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PART I.—ORIGINAL ARTICLES.

*Insanity in Children.**—By FLETCHER BEACH, M.B., F.R.C.P. Lond., Physician to the West End Hospital for Nervous Diseases; formerly Medical Superintendent of the Darenth Schools for Imbecile Children.

ALTHOUGH ancient writers have given short descriptions of mental diseases affecting children, it was not until the commencement of this century that the subject began to attract attention. Since then Esquirol, Guislain, Delasiauve, and others have written on the matter, and in 1856 Le Paulmier, in a thesis, gave the most complete description of the affection which had previously been published. Numerous authors in England, Germany, and France have since 1856 written on the subject, but still there seems to be a good deal of want of knowledge regarding the mental affections of children.

The young child is a creature of emotion and of lively imagination, and he usually has a good memory, but it is often difficult to fix his attention for a long time on a subject, and he lacks reason and reflection. As a matter of fact, the child is guided in his conduct by instinct or by sentiment, but his sentiments are usually fickle and changeable. Up to seven years of age mania is comparatively rare, and when it exists shows itself chiefly under the form of a maniacal excitement or delirium, frequently coming on with febrile attacks. The moral sense becomes early depraved, and if the affections are not well developed, it later becomes true insanity. As the child grows up the bad inclinations become stronger, and when puberty comes on there is a furious out-

* Read at the South-Eastern Division at Northampton, October 13th, 1897.

burst, and a slight cause will be sufficient to excite the patient to commit homicide.

What are the causes which produce these troubles in infancy and childhood? Want of time will only allow me to touch upon a few of them.

The first and most important is that of *heredity*. Esquirol is of opinion that of all diseases insanity is the most hereditary, and other psychologists have confirmed his observations, and some have even exceeded him in their estimates of the number of cases in which insanity is due to hereditary taint.

We must also take into account the metamorphoses or transformations of heredity. Dr. Moreau, of Tours, has made an extensive study of the subject, and in his "Psychologie morbide" he gives several cases of the transformation of heredity taken from pathology and history. "We must not," he says, "look for a return of identical phenomena in each generation. . . . A family whose head has died insane or epileptic does not of necessity consist of lunatics or epileptics; but the children may be idiots, paralytics, or scrofulous. What the father transmits to the children is not insanity, but a vicious constitution which will manifest itself under various forms, in epilepsy, hysteria, scrofula, and rickets." He goes on to say, "Just as real insanity may be hereditarily reproduced, only under the form of eccentricity; . . . so a state of simple eccentricity in the parents may in the children be the origin of insanity." As an instance of this he gives the family history of a boy aged ten years.

Paternal line.—Grandfather intemperate and immoral, notwithstanding his advanced age. Grandmother very nervous, lively, peevish, jealous.

Maternal line.—Grandfather intelligent, without energy, easily influenced by the first comer, and by his eccentricities excites the laughter and jests of his neighbours. Grandmother very obstinate, imperious, extremely violent. Towards the end of her life she delighted in ill-using persons and things. Father.—Feeble in character, proud, subject to fits of violence, ideas vague and slow of development, intemperate. Mother.—Very intelligent, meek, hard-working.

Brothers and sisters of the patient.—The eldest whimsical, uncommunicative, of slight intelligence, simple-minded.

2nd.—The patient.

3rd.—Very simple in character, her simplicity contrasting strongly with the wickedness of most members of the family.

4th.—Of the same character as the patient, but he has not yet had fits of violence.

5th.—An intelligent girl, but eccentric in her tastes.

The patient's intelligence was well developed. One day he went into a vineyard to steal some grapes. Surprised by the field keeper, he was taken before the proprietor, whose remonstrances made such an effect on his mind that from this time he showed symptoms of insanity. He ran quite naked through the streets, armed with a stick with which he struck children without any reason. He was sent to school, but was so lazy that he was sent home again. Next he was sent to a home, whence he escaped, his arrival at his parents' house being announced by the burning of a straw rick to which he had set fire.

The faculty of *imitation* plays an important part, especially when the imitator is a neurotic person. In this case there is, one might say, a ground prepared to receive the impression. There is an instance on record, many years ago, at the time when a number of children were taking their first communion, of one of them being attacked with convulsions, and in less than half an hour all, or almost all, were attacked with similar convulsions. This faculty of imitation is so imperious in certain individuals that they cannot see any action, or hear of one, without being disposed to imitate it. The most formidable imitations are those of suicide and homicide.

A boy aged fourteen years was of a lively and happy disposition. On the day on which he died he was happy and contented. Some days before he had attended the funeral of a playfellow who had committed suicide, and he was heard to say playfully, "I must kill myself too." He came some time afterwards to the place where his friend had committed suicide. The sight of a cord, the suitability of the place, struck him, and he realised the idea which he had previously expressed.

Prosper Lucas relates the case of a child of from six to eight years of age, who had choked his youngest brother. The father and mother surprised the boy in the act. The child threw himself into their arms crying, and said that he had only done it in imitation of the devil whom he had seen strangle Punch.

There is no doubt that the great publicity now given in the newspapers to murder is the cause of many similar crimes. A person with a weak or ill-balanced mind sees in the newspapers reports as to the health of the murderer, his

conduct and behaviour, and endeavours to acquire notoriety by committing a similar crime. A *severe shock or fright* is well known to be the cause of convulsions, and it may also originate a mental affection. Chorea is often produced by a severe fright. Esquirol mentions the case of a young girl, aged eight years, who saw her father murdered. Since then she had often suffered from violent terror; at the age of fourteen the menses appeared, but only irregularly; she became maniacal, and wished to fight everybody. The sight of a weapon, a knife, or of many men assembled together was sufficient to excite in her the most violent fury.

Excess in study is a very active cause. The late Dr. Hack Tuke read a paper entitled "Intemperance in Study" at the annual meeting of the British Medical Association, held at Cork in 1879, in which he pointed out that brain-fag, mental excitement, depression of spirits (sometimes suicide), epilepsy, and chorea were produced by over-study. In these days, when so much attention is paid to exercise and athletics in schools, at first sight one would think that this statement could not be true, but he mentioned a case of mania from this cause which came under his notice, and which had to be confined to an asylum, and he had seen several cases of suicidal melancholia brought on by overwork. As he truly said, "no doubt worry has a great deal to do with the production of the disease, but the real cause is that the schoolboy has to master too many subjects in too short a time." Many of these cases are kept at home and seen in consultation practice, and therefore do not appear in lunacy statistics.

The establishment of *puberty* plays a very important part; as Esquirol says, "the troubles of menstruation are one of the most frequent causes of insanity." In ancient times Hippocrates noticed that puberty was often the cause of mental disorder. He mentions the case of a young girl whose "visions order her to jump, to throw herself into wells, to strangle herself; . . . when there are no visions there is a certain pleasure which makes her long for death as something good." No doubt there is an hereditary tendency to insanity in these cases, for, as we all know, menstruation is established without much trouble in the great majority of the human race. Rousseau has pointed out the normal and morbid phenomena which take place at the moment of transition from infancy to adolescence. The establishment of puberty can, he says, "provoke accidents capable of being translated

into all forms and all degrees of neuroses, from spasm and convulsion up to delirium, and even stupor." According to him mania is more frequent than melancholia at this epoch. "The young boys," he says, "are generally loquacious, endowed with remarkable activity; they are fond of boasting and bravado; they wish to undertake everything, they commence many things, but accomplish nothing. The delirium of young girls is less brilliant; they are gay, frolicsome, and eager to fix attention on themselves; their mobility is excessive, and they pass with surprising facility from extravagant laughter to most abundant tears." He is of opinion that when melancholia does supervene the religious and erotic forms are the most common at puberty.

Masturbation is an important factor. Very often this pernicious habit is due to instruction by a nurse of vicious principles. An instance is on record of a young girl, twelve years of age, who was initiated by a servant into this odious practice, and she then taught her brother. They were separated, and the girl sent to a convent, the boy to school, but they later led a most dissolute life. While still young the boy blew out his brains.

In some cases the habit is due to a vicious boy introducing it among his schoolfellows. Very often masturbation is denoted by a blue circle round the eyelids, a weakening of the senses, especially of sight, and of the digestive organs, a feeling of lassitude, emaciation, and feeble circulation. These symptoms are followed by nervous affections, epilepsy, and finally, mental disease. Many of my out-patients at the West End Hospital come to me suffering from utter prostration and nervous weakness as the result of this practice, and more than one has threatened to commit suicide. In all these children there is a change of character; there is a disappearance of the joyfulness which is one of the principal attributes of youth, and the propensity is often the cause of atrocious perversion of the affective faculties. Sensibility is profoundly injured, and hence melancholia is the form which most commonly occurs as a result of this practice.

Intoxication by alcohol is occasionally a cause, and Magnan describes children, aged nine and thirteen, who were afflicted with the vice of drunkenness. Gemme quotes a series of cases of delirium tremens in children. The parents were drunkards, and supplied liquor to their offspring. Four children suffered from epilepsy in consequence of excess of drink, but true delirium tremens occurred in many cases. In

one instance, hallucinations, excitement, confusion, and insomnia existed in a child aged five years, who had been given brandy daily for two years by her father, a glass of Hungarian wine daily by the mother, and in the evening the child drank beer with the father, who kept a public-house.

Intoxication by drugs, such as belladonna and stramonium, from children eating the berries, and producing in some cases hallucinations of sight, in others furious delirium, are on record, but it is not necessary further to allude to the subject.

Acute affections, such as meningitis, acute hydrocephalus, scarlet fever, pneumonia, typhoid fever, are frequent causes of mental disease. As far as *meningitis* is concerned there is nothing surprising in this, for there is often direct irritation of the cerebral substance. "If," as Broussais says, "the meningitis is slight, the delirium will be acute and noisy; but if the lesion is profound, and injures the substance of the brain, not only perversion but suppression of the cerebral functions follows, viz. stupor, coma, and paralysis. Delasiauve attended a girl aged six years for this affection; before the attack she was intellectual and vivacious, but afterwards she became gloomy, and was subject to whimsical desires and hysterical caprices.

As regards *scarlet fever,* independently of the delirium which sometimes comes on in the course of the fever—a delirium characterised by hallucinations and a kind of anxious melancholy,—many authors have observed that psychical troubles sometimes occur after the fever is over. One instance will suffice. Dr. Wick attended a very young man who had a severe attack of scarlet fever. Scarcely had the fever ceased, and at a time when everything pointed to a rapid convalescence, the patient presented mental troubles—delirium with hallucinations, agitation, insomnia, and delirium of speech. He remained in this condition for a week, but after strong doses of chloral he recovered, after being two months ill.

During the course of *typhoid fever* the cerebral faculties are often weakened, so that the children when convalescent have forgotten much of what they had learnt, and learn new subjects with difficulty. In some children this intellectual weakness is very marked, and presents all the characteristics of dementia. Marce relates the case of a girl aged thirteen years, who was very intelligent, but at the end of a severe

attack of typhoid fever she became quite idiotic. Her speech was drawling and silly; she addressed everybody with childish questions, weeping at the time, forgot the names of those around her, and became unclean in her habits. Instead of dementia, maniacal delirium, with or without hallucinations, is sometimes produced, or the delirium may be partial, and present all the symptoms of monomania. In other cases the monomania is more complete, and often characterised by ambitious ideas; hallucinations and attacks of epilepsy also occur.

As regards the *age* at which insanity is noticed, Dr. Berkham has collected particulars of forty-seven cases. They are as follow:—

1 child at	9 months old.	4 children at	8 years old.
1 ,,	2½ years old.	4 ,,	9 ,,
2 children at	3½ ,,	10 ,,	10 to 10½ years old.
3 ,,	5 ,,	10 ,,	11 years old.
3 ,,	6 ,,	4 ,,	12 ,,
5 ,,	7 to 7½ ,,		

Paroxysms of fury and passion strongly resembling mania are often seen in mere infants, but according to the table above given, proclivity to insanity seems to increase with the age of the children. Of thirteen cases that have been under my care, one case occurred at nine years, and two at ten years; the others showed mental disease at the age of twelve years and upwards.

As regards *sex*, twenty of the forty-seven cases were boys and fourteen girls; the sex of the others was not stated. Of the thirteen cases which I have seen, eight were boys and five girls. So far as my information at present goes, it seems, then, that more boys than girls are affected with insanity.

As far as *age* is concerned, there is no doubt that up to seven years of age convulsions and arrest of intelligence are most commonly observed, although, as I mentioned in a former part of this paper, delirium is often seen as the result of febrile affections. From seven to fourteen years of age true mania and melancholia are most frequent, while hysteria shows itself very often as soon as the menses appear.

Among the psychical diseases met with *dementia* is frequently observed. Acute dementia, which is the most common form, frequently occurs between the ages of ten and sixteen, and differs from senile dementia "in that it seems to depend on the imperfect nutrition of the nervous system, and is generally curable by generous diet and other means that supply materials for construction."

Burrows relates the case of a boy who, up to twelve years of age, "had evinced all the capacity and activity usual to his years. At this period some change was observed in his disposition and habits. He became negligent and irascible, fond of amusements below his age, and if opposed fell into silly passions. What he desired he cared not how he obtained. At length slight symptoms like chorea came on. When aged fourteen years," he says, "he (the patient) was brought to London for my advice. He appeared then to be a stout lad with a healthy complexion. The conformation of his head was good. The expression of his countenance denoted a degree of vacuity. He hesitated in his speech a little, and then uttered his words suddenly. He desired almost everything he saw, and attempted to gain it with force and violence, and if restrained broke into furious passions. He had lost all knowledge of the classics, and only amused himself with childish books and pictures. A year afterwards his tutor wrote to me that he was gradually becoming worse; his senses were more impaired, his movements were more restricted; in short, he was quite in a state of vacuity."

Juvenile dementia, as a result of inherited syphilis, is occasionally met with. Mental deficiency is noticed at the age of the second dentition, and from this time gradual degeneration ensues, with sometimes paralytic and epileptic seizures, and death occurs in three or four years. I had a well-marked case under my care, in which after death the brain was found to be small in size, and there was thickening of the membranes and diminished calibre of the cerebral arteries.

Monomania, or *delusional insanity,* which "consists in an exaltation or undue predominance of some one faculty, and characterised by some particular illusion or erroneous conviction impressed upon the understanding," is commonly met with. The patient suffers from delusions and hallucinations. I had a case under my care at Darenth, a girl aged twelve years, who was full of religious delusions. As far as hallucinations are concerned, Moreau is of opinion that while those of the adult may be gay or sad in character, in children they are in ninety-nine times out of a hundred sad. The hallucinations of sight consist of armed men who menace the child, of red or black devils, of corpses dressed up, and so on. Those of hearing are usually terrifying in their character. The child not only sees but hears people say, "I am going to cut your neck," "Be quick or I shall knock you down," "If you

move you will die," and similar sentences, which frighten him. Many cases are on record, but the following is a good example. A child aged seven years, after hearing some stories told by her nurse, had hallucinations of sight. She saw one evening on the wall opposite to her bed a great red man. At her cries they ran to her, and pointing to the figure with her finger, she said, "Do you see him on the wall? he is looking at me." This condition persisted for a long time.

Theomania, demonomania, kleptomania, pyromania, and dipsomania occur in children, but it is not necessary to discuss these affections now.

Erotomania has been observed in early life. The expression of the face and the gestures have an amorous languor, but as a rule the children so affected are chaste. For the most part the disease lasts for a short time, but individuals predisposed to insanity often fall into so much physical and moral languor as to constitute what the French call "amorous cachexia." Esquirol describes such a case:—"The eyes are lively and animated, the look passionate, the talk tender, but erotomaniacs do not become indecent. They forget themselves; they devote to the object of their love a pure and secret worship; they become slaves, and execute his orders with a childish fidelity. . . . The facial aspect is dejected, the complexion pale, the character altered, sleep and appetite disappear, and they become restless, dreamers, desperate, irritable, angry, and so on. The return of the beloved object makes them drunk with joy, and the happiness which they enjoy breaks forth in themselves, and is communicated to every one around them. . . . Night and day they are pursued by the same ideas, the same affections. . . . They desert their parents and friends, scorn fortune, despise social propriety, and are capable of the most extraordinary, difficult, painful, and eccentric actions."

Far more important is *nymphomania* and *satyriasis*, due no doubt to the influence of heredity and exaltation of the general sensibility. Instances are on record in which the affections have been seen at a very early age; satyriasis has occurred in boys only three years old, and in girls cases of pregnancy have been observed at nine years of age. Buchan states that the first symptoms of nymphomania have been observed in a girl three years old, who was in the habit of throwing herself into the most indecent attitudes, and indulging in the most licentious movements.

I have already spoken of *homicidal mania* as the result of imitation; but there is no doubt that the influence of heredity and an overpowering impulse must also be taken into account. Homicidal mania has been observed at a very early age. Esquirol relates the case of a child aged four years, in whom the instinct to murder revealed itself suddenly; he armed himself with a knife, and stooping over the cradle of a baby ten months old, cut its nose and made horrible gashes on the body. Quite lately the newspapers have contained an account of a boy seven years old who was returned for trial at the assizes for the murder of his brother, aged six months. I do not know whether the trial has yet come on, but in this case there is no doubt the influence of heredity is very marked. The mother had been confined in an asylum two years ago, and all her children were weak-minded.

Melancholia appears incompatible with early life, but the buoyancy and gladness of childhood may give place to despondency and despair. It may be sudden or insidious in its attack; a primary disorder, or the sequel of some other form of insanity. There are two forms: the first, a pure abstract indefinable depression; the second, a despondent condition, having relation to religious matters or a future state. In the case of a boy aged sixteen years, who was under my care at Darenth, the parents were nervous, excitable, irritable, and subject to nightmare. The boy was born under the stress of hard work (the mother was a teacher of music). When fifteen years old he came home for his holidays, not knowing that his grandfather was dead. The news, the mother said, "worked upon him." Here we have the influence of heredity and a shock. Five days afterwards he awoke, after going to bed, and shrieked out that he was dying. He saw visions, became melancholy, and swam long distances in the ornamental water, Regent's Park, at night. He was restless and careless of consequences. When admitted he was bright and good-tempered, and very fond of reading. At the end of two years he commenced to have fits of depression, which after a time came on more frequently, and he remained in the same condition when I left four years ago.

As to *suicide in early life,* there are numerous instances. In these cases heredity exerts a great influence, but very often there is an overpowering impulse, or terror produced by certain hallucinations will cause the child to commit suicide. The fear of reprimand or bad treatment is a frequent cause

of suicide, as are also self-love and disappointment at not obtaining a high position in school. Falret mentions a case in which a child aged twelve years committed suicide because she was twelfth in her place in class. Soultz relates the case of a child aged twelve years who committed the act in order to escape the tediousness of having to go to school. Seizing a knife from the table, he buried it deep in his chest three times. Unfortunately, suicide in children seems to be increasing; in France there have been 482 during sixteen years, and in Russia 57 during ten years. I have no statistics at present with regard to England.

Mania is characterised by a general delirium, with loquacity, incoherence, intellectual excitement, and delirious conceptions. The movements are violent and incessant. The children cry, run about, laugh, sing, break and destroy things, undress themselves, and do everything without any aim or design. The muscular strength seems to be increased, and one sees young children overcome obstacles and lift heavy things with extraordinary facility. In this form of mental affection delusions are more frequent than hallucinations. Of the thirteen cases which have been under my care no less that nine suffered from mania, and in five of these it came on after attacks of epilepsy. The following is a representative case:—W. A. R—, aged twelve years on admission, was a fairly nourished boy, of dark complexion and engaging disposition, but of excitable temperament. There was a history of phthisis on the father's side of the family. The case was a congenital one, and was supposed to be due to the mother being insulted by a man when three months pregnant. The child had always been on the move since birth, but had become more restless lately. He had fits of screaming a fortnight before admission. He was the only child. On admission he was noticed to speak in a short, sharp manner, and give incoherent answers to questions. His attention could only be arrested for a very short time. He was constantly moving about, and became violent after states of excitement. He was very mischievous. He had no epileptic fits, but violent screaming attacks. In one of these maniacal states he threw his trousers into the fire, broke some basins, and threw two chamber-pots at the head of some helpless imbecile children near him. When asked about it, he said he did it, but gave no reason.

Kelp gives the case of a boy, aged thirteen years, who suffered from *folie circulaire*. He was a dull child, and had

been so often punished at school, on account of his slow progress, that he became deeply melancholy and tried to kill himself. The melancholia alternated with mania, in which he whistled and sang day and night, tore his clothes, and was filthy in his habits. A case of this kind is rare, he says, at such an age.

Choreamania consists chiefly of capriciousness, irritability, and a great tendency to sudden emotional disturbances. Hallucinations, illusions, and a maniacal delirium may also occur. I have seen one such case myself. Leidesdorf has directed attention to the resemblance of choreic to toxic insanity, as supporting the view that chorea may be of infectious origin. There is no doubt that it is due to a blood state, but what this is we are at present unable to say. In the ninth volume of the *Psychological Journal* a case of choreamania is related, in which a boy ten years of age lifted an adder, supposing it to be a stick, and was so much alarmed, though perfectly uninjured, that mania, accompanied by involuntary and grotesque attitudes and gesticulations, was induced.

Moral insanity is of frequent occurrence in childhood, and I have seen several cases, though in America it seems to be of more frequent occurrence than in England. The intellectual faculties are unimpaired, and the child is usually sharp and clever, but morally he is a thief, a liar, full of cunning, horribly cruel, and often of immoral tendencies. When remonstrated with he will express contrition and promise amendment, but these promises are soon forgotten, and a fresh outbreak occurs. Mayo relates the case of a boy of fair talents and considerable intelligence, but of the most singularly vicious, unruly, wayward, and depraved character. Under all means had recourse to for his reformation he had been alike intractable. He was selfish, violent, delighted in mischief, had drawn a knife on one of his tutors, exposed his person, and gave way to every degrading vice.

Hysteria has been frequently noticed. Tables have been published of the various ages at which it most frequently occurs, and from a study of these it seems that hysteria rarely appears before the age of six or seven years. As in the adult, so in the child, it presents the convulsive and non-convulsive forms. Rarely there is a convulsive attack; more commonly it commences with intellectual disorders, and various troubles of sensation and movement. Usually those affected have a lively appearance, keen imagination and intel-

ligence, and seek to draw attention to themselves by exaggerating their sufferings. These cases are extremely impressionable, and laugh and cry on the slightest provocation. The will is weak. Hysteria is more common in girls than boys, but when the latter suffer from the affection they become timid, and blush and lower their eyes when spoken to. They will not play with boys of their own age, but prefer the games of little girls, such as playing with a doll, &c.

Recently Dr. Wiglesworth has described two cases of degenerative cerebral disease in children, presenting symptoms resembling those of *general paralysis*. Lack of time, however, prevents me from describing them. The *diagnosis* of most of these forms of mental disease is easy. The chief difficulty arises in distinguishing mania from the delirium which appears in the course of acute diseases. *Acute meningitis* may be mistaken for mania, and *vice versâ*. But in *meningitis* the pulse is full and strong, and the temperature raised. There is headache, vomiting, and convulsions. The pupils are contracted, and strabismus will often be observed. In *mania* the pulse is only slightly quickened, notwithstanding the violence of the delirium, and there is no vomiting nor convulsions.

Asthenic pneumonia and *typhoid fever* are sometimes accompanied by violent delirium which masks the essential symptoms of the disease, but the delirium of these diseases is always preceded by a long or short febrile period; while in *mania* the febrile period only becomes developed at the time when delirium is at its highest point of intensity.

As regards *prognosis*, the presence or absence of hereditary predisposition will help us to decide whether the patient will recover, or if he recovers whether there is likely to be a relapse. Generally one may say that if a child has an attack of mania, melancholia, or other mental affection, and there is no history of hereditary predisposition or masturbation, the prognosis will be favourable; on the other hand, if heredity is well marked and masturbation is much practised, the prognosis will be bad, especially as regards the future. An exception must be made in the cases of juvenile dementia the result of hereditary syphilis, moral insanity, general paralysis, and usually by nymphomania and satyriasis. In these cases the prognosis is always bad.

As to *treatment*, opium is rarely necessary; when sedatives are required, a warm bath daily will be found useful, and

when there is intense delirium we can add to this the application of cold to the head; in other cases a wet pack will be preferable. The administration of bromide of sodium in doses, according to the age of the child, will act as a calming agent, especially in cases of epileptic mania. In cases where there is much sleeplessness trional in doses of from 3 to 8 grains may be given for a few nights. A tonic treatment is to be aimed at in order to restore the strength of the patient, and in those who masturbate the administration of quinine and camphor will be found convenient. Cod-liver oil and extract of malt will help to reduce any emaciation which may be present. Care must of course be taken to keep the bowels well open. Open-air exercise is to be employed in all cases, but gymnastics should be made use of as a recreation in cases of melancholia, and as a regulator of movements in choreic insanity. In some cases it will be necessary to stop all intellectual occupation; in others to encourage it, and also make the child interested in the general affairs of life; in the higher classes the study of painting, literature, and the modern languages, and employment in carpentering and gardening for the boys, and fancy work for the girls, will materially aid the cure. One of the most important parts, if not the most important, of the treatment is the separation of the child from his friends; among strangers he will be obliged to conform to the rules of the house, and carry out the treatment which has been ordered. Visits from friends should be permitted rarely at first, and regarded as a favour or reward for good behaviour. Under these circumstances amelioration will proceed much more rapidly.

With regard to moral insanity, Dr. Jules Morel, who has seen a good many children suffering from it in Belgium, advocates special institutions for them. I am of his opinion, and think they should be put into institutions in which they should undergo industrial training, and be kept under control during the period of their lives. If allowed to be without control they are sure to commit some act which will bring them in contact with the law. The result of this will be that they will most probably be sent to prison, which is not the proper place for them.

The *prevention* of insanity in childhood is most important. Life in the open air, work in a garden or on a farm, recreation of all sorts, absence of forced prolonged intellectual labour, and the suppression of excessive emotion are the chief hygienic indications in those predisposed to insanity.

To strengthen the body first is the main point, and having laid a good foundation, we can then proceed to educate the mind. In many cases the opposite view has been held, and children's minds have been pushed on with no regard to their physical condition, and insanity or severe nervous disease is the result. I see children of this kind every year. Fortunately of late various societies have sprung up, whose objects are to study the development of the mind of the child and endeavour to guard against over-pressure, and I hope that in time greater attention will be paid to education in relation to the child's mental condition.

I must apologise for only being able to give you a short sketch of what I consider is a very important subject, but want of time has prevented me from going more fully into the matter.

Discussion.

The CHAIRMAN thanked Dr. Fletcher Beach for his interesting paper. It dealt with many important points, and one especially he had brought under their notice, that of over-education of children. Dr. McDowall said in his asylum experience he had very little personal knowledge of insane children, as they seldom found their way into a county asylum. The youngest cases he had known were of adolescent general paralysis, and he had had several of those well-marked cases, boys and girls of thirteen and fourteen who had died from general paralysis due to congenital syphilis. He had known of cases where hereditary influence was much marked on both sides.

Dr. SHUTTLEWORTH said that the distinction between insane children and those properly designated idiots and imbeciles was of much importance in practice. In his opinion, the former were out of place in institutions organised for the training of imbeciles; for they were not amenable to disciplinary influences efficacious for the latter, to whom, moreover, they set a bad example apt to be imitated. He well remembered the trouble caused at the Royal Albert Asylum by the admission of three insane children, two sisters and a brother, who proved by their moral perversity and occasional maniacal outbursts that they were patients more fitted for a lunatic asylum than for a training institution for mentally deficient children. In a case in which he had recently been consulted in a higher rank of life, there was (in a girl of twelve) moral perversion with sexual precocity manifested by masturbation and other abominable practices, and but slight intellectual defect, though there was reason to believe that the mental abnormality was congenital. There was a neurotic heredity on one side and a phthisical on the other, a family history which he thought not uncommon with the juvenile insane. He had been interested in what had fallen from Dr. Beach as to the characteristics of insanity in children. Children are more or less creatures of emotion. The formation of ideas was a matter of gradual organisation in the growing child. Fixed delusions were uncommon in children, for their normal ideas were not fixed but transient. Of course, amidst monotonous surroundings there might be predominance of one idea, as in the case of a child constantly harping on the word "window," the only bright spot in its cellar dwelling. Homicidal tendencies were most common at the adolescent period; they were not always the outcome of insanity so much as of moral imbecility,—that is to say, a simpleness of mind leading to deeds of violence through mere imitativeness. Hence the need of caution as to the reading of sensational literature by youths of weak mind. Much might be said as to injurious modes of

education. Precocious children were sometimes rendered insane by their talents being too early brought into prominence. Such children often broke down and became insane before they arrived at adult age. The more cases of general paralysis in children were inquired into and the antecedents found out the more likely they would be to find a history of inherited syphilis.

Dr. JONES said he was expecting to hear more about insanity in children before the age of puberty. It would be interesting to find out whether what happened in the adult happened in the early youth of the child. He would like to know when moral perversity began. Over-education in children was certainly a subject worthy of great consideration.

Dr. OUTTERSON WOOD, speaking as a hospital practitioner, spoke of the question of masturbation, and said he saw the results of it over and over again in their out-patient department. There was a great alteration in the habits and manners of children who were allowed to practise the habit unchecked. Numerous cases of epilepsy were undoubtedly due to the practice of self-abuse.

Dr. BOYCOTT said Dr. Beach had not told them the age at which insanity showed itself in children. As far as he could see, insanity in children showed itself as they grew up. When the child began to talk they would expect to see signs of hereditary insanity develop, but it seems to take years to develop.

Dr. THOMSON said Dr. Savage had written that insanity in children was a tendency, and not an entity of itself. He thought it was when that tendency was diverted actually into insanity. That tendency he said might remain throughout life if there was nothing to set it all right, so to speak.

Dr. BEACH said moral sense was greatly due to the education of the child. No doubt, as Dr. Jones had said, there was something in the environments or surroundings of the child. Insanity did not show itself much in very young children, and the older the child grew was hereditary insanity likely to show itself. Tendency no doubt was a strong factor in the introduction of disease of all kinds. He alluded to the question of degeneration, and said an American doctor was in England making a study of the degeneration of the English race, and according to him that was very marked.

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*The Care and Education of Weak-minded and Imbecile Children in Relation to Pauper Lunacy.** By JOHN CARSWELL, L.R.C.P.E., &c., Certifying Physician in Lunacy, Barony Parish, Glasgow; and Lecturer on Mental Diseases, Anderson's College, Medical School, Glasgow.

THE care, training, and education of physically and mentally defective children is now an accepted public duty undertaken by the State at the public cost, to the extent at least of providing the necessary schools and institutions, and other needful arrangements. Blind and deaf and dumb children are provided for by legislation, which was passed as the result of the facts of the case relating to the special needs of those children having become apparent by the general enforcement of compulsory education. Imbecile and idiot children have also been provided for by laws passed

* Read at the Spring Meeting of the Scottish Division.