tendencies of character which have culminated in insanity in them. Parents, who, having themselves a weak strain in their nature, have given their children the heritage of a morbid bias of mind, are very apt unwittingly to foster its unhealthy development; they sympathize so essentially with it that they do not perceive its vicious character—if they do not actually admire it—and leave it to grow unchecked by a wise discipline or perhaps stimulate it by the force of a bad example. “He is so spoiled,” says the slyly mother placidly of her child, as though she was saying something creditable to it, or at any rate that was not very discreditable to her, little thinking of the terrible meaning of the words, and of the awful calamity which a spoiled life may be.

Among those beings termed by him the “neurotics,” Dr. E. S. Talbot* has found anomalies of the jaws and teeth exceedingly frequent. Such stigmata of degeneracy were to be expected. The lithæmic child, of pediatrists, belongs but too often to this class, the lithæmia being an expression of degeneracy.

Here, also, very often belong the infant prodigies like the two-year-old negro calculator described by Dr. S. V. Clevenger,† and the host cited by Moreau de Tours. Such precocity is a mental stigmata and, like early puberty, appears so often among the degenerate as to give rise to the proverb, “A wit of ten is a fool at thirty.” Shelley is an excellent instance of this “insane temperament.”

He was somnambulistic from his sixth year.‡ From “very early childhood” he was an imaginative and restless child. Trifles unnoticed by most children, seem to have made keen and permanent impressions upon him—the sound of wind, the leafy whisper of trees, running waters. The imaginative faculties came so early into play that the unconscious desire to create, resulted in the invention of weird tales of

* "Irrregularities of the Jaws."
† ALIENIST AND NEUROLOGIST, 1888.
‡ These particulars are from the Lives by Dowden, Sharp, Symonds and Miss Sanborn.
In the experience of more or less positive hallucinations. His memory surprised many of his friends. He delighted in "weird and somber tales of the supernatural and horrible." He was extremely desultory and careless in all his habits. His room was a chaos of scientific instruments, chemicals and books. "From thinking the best of friends and acquaintances he could of a sudden, and with insufficient cause, pass over to the other side and think the worst." Like all neuropaths he was easily hypnotized. He was a great hypochondriac. On one occasion, meeting a woman with large legs, he was seized by the notion that she had elephantiasis and had infected him. Medical examination demonstrated the falsity of this notion, but it persisted for several days. "One evening he actually arrested the dancing of a line of pretty girls, proceeding to examine their arms and necks with such womanly gravity that they were terrified and their angry partners silent." He suffered frequently from the toposiaigias so frequent in neurotics and hypochondriacs. His flagrant violations of social conventions were notorious. Many of these, however, had, as Symonds has shown, logical bases from the Shelleyan stand-point of reaction against social tyranny not unnatural to a mind early subjected to the brutal "fagging" of English school-boys and brutality of schoolmasters who found a "voluptuous ecstasy" in flogging boys ere entering on the "feast of reason, flow of soul," of a banquet whereat the flogger was the "genial, humorous" host. Shelley, however, violated his own code in a most capricious manner. An avowed atheist, he took the sacrament in a blatantly audacious manner for interested reasons. He reverted to fetishism and argued for the existence of ghosts. He denounced legal marriage but married Harriet twice; once by the simple Scotch common law ceremony and once by the English Church rite. The constant nagging of his intrigued "sister-in-law," which drove Harriet into "nerves" and him into home hatred, led to the estrangement of wife and husband. The hysterical insensibility of the wife to her own children fostered this. Shelley's temperament, however, aided this tendency. He "took strange caprices, unfounded frights, vain apprehensions and panic terrors, and therefore absented himself from formal and sacred engagements." In a month after the English marriage he deserted Harriet and her unborn child, to elope with Mary Godwin. Even Symonds, the most logically psychological of Shelley's analysts, fails to justify this act from Shelleyan principles. In Shelley's case hereditary degeneracy existed. He normally reacted against school tyranny, hence it alone does not account for the defects and peculiarities of his career.

Koch,* under the title of "Psychopathic Depreciation," includes the cases otherwise described under insane diathesis or insane temperament. He divides these cases into three classes: Psychopathic predisposition, psychopathic defect and psychopathic degeneration. The first, which may be latent or evident, shows itself in an exaggerated sensibility accompanied with a lack of activity or energy in the nervous system. The cases of psychopathic congenital defect present anomalies of psychical sensibility, exaggerated excitation, irritable weakness, exaggerated egotism, want of balance in the mental faculties, want of uprightness and judgment, inconsistency, eccentricities, singularities, imperative conceptions and periodicity in these symptoms. These are the eccentrics, the half-witted, the overscrupulous, the capricious, the pessimist-, redressors of wrongs and professional "reformers." Congenital degeneracy exhibits, among other intellectual deficiency, mental weakness in the intelligence or in the moral sense or in both. The evil influence of ordinary education on these last two types of cases has been pointed out by Tuke, Kerlin, C. K. Mills, Morel and Koch. Dr. C. K. Mills* points out with much force that:

Some understanding of the subject of moral insanity in children is of great importance to the general practitioner, who is almost invariably first consulted by anxious parents about the unfortunate victims of these disorders. It is probably better that a distinction should be made between moral imbecility and moral insanity in children as well as in adults, although commonly this is not done. The subject of true moral imbecility is the victim of heredity, and his condition is manifested as soon after birth as it is possible to recognize deficiencies in the moral sense through conduct. I have become only too familiar with this class of cases, presenting clearly moral symptoms, cases which must be recognized as the subjects of disease, and the special care and treatment of which are forced upon us by every scientific and humane consideration. Such children are incorrigible to reproof and training. Punishment has no effect upon them, or only will be heeded to aid their escape from pressing annoyance or discomfort. Much difference of opinion has arisen with regard to the exact nature of such cases. One contention is that a case of pure moral imbecility or moral insanity does not exist, and that close investigation will always show some intellectual disorder. The difference is probably one of terms. Recognizing such words as morality and immorality, as expressing distinct ideas, no reason exists for not speaking of moral departure or moral disease. The doctrine of moral insanity and moral imbecility are, as Tuke claims, in


* Medical Standard, Vol. XIV.
The treatment of the psychopathic offsprings of degenerate parents is one of the most serious problems which confront the physician. Although the parents may be convinced of the necessity for the extreme caution in the rearing of their children, their inhibitions are too weak to carry out the treatment decided upon. In complete separation is the only hope of ever accomplishing anything by the training of the weak inhibitions of the degenerate and this course is practically impossible. Degenerate mothers are excessively fond of their children after a maudlin fashion, and their egotism causes them to think themselves model mothers. I have had such a mother's consent to turn over entirely the training of her child to a person recommended by me, and yet at the first attempt of the companion to exercise authority over the child, the mother told the child to do as it pleased. These children need a nourishing, stimulating diet, an outdoor life, regular hours and regular employment; in fact, they require the very life which is led by the healthy children of healthy parents, but which they rarely get unless one of the parents happens to be of sound mind and strong will and financially circumstanced to control the surroundings of the children. Jules Morel* has urged the passage of a law forfeiting parental control on account of incapacity and unworthiness. Such a law is perfectly compatible with the common law of English-speaking countries. Indeed this very principle is often acted on in cases of cruelty or in divorce cases. Morel and Koch both agree that the sense organs of many of the degenerates have but the slightest education. The educator has to know this; it is of the greatest importance. He must study these senses systematically, and the degree of their functions. When necessary he has to classify his charges according to the extent of their degeneracy. The interference of the educator should be slow and prudent and the natural disposition and powers carefully studied. Morel, Koch and Kerlin have urged the great need of special schools for these classes. The piteous picture of the sufferings of Maria Bronte ("Miss Burns") in the school of "Jane Eyre," might well create the indignant joy of Charlotte Bronte's biographer that "the savage rites of the school-room which had so moved the indignation of Montaigne, have just ceased to disgrace England." Maria's mind and physique perished under the school strain. Her fate was happiness.

† "Dictionary Psychological Medicine."
itself compared with that of Branwell Bronte, who with a very limited one-sided poetical genius, developed, under the pushing given to seeming precocity, into the sneaking moral imbecile of the family. Charlotte Bronte's seemingly limited mental qualities saved her from the fate either of her brother or her sister. Fanny Burnett was saved from a like fate by her seeming dullness and the good sense of her mother. The "precocious genius" of the rest of her family vanished early.

The acquired psychopathy, while often dependent on a predisposition, hereditary or otherwise, may occur in sound children.

Dr. W. S. Christopher, in a paper recently read before the Chicago Academy of Medicine, has laid stress on the nutritional influences, active in the production of neuroses underlying psychic states, and these deserve more attention than they have received.

Beside hereditary and the other predisposing causes cited already, Dr. Welt very correctly has said that the etiological factors in the production of mental disturbances in children are injuries of the head, either during parturition or later; acute cerebral trouble and abnormal development of the brain; fright, masturbation and infectious diseases may act as predisposing elements. Among the chief exciting causes are the fevers.

Thoré has shown that psychoses following acute diseases are of two classes: the first is met with during the development and the duration of the acute process itself, while the second class is found only during convalescence, or at least during an intermission of the disease. The etiology as well as the course and the issue in these two groups—the febrile and asthenic deliria—differ considerably.

Kraepelin* points out that in pathogeny of the febrile deliria the exciting cause prevails considerably over the predisposition; the causes of the disease are dependent upon somatic disturbances. Hence the monotony of the febrile deliria, the short course, and nearly always favorable issue with the disappearance of the etiological cause; on the other hand, the predisposition of the individual forms the most important factor in the development of the asthenic form. The lowered state of the system, depressed by the preceding fever and infection, exhibits itself more when the circulation is retarded during the decline of the fever; and the brain which may have suffered in its vitality by the preceding rise of temperature, is the first organ that reacts on the inadequate supply of blood; besides, there may be an influence of the infectious element upon the central nervous system, either by affecting the ganglionic cells, or indirectly through a change of the blood by the microorganisms. In the deranged equilibrium of the system even slight irritating influences, afforded by the events of daily life and frequently overlooked, may cause mental disturbances. In their course the asthenic psychoses resemble the mental derangements of spontaneous origin, and usually terminate in full recovery; with convalescence and better nutrition brain morbidity disappears. Dr. Sarah Welt advises that as a matter of prophylaxis, children after acute disease, especially when in an anaemic and poor condition, ought not to be allowed to leave the bed too early, and the action of the heart should be carefully controlled. Threatening spells of weakness ought to be prevented by administration of good nourishment and stimulants. In occurrence of deliria strict control of the patient becomes necessary; bed rest and a generous administration of alcoholics and heart stimulants. Against the irritable state of the brain, sedatives in result-giving doses should be used.

Dr. Kiernan states that the psychical manifestations of the febrile stage of any disorder are usually an hallucinatory delirium or acute confusional insanity. These may be agreeable in type. With a fall in

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*Medical Standard, Aug., 1893.
temperature occur asthenic psychoses, characterized by visual and auditory hallucinations and their consequences. These are due to acute exhaustion of the nerve-centers succeeding to considerable thermic oscillations. The mental symptoms of the febrile stage may aggravate temperature oscillations and in turn be aggravated.

Spitzka* finds that febrile and other acute disorders sometimes cause serious and incurable insanity, usually combined with more or less arrest of development. This result is most apt to follow when some moral cause, such as a shock, is superadded. From 10 to 30 per cent. of infantile insanity is attributable to the acute diseases of childhood, the overwhelming majority being sequelae of the exanthemata (excluding cases followed by simple imbecility). Scarlatina, measles, typhoid and acute articular rheumatism are most to be dreaded in reference to their immediate mental sequelae. Typhoid is especially deleterious. Nasse classifies the febrile insanities according to their period of development: a, coincident with the fever as to time and ranging from delirium to insanity; b, developing as an apparent aphasia and dementia. Spitzka found but 7 per cent. of his cases attributable to these causes. This low percentage was due to the fact that he did not include fatal cases nor ephemeral deliria, which in children, as Hughes and McBride† have shown, replace malarial attacks and which are benign, self-limiting and not apt to come under alienistic care, like the more serious and protracted mental complications which may attain pseudo-cretinism. Aside from an infrequent hallucinatory delirium there is a continuation of the specific somatic disorder, so that a true convalescence cannot be said to have existed. This is often associated with hyperthermia; c, developing during convalescence. These last, Spitzka‡ is of opinion, are different from the other two, are probably more benign and are anaemic or adynamic. Spitzka states that sudden changes of temperature uncomplicated by other causes can produce transitory frenzy and acute delirious states. This is equally true of the extremes of temperature. Over exposure to the sun and exposure of the unprotected head of an infant to a hot stove have been declared responsible for the same acute delirious or furious outbreaks that Reich observed in children who, after long exposure to severe cold, suddenly entered a warm room. Rapid cure of a maniacal delirium after the expulsion of ascarides in several cases proves, in Spitzka’s judgment, that a parasitic etiology has been correctly assigned for these cases. These mental disorders are usually of acute type. The parasites which have their seat low down in the bowel have a less direct relation to mental disturbance when, as in not a few cases, they provoke masturbation by the scratching of the anus they cause, or by wandering into the genital passages. The forms thus produced vary from the precipitation of hebephrenia to a stuporous insanity, or an acute hallucinatory confusional insanity of favorable prognosis.

As to frequency, Dr. Sarah B. Welt* remarks that insanity in the first ten years of life, aside from idiocy, is very rare. Out of ten thousand inhabitants, Emminghaus found in Germany, between the first and fifth years, 0.18 per cent. insane; between the sixth and tenth years, 0.69 per cent.; and between the eleventh and fifteenth years, 1.46 per cent. insane. Debouttville, in France, found among the insane admitted to the asylum in Saint-Yon from 1827 to 1834, 0.9 per cent. between the fifth and ninth years; 8.5 per cent. between the tenth and fourteenth years; and 20 per cent. between the fifteenth and twentieth years. Turnham found but eight children less than ten years of age among 21,333 insane; idiots, who are far more frequent in number, not being included. The most common mental derangement in childhood is idiocy, be it congenital from insufficient

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* Amer. Jour. of Neu. and Psych., 1883.
‡ “Keating’s Cyclopaedia.”

** New York Medical Journal, March 18, 1883.
Harriet C. B. Alexander.

The development of the brain, or acquired from previous cerebral disease. Next in frequency is maniacal exaltation, while depression occurs only in late childhood. Insanity in childhood occurs more frequently than is evident from the statistics. As no psychosis in childhood shows the entire complex of symptoms as in adults, it is readily understood that the symptoms of a mentally deranged child may often be taken to be bad behavior, and only the result, mental weakness, will be recognized.

Motor explosions, for reasons already pointed out by Meynert, readily occur in children, whence the fact noted by Dr. Grace Peckham Murray* that neuroses in children tend to be motor than sensory, since the reflex arcs of which the motor strands form a part are earliest perfected, so that when a sensory stimulus sets free a nerve energy it is likely to overflow into motor paths. Intellectual comprehension of sensation, and consequently of pain, is the last to be developed; in consequence, severe nervous shocks which would give rise to exquisite pain in the adult, result in a motor neurosis in the child. Motor neuroses, as already stated, readily pass into the motor expressions of psychical disturbance; and from these psychical disturbances intensified by the feeble power of discriminating between the subjective and objective, result the hallucinations so frequently noted in children. The disturbance of the feeble ego results in the appearance in the mental foreground of the child, of cruelty, mendacity, and other primitive instincts. Abulic speech, as Dr. T. H. Kellogg† has shown, may occur in the instinctive insanities of childhood from morbid tendencies to commit improprieties of speech. The neuroses, properly so-called, are beyond the scope of this article. All of them may be accompanied by psychical symptoms. Hysteria, convulsions, ecstasy and chorea may occur in epidemic form, especially during religious revivals.

Insanity in Children.

The child crusades were mixtures of these epidemics with psychical ones.

Epilepsy and hysteria in childhood as in adult age present their characteristic mental phenomena. Extreme cruelty, as in the case of the boy fiend, Pomeroy, may long be the only manifestations of the epileptic neurosis. In this age it is well to remember that as Griesinger* has shown mental derangement often appears as moderate irritability, persistent or habitual. The child is passionately obstinate, quarrelsome, malignant, and even immorally inclined. Often this mental degradation is dubbed simple wickedness. It may occur as a simple, logical perversion with aimless, errabund tendencies, intellectual and emotional perversion with excitement. These children cannot keep still a moment. They talk incessantly and incoherently, and are very inattentive. There are sometimes longer or shorter attacks of mania. In children of from three to four years attacks of crying, of wild refractoriness, of striking and morbid destructiveness occur. They may alternate with epilepsy, chorea, stupor, ecstatic cataleptoid states (simulating katatonia). The child may remain for hours or days as if quite absorbed, with open eyes, fixed countenance and peculiar position, sometimes breaking out suddenly into loud cries. Hypochondriacal states develop in children of parents morbidly anxious about the health of their offspring.

According to Shaw,† in children the ideas are simple, few and disconnected. They are therefore incoherent because of an absence of organic associations between the residua. The morbid phenomena are not systematized as in the adult, and the result is (according to Maudsley)‡ delirium rather than mania. The morbid idea in the child's mind having little range of action acts downwards (Maudsley) on the sensory ganglia, causing hallucinations or giving rise to morbid impulses. These impulses constitute impulsive insanity, called by

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* "Journal of Nervous and Mental Disease, 1884."
† "Amer. Journal of Insanity, 1892-3."
‡ "Manual of Insanity."
Maudsley, monomania, and by Morselli, paranoia rudimentaria impulsiva.

Under the head of monomania Maudsley places the epidemics of morbid ideas which have from time to time in the history of the world affected children. The ruling instinct in a child of three or four is self-gratification, involved in which is a tendency to destroy what it dislikes. Its insanity is manifested by perverse and unreasonable appropriations of whatever it sees, and by extreme destructiveness. It suffers from the instinctive variety of moral insanity. Maudsley describes a cataleptoid type of insanity resembling katatonia.

The instability of childhood is shown in the presence of garrulity, melancholic depression or excitement, maniacal exaltation of the pleasant deliria type and instinctive tendencies. Exaltation and delirium is usually contemporaneous with the beginning and acme of febrile attacks, while depression usually follows the disease.

The temperature at which delirium begins in a child is, as Clouston has shown, a good index of its brain constitution and temperament. The temperature at which delirium sets in is lower in the sensitive. Such children, independently of temperature, are subject to gusts of unreasonable elevation during which they are quite beside themselves, rushing about wildly, shouting, fighting, not really knowing what they are about; this coming on at intervals like the attacks of disease.

Voisin* finds that insanity may in children be of depressive or excited type. The depression may amount to melancholia attonita. There are also ecstatic states. He claims that the "gusts of temper" just described by Clouston are determined by masturbation. These attacks may last several days. The children present a furious appearance, grind their teeth, tear, bite, run to and fro and roll on the ground. Luys† finds periods of excitement, depression and hallucinated states; ecstatic states occur in epidemic form.

Forbes Winslow* finds that children are liable to transient mental disorder, which passes away without leading to after results. Regis‡ finds the depressed and excited, as well as the degenerate types, present in childhood.

Scherp¶ finds that mania of sudden inception and furibund character is the most frequent acute type. Melancholia often originates in hallucinations and has a tendency to hypochondrical phases. Katatonia may occur. Impulsive monomania, paranoia, periodical insanity, and moral insanity are more frequent than the acute psychoses.

In W. A. Hammond’s§ experience the most frequent type of insanity in children is mania, but insanity in children may occur as an affection mainly of the emotions or as characterized by blind and unreasoning impulses to deceit or violence. Fixed delusions are not a prominent feature, but there are perverted feelings, indecency, destructiveness, malignancy toward relatives and hallucinations.

Kiernan|| agrees substantially with Clouston and Griesinger, but has noticed that hallucinatory types are relatively frequent. Hecker, Kerlin and Kohler find hereditary types of insanity in children marked by disagreeable variable temper, irritability, lack of self-control, morbid egotism, and often one-sided talent, ideas of persecution at times, with impulsive and immoral tendencies.

Kirchoff¶¶ finds that children whose ancestors have suffered from psychoses or neuroses, not alone become delirious from slight causes, such as digestive disturbances, slight fever, teething, etc., but are apt to be

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* "Maladies Mentales."
† "Maladies Mentales."
‡ Jahr f. Kinderhl. 1883.
§ "Treatise on Insanity."
|| Amercan Lancet, Vol. VII.
¶ "Handbook."
depressed for a long time after the ordinary disagreeable events of daily life. Mental work at school rapidly exhausts them. Fright and punishment excite them to a dangerous degree.

According to Moreau de Tours, circular and periodical insanity in childhood resembles in all essential particulars the same psychosis in the adult.

Pottier* insists that persecutational delusional paranoiaics present special characters in childhood. They are wild, unsociable, inclined to solitude and isolation, somber and taciturn, defiant and suspicious, living apart from their comrades, regarding these last as scoffers, and already interpreting to their disadvantage the most insignificant event. Such a delusional state may of course have the usual forensic results.

Dr. C. K. Mills,† of Philadelphia, states that:

Mental disease in childhood is, as a rule, limited to a few forms, and a little consideration will show that this might be expected; as for the full development of certain types of insanity it is requisite that the faculties of the mind should themselves be evolved to a certain point. In a strict sense, the existence of mental disease presumes the previous presence of mind; hence some would exclude from insanity proper, idiocy and imbecility due to congenital structural defect, although for practical purposes this is not necessary, as mentality is supposed to be the inherent attribute to the race. Paranoia, or primary delusional insanity, will not in its typical forms be observed in children under puberty, but abortive or imperfectly developed paranoia is not an uncommon juvenile affection. * * * Some children are pursued and worried with imperative conceptions, insistent ideas, and morbid impulses and propensities; and, after all, these are but delusions in the making.

The varieties of true insanity most commonly observed in children are, (1) melancholia; (2) mania; (3) choreic insanity; (4) hysterical insanity; (5) cataleptic insanity or cataleptoid insanity; (6) epileptic insanity; (7) moral insanity and (8) certain quasi-insanities—forms of morbid fear and of morbid doubt, perversion and impulse. So-called etiological varieties of insanity in children, as dementia occur, due to inherent syphills, febrile and post-febrile reflex and masturbational insanity; but these and other classes founded on causation, may according to inclination or stand-point be regarded as forms of insanity, or as groupings of cases which indicate simply the important causes of some of the clinico-pathological types.

* "Thee de Paris," 1886.
† Medical Standard, Vol. XIV.

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* * * It is always necessary to distinguish between monomanias or paranoia and melancholias; but genuine, uncomplicated melancholia is undoubtedly seen in children. Sometimes hallucinations are present with the mental depression and sometimes not. Melancholia in a child seldom assumes the extreme form which is so frequently observed in the adult; but now and then a true agitated melancholia or melancholic frenzy is observed. Ordinarily a child suffering from melancholia will be blue, sad, anxious, weeping, restless by day and by night, and wanting in the liveliness and changability of children.

Morbid jealousy may present itself at an early age and exercise a decidedly deleterious influence on the heart of the child. Love, according to Descuret, explains the passionate attachment often displayed by little girls for dolls. In the degenerate, romantic love may occur early. Byron at the age of eight was passionately in love with Mary Duff, a little girl of ten. The news of her marriage eight years later caused convulsive attacks. Alferi and Dante were similarly in love at nine years. Such early love must be regarded as morbid and an expression of degeneracy like precocity and early puberty. In the cases reported, other evidences of degeneracy existed. Like all precocity it needs restraint, not assistance. Pathological anger is exceedingly frequent in childhood. Imperative conceptions of all types occur. Dr. King* has observed pyrophobia in a boy of six, who doused all fire with water. Agorophobia, mysophobia, clithophobia, etc., also are relatively frequent.

Dr. Hurd† cites a history of such conceptions, written by the patient herself. When about twelve years old, she began to have strange fancies, as fearing that the blood flowing from a cut finger would harm those who came near her. Later, dressing, walking out of doors, eating, were all greatly interfered with through the same morbid ideas. She feared contagious disease because she might communicate it to others. The insistent idea changed from time to time, but seemed to spring almost from the emotion of fear.

* ALIENIST AND NEUROLOGIST, 1881.
The discussion of the "imperative acts" following imperative conceptions involves many mixed states closely bordering on delusional conditions, from childhood's instability with regard to the difference between the subjective and the objective.

With the increasing social tendency to expose children to financial and other mental stress at the critical period antecedent to puberty, suicides, insanity and criminality among children must, in the nature of things, increase. In evidence of this, Moreau de Tours gives the following table:

<table>
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<tr>
<th>Years</th>
<th>15</th>
<th>14</th>
<th>13</th>
<th>12</th>
<th>11</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>1861-65-68</td>
<td>29</td>
<td>28</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>141</td>
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</tr>
<tr>
<td>1866-70-73</td>
<td>46</td>
<td>25</td>
<td>7</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>166</td>
<td></td>
</tr>
<tr>
<td>1871-75-77</td>
<td>42</td>
<td>22</td>
<td>21</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>175</td>
<td></td>
</tr>
<tr>
<td></td>
<td>203</td>
<td>117</td>
<td>75</td>
<td>39</td>
<td>26</td>
<td>11</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>482</td>
</tr>
</tbody>
</table>

In the last ten years forty-two boys and fifteen girls attempted suicide in Russia. In the fourteen months ending December, 1891, sixty-two children committed suicide in Berlin, Germany. The youngest had not reached the age of seven. The percentage there is higher for the same reason which will increase it here; the increase of school over-pressure. The exciting cause of the suicide is usually a trivial one. One boy killed himself to get rid of "so much dressing and undressing." No less than five attempts at suicide were made during 1887, by children under fourteen years of age, resident in a Philadelphia district less than a mile square. In three cases the attempts were successful. In three of the five cases the moral epidemic nature of suicide was shown in the fact that one suicide was an exciting cause of two suicides and one attempt. In all five cases, the approach of puberty had produced its usual emotional disturbance. The immediate causes were, as in most child suicides, trivial. Hanging was the favorite method, although one girl (who seems to have formed the melancholic delusion that she had hanged one playmate who
committed suicide) took laudanum. She recovered from the poisoning and the melancholia. St. Louis has recently had a very similar epidemic. Griesinger states that 6.10 per cent. of the suicides in England are of children under ten years. Death does not inspire children with the same fear it does the majority of adults, and the weak ego is easily overcome by the dominant idea of suicide.

In dealing with the question of homicide it should be remembered, as Clifford Albutt* points out, that in children homicide is, as a rule, an unreflective act. The act is in all probability imitative as a rule. The child has heard of killing and of death but has no clear perception by reflection of their meaning. Homicide by negro children is growing far from rare. In two instances in 1892 two ten-year-old negro boys killed a baby brother to get rid of the trouble of minding it. Moral imbecility may crop out here and in cruelty to animals. Moreau de Tours cites a case in which a four-year-old boy chopped at the face of a ten-months-old nursling. Esquirol has observed a prematurely nubile girl of eight years who had a fixed tendency to kill her stepmother. Legrand du Saulle reports the case of a five-year-old boy addicted to masturbation from his third year who had long been noticed by his nurse to be wicked and vicious, who loved to torment younger children. He liked to see chickens killed; ordinarily stupid, his intelligence was shown only in mischief. Having noticed nose-bleed follow the fall of his baby brother he felt an intense desire to see blood flow. Profiting by the absence of the nurse he flung the baby down from a table. Epistaxis resulted and he rubbed his hands gleefully in blood. With complete indifference he answered in reply to all questions that the nose-bleed amused him and he would repeat the deed.

This was also excellently illustrated in one of my cases.

* "Tuke's Psychological Dictionary."
The eight-year-old daughter of a hystero-epileptic presented many of the symptoms of degeneracy. Intensely cruel she took delight in torturing those of a weaker nature than herself. She was constantly calling the attention of a melancholic to the screen in her window. She knew how to induce the hysterical attacks of her mother and delighted in seeing the attacks although afraid of her mother at that time. She delighted in the sight of blood. She was a somnambulist. Imperative conceptions had been demonstrably present for more than a year. Like so many of these degenerates she had an intense appetite for meat.

The crimes of Pomeroy, the "boy fiend" of Massachusetts, who killed and tortured several small children, were later explained by the appearance of epilepsy, and other cases of children homicides have had like explanations. The impulsive type can, of course, occur without epilepsy since the feeble "ego" of the child is as easily overcome by the homicidal as by the suicidal impulse.

Arson results as (Legrand du Saulle remarks) in maniacal, emotional and depressional states, in dement, imbeciles and idiots. It may also develop in girls ere puberty or as Marc has said, in child servants badly treated by masters and desirous of re-entering under the parental roof. Nostalgia results. Fire and flames are found to relieve this, whence arson. Rape may occur from early precocity in both sexes in the degenerate. Thefts often occur from the same feebleness of the ego which results in homicide and suicide.

In regard to treatment of these states Jules Morel well says it is an imperative duty to fight from the first, against symptoms of predisposing and occasional causes, because if aggravation be prevented, recovery is made possible. The ancestral surroundings of neuropaths are admittedly unadapted for training and treatment even of neurasthenics and hysterics. Yet very charlataniike cant is used to flatter relatives. I was called to a case of senile insanity and had been warning the members of the family, in which there were four married daughters who all had children (the family history being bad), about the care of
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the children. An "alienist" was called into the case. When the daughters questioned him about the matter he replied: "Oh, no, there is no danger; you need not take extreme care of your children. It is only the strong-minded who get insane any way." I lost my hold on that family. Such rant is worse than erroneous. It has the flavor of a suppression of the true and suggestion of the false. Jules Morel truthfully, eloquently and emphatically says:

If every country had the good fortune to have a law for the protection of childhood—if the authorities had sufficient latitude to remove the children from parents and tutors incapable or unworthy—if the Government would organize methodically a system of education for these unfortunates, in a very few years criminality (and degeneracy) would decrease considerably.

Kerlin has shown that incipient criminals of all types exist among the scions of "degenerate" "good families." From these come the greatest danger. The incipient "confidence man" becomes the "respectable" stock company president, or the "respectable" banker and ruins thousands, the "respectable" contractor for county supplies, who freezes and starves the dependent classes, or the "reformer" who nearly ruins his country by outrageous laws violating personal liberty.

If notoriously false rant like that quoted from an "alienist" were denounced by the profession—if the Society for the Prevention of Cruelty to Children was aided (not fought by the venal press) in its warfare against the employment of one-sided morally imbecile geniuses yeclc-mpt infant prodigies, who appear on the stage—if the measures urged by Dr. Morel were also adopted, certain evils threatening the republic will be averted. As Dr. Kiernan* has said: "The United States were founded by well-balanced men, but unless precautions like these be taken Americans will sink to the level of the Romans, who cared for nothing but 'bread and circuses.'"

* Journal of Mental Science, July, 1887.