

OXFORD MEDICAL PUBLICATIONS

A TEXT-BOOK
OF
PSYCHIATRY
FOR
STUDENTS AND PRACTITIONERS

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TO

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PREFACE TO THE SIXTH EDITION

THE remarkable progress that has occurred in psychiatry in recent years in the teeth of war conditions, and even to a limited extent because of them, has made it desirable to incorporate in this edition much new material and to make some rearrangements.

The chapter on psychoneurotic forms of reaction has now been placed at the beginning of the description of the various reaction-types or syndromes, because they are much more common and come far more often under the care of the general practitioner, and even of the specialist, in his out-patient practice at least, than any other form of mental illness.

The dramatic successes attained by methods of physical treatment, such as those conducted by chemically or electrically induced convulsions and by surgical division of the white matter of the frontal lobes, have prompted us to add a special chapter on these triumphs of empiricism, based as they are on reasoning that paradoxically appears the more faulty, the more their practical successes are examined. These advances must some day prove an effective stimulus to new and more accurate pathophysiological conceptions of brain function and its relation to mental disorder.

Partly for this reason we have again made additions to the discussion on epilepsy, which in some of its manifestations is the nearest approximation we have to a "functional" brain disorder in the strict sense, its symptoms exhibiting the operation of isolated brain processes at a higher level of integration and nearer the mental level than those of any other physical disease.

The section on paranoid states has been moved from the schizophrenic reaction-types to that on paranoic and paranoid reaction-types, thus altering the classification of schizophrenic states, or dementia praecox, as formulated by Kraepelin. Our experience has led us to the view that the states described as paranoid forms of schizophrenia are much more closely allied to the paranoid reaction-types than they are to the other forms of schizophrenia. This similarity affects both symptoms and prognosis, and in consequence we feel that the undergraduate studying such

conditions will get a better idea of the whole paranoid reaction type when it is considered in the way we now suggest.

The present spate of social planning and the greater prominence given to the social aspects of medicine are in harmony with the psychiatric viewpoint that this book, following Adolf Meyer, has sought to represent, viz. that psychiatry is among the most socially oriented of all the many branches of medical science. The social aspects of psychiatry, which are likely to bulk larger in the near future, have therefore received additional commentary in appropriate places throughout the text.

The chapter on war psychiatry, which a reviewer once in the 1930's chided us for retaining, has had to be amplified so as to give those who are entering the Services a bird's-eye view of the problems, as well as of the more essential details.

Psychiatry, or to use its other and more illuminating name, psychological medicine, is indeed a living subject. There is almost nothing human which it does not somewhere touch. It seems that the complete psychiatrist of the future will have to be not only a doctor, but a social anthropologist, a psychologist, at least an elementary statistician, perhaps something of a biochemist and more than a little of a physicist. The young psychiatrist need not be deterred, but may rather think it "blessed in that dawn to be alive". We hope that when he dips into the book he will share some of the pleasure the authors have had in their endeavour to keep it up to date and in touch with the manifold problems of the consulting room, the home, the school, the work-place, the hospital and human life generally.

D. K. H.

R. D. G.

June 1944

PREFACE TO THE FIRST EDITION

OUR aim in this book has been to present psychiatry as a living subject, with important relations not only to general medicine, but to the social problems of everyday life. Recent work in psychopathology has given to the study of mental disorders a human and a scientific interest which was too often lacking before. Most of all, the biological viewpoint of Adolf Meyer and his followers of the American school has seemed to us to shed fresh light on the nature of mental illness, and to offer new hope in its prevention and treatment. This biological hypothesis regards mental illness as the cumulative result of unhealthy reactions of the individual mind to its environment, and seeks to trace in a given case all the factors that go to the production of these reactions. We hope to have shown to some extent in the following pages how much of understanding and interest these and other recent researches have added to psychiatry.

Nomenclature we have sought to make as simple as possible, as we believe that the facts are best expressed in ordinary language, and that the use of technical terms should be restricted to occasions where brevity and convenience demand them. One thing will be apparent to the reader; namely, how much regarding the nature of mental disorder remains unknown. We have presented the facts and the chief interpretations of them, indicating what among the latter seems most likely to be verified. We believe the time has come when mental illness need no longer be regarded as the mysterious preserve of a few specialists, but when a working knowledge of psychiatry is within easy reach of the general practitioner, with all that implies in the way of early recognition, prevention and treatment.

We have made a point of quoting at length clinical records of cases in our own practice, as far as space permits; and this for several reasons. Mental illness is an individual affair. Its symptoms have little meaning apart from the setting in which they occur. This setting includes not only the general mental and physical condition at the time, but the individual's personality, circumstances and history from his earliest days. Hence general descriptions of clinical syndromes, while interesting, are not of

the first importance. What is wanted always is an understanding of the patient as a human being, and of the problems which he is meeting in a morbid way with his "symptoms". It is in accordance with these principles, and with what is called the "dynamic" view, that we have utilised clinical records so extensively.

The clinical material upon which the book is largely based was observed at the Glasgow Royal Mental Hospital; the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital, Baltimore; the Psychiatric Institute of the New York State Hospital, Ward's Island, New York; the Cassel Hospital, Penshurst, Kent; and Guy's Hospital.

We have appended only a brief bibliography. To have furnished a comprehensive list of references would have meant much additional space. We must therefore content ourselves with acknowledging our indebtedness to many of the standard text-books and to monographs dealing with special topics. Throughout the text we refer to a number of these, but where we have failed to make acknowledgment we now do so.

D. K. H.

R. D. G.

May 1927

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CHAPTER I

HISTORICAL REVIEW OF THE CARE AND TREATMENT OF MENTAL ILLNESS

MENTAL disorder, in one form or another, has been recognised from time immemorial, but it is only in comparatively recent years that serious attempts have been made to study and understand it. Progress in this branch of medicine has been slow, but the difficulties to be contended with—professional apathy, public prejudice, and the inherent complexity of the subject—have been very great, and the advance which has actually taken place has not been sufficiently recognised. To give perspective to modern psychiatric problems, therefore, we have thought it wise to mention some of the more important landmarks in the social history of psychiatry.

Writers on the history of psychiatry have habitually referred to records in Greek poetry and mythology of episodes of frenzy affecting the Heroes, but it is quite impossible at this date to form a definite opinion of the relationship of these states to mental disorder as it is understood to-day. Early Egyptian papyri contain references to mental disturbances. Thus, about 1500 B.C., it was written of senility that "The heart grows heavy, and remembers not yesterday". This statement may have had a basis, even at that time, in anatomical as well as in psychological observations; Elliot Smith has demonstrated arteriosclerosis in his dissections of mummies. The first authentic cases of mental disorder are recorded in the Books of the Old Testament, where Saul, David and Nebuchadnezzar are famous examples. Epilepsy was the type of mental illness with which the ancients were specially familiar. It was long known to them as the "sacred disease", but Hippocrates, with his customary insight, stated that "The sacred disease (epilepsy) appears to me to be nowise more divine nor more sacred than other diseases, but has a natural cause from which it originates like other

affections. Men regard its nature and cause as divine from ignorance, and wonder because it is not like other diseases." Cambyzes, the King of Persia, is a much-quoted example.

An early reference, perhaps the first, to the treatment of the insane is contained in Plato's *Republic* (Bk. xi. c. 13). "If anyone is insane let him not be seen openly in the city, but let the relatives of such a person watch over him at home in the best manner they know of, and if they are negligent let them pay a fine." In the time of Hippocrates, it was the custom for the mentally afflicted to visit the temple of Æsculapius, where sacrifices and prayer were offered. Incantations and purifications seem to have been specially recommended for epilepsy. Hippocrates himself, however, believed that the brain was the organ of mind, and he denied that there was anything occult or mysterious about the occurrence of a mental disorder. Democritus, in his correspondence with Hippocrates, made the curious statement that "Hellebore when given to the sane pours darkness over the mind, but to the insane is very profitable"! Hæmorrhoids and varicose veins were alleged to relieve a disturbed mind. The treatment attributed traditionally to Asclepiades (who flourished in the first century B.C.) was later described in the Christian era by Celsus, who advocated two widely divergent methods. On the one hand, he had a use for such methods as starving, chains and flogging; because under such treatment, it was said, those who had refused food started to eat, and in certain cases the memory was refreshed. On the other hand, he deprecated venesection and the use of fomentations of poppy and hyoscyamus, maintaining that everything possible should be done to divert the melancholic, and commenting favourably on sports, music, reading aloud, rocking in a hammock, and the sound of a waterfall as methods of treatment. Themison, another disciple of Asclepiades, recommended a liberal diet, baths and fomentations. Titus has the invidious distinction of recommending stripes. Cælius Aurelianus is worthy of much praise, for he placed his patients under the best conditions of light, temperature and quiet, and recommended that everything of an exciting character should be excluded. Of particular interest are his references to tactfulness in attendants for the avoidance of antagonism, and to the limited and cautious use of physical restraint. The physician, he said, should not see the patient too frequently, lest his authority be undermined. Theatricals, entertainments, riding, walking and work were all recommended, particularly during the period of convalescence.

Topics of conversation were to be such as would suit the patient's condition. Later, excursions by land and water, and various other distractions, were to be used. He denounced semi-starvation, bleeding, chains and excessive drug therapy. Galen, basing his treatment on the humoral pathology, recommended a just balance between "moisture" and "dryness". Aretæus, probably a contemporary of Galen, advised bleeding to relieve the liver in melancholy, purging by means of aloes, and baths; and, in convalescence, natural hot baths for their sulphur and bitumen.

Mediæval Europe left the treatment of mental illness to priests, and superstitious beliefs in witchcraft and the like flourished. Special reference may be made to contemporary customs in the British Isles. Treatment by herbs, and binding in chains and fetters, are mentioned in old Saxon chronicles. Certain wells were considered to have special virtue. Of these, the most famous were St. Fillans, St. Ronans, Struthill, and a well on a small island on Loch Maree, in Scotland; St. Winifred's Well in Wales; and some in England, particularly in Cornwall. The Valley of Glen-na-Galt in Ireland had more than a local reputation.

Lunacy legislation appeared in England as early as 1320, in Edward II.'s reign, when it was enacted that the property of lunatics should be vested in the Crown. The first place of care for the insane in the British Isles was Bethlem in London, where in the year 1403 six lunatics were confined. It had been founded in 1247 as a priory of the Order of the Star of Bethlem. In 1546, Henry VIII. granted St. Bartholomew's Hospital and Bethlem to the laity, and in 1632, a medical man, Crookes, was appointed governor of Bethlem.

In the seventeenth century, the great Sydenham prescribed for "mania" after long agues a cordial, generous indeed, consisting of Venice treacle (which contained the flesh and blood of vipers, and sixty-one more ingredients), canary wine and honey. This was given three times a day, with rest in bed; even pregnancy was no contra-indication. In addition, Sydenham strongly recommended bleeding in the treatment of "mania", saying, "Young subjects, if of a sanguine habit, are to be bled to the extent of nine ounces on two or three occasions, with three days between each bleeding". A caution was given not to exceed this amount of bleeding; "otherwise idiocy and not recovery will result". The bleeding was followed by a course of purgative pills. In place of venesection, Denis, of Paris, in 1667, introduced the transfusion of blood. This he employed in

the case of a love-sick youth, with fatal results, and an action for damages followed.

In the next century, great indignation was aroused throughout the British Isles by the treatment meted out to King George III., who was subject to periodic attacks of mania. The treatment of his case was largely left in the hands of a Dr. Willis, who had gained considerable reputation by his management of a private house in Lincolnshire, where he cared for approximately 20 patients. In conducting this private home, he allowed maniacal patients much freedom. If they escaped, the wages of the delinquent attendant were withheld until the patient returned. The Royal patient was treated with singularly little respect. No hesitation was evinced in knocking him down. He had to submit to blisters and a strait-jacket. Willis ascribed great value in the King's case to the use of Peruvian bark. There was so much friction between the various physicians who were called to see the King that the House of Lords appointed a Committee to inquire into the matter. It was after this that greater public attention was directed to the condition of the insane throughout the country.

The modern era of the care and treatment of mental illness dates from the end of the eighteenth century, and may be divided into three periods :

1. The period of humane reform, with which are associated the names of Pinel and Esquirol in France, Tuke in England, Fricke in Germany, and Morgagni, Chiarugi and Daguin in Italy.

2. The introduction of non-restraint by Gardiner Hill, Charlesworth and Connolly in England, and in America by Bond, Kirkbride and Rush.

3. The hospital period.

These periods will be dealt with in order, although they necessarily overlap.

Humane Reform.

In 1792, Pinel, who was physician to the Bicêtre Hospital, was given a free hand by the Revolutionary Commune, and liberated in less than a week more than 50 patients, some of whom had been in chains for thirty years. He believed that these patients were unmanageable only because they had been robbed of air and liberty, and the results proved that he was right. He constructed promenades and workshops, and introduced light and air where before was the darkness and stench of dungeons.

His work was continued by his pupil Esquirol, who succeeded Pinel at the Salpêtrière in 1810. Esquirol made great reforms in housing and regimen; travelled all over France to carry out Pinel's ideas; founded no less than ten asylums, and was the first lecturer on psychiatry.

After Esquirol came Ferrus, who received the new title, "Inspecteur-Général du Service des Aliénés". He had the distinction of starting a farm in connection with the Bicêtre, employing only patients on it. From his advocacy resulted the law of 1838 for the establishment of new mental hospitals in every department of France, and the improvement of the existing ones.

Almost simultaneously with these epoch-making reforms in France, the exertions of William Tuke and Lindley Murray in England resulted in the opening of the York Retreat in 1796.

In Germany the modern era began with Fricke, who in Brunswick in 1793 applied humane medical treatment, and greatly reduced mechanical restraint. In 1803, Reil published a volume entitled *Rhapsodies on the Use of Psychic Treatment in Mental Disorder*, and in 1805 appeared the first journal devoted to the study of mental disorders—the *Magazin für Nervenheilkunde*—which was edited by Reil and Kayssler.

The reforms begun in England by Tuke, which resulted in the establishment of the York Retreat, were followed by the introduction of a Bill into Parliament for the better treatment of the insane. This Act, known as "Wynne's Act", was introduced in 1808, and is described as "an Act for the better care and maintenance of lunatics being paupers or criminals in England". Amending Acts were introduced in 1811, 1815, 1819 and 1824, and these have laid the basis for the present lunacy administration of this country. It was not, however, until 1845 that a Lunacy Commission was established in England, and, in 1913, was reorganised as the Board of Control. In 1815, a Committee was appointed to investigate the conditions in "madhouses" in England. The Report of this Committee stated that keepers of houses for the insane admitted a greater number of persons than they were calculated for, there was an insufficient staff, a larger amount of restraint was used than was otherwise necessary, noisy patients were mixed with quiet ones, the certificates on which the patients were received were insufficient, and the visitation of private madhouses was defective. No immediate action followed this Report, but it served the purpose of drawing attention to the grave abuses which existed. For instance, at the York Lunatic Asylum it was found that

there had been great neglect and cruelty. Of 365 patients who had died, the deaths of only 221 had been reported; a patient had been killed, and the body disposed of to avoid an inquest; and two sets of books had been kept. At this time, when Dr. Monro, the Superintendent of Bethlem, was questioned about the treatment, he replied: "Patients are ordered to be bled about the latter end of May, according to the weather. After they have been bled, they take vomits once a week for a certain number of weeks. After that, we purge the patients. That has been the practice invariably for years, long before my time." It is true there were no strait-jackets—irons were held in greater esteem! Patients were chained in a state of nudity to tables. A female patient in a hospital at Bethnal Green was confined in a quondam pig-sty. Male attendants not infrequently had charge of female wards, and the immorality and depravity which existed beggar description.

It was not until 1828 that a Bill was passed which appointed fifteen Commissioners for the Metropolitan District to visit Homes in which the insane were detained. Patients were not to be admitted into them without medical certification, and all admissions, removals and deaths were to be reported to the Commissioners.

A few years previously, in 1823, Sir Alexander Morison, who had been a pupil of Esquirol's, instituted in Edinburgh a course of nine systematic lectures in psychiatry; in 1826 a supplementary course was given in London. Morison, therefore, can be ranked as the first teacher of systematic psychiatry in Great Britain.

In America the humanisation of conditions in mental hospitals was associated with the names of Doctors Bond, Kirkbride and Rush, and the reforms instituted there were in line with what was happening in France and England. The otherwise enlightened Rush published a book called *Observations on the Diseases of the Mind*, in which he advocated copious bleeding, low diet, purges, calomel and opium, but these methods were discarded by his successors, and "supporting treatment" was generally favoured.

Abolition of Restraint.

This period was initiated in 1837 by Gardiner Hill and Charlesworth at the Lincoln Asylum. In 1829, in the Lincoln Asylum, there were 72 patients. Of these, 39 were constantly restrained, and the total number of hours of restraint was 20,424 per annum. Under the régime of Hill and Charlesworth, of

130 patients only 2 were under restraint for a total period of twenty-eight hours per annum. In subsequent years, mechanical restraint was entirely abolished. The condition of the patients was greatly improved, they became quieter, and accidents and suicides were much less frequent. Connolly at Hanwell became an enthusiastic advocate of non-restraint, and after a period of five years he wrote in one of his reports: "There is no asylum in the world in which all mechanical restraints may not be abolished, not only with perfect safety, but with incalculable advantage". In 1856 he published a book entitled *The Treatment of the Insane without Mechanical Restraint*. The *Edinburgh Review* of 1870 commented on Connolly's work in this way: "To Connolly belongs a still higher crown, not merely for his courage in carrying out a beneficent conception on a large scale and in a conspicuous theatre, but for his genius in extending it. To him, hobbles and chains, handcuffs and muffs, were but material impediments that merely confined the limbs; to get rid of these he spent the best years of his life; but beyond these mechanical fetters he saw there were a hundred fetters to the spirit, which human sympathy, courage and time only could remove."

Perhaps the most striking personality among all the pioneers was Dorothea Lynde Dix. This remarkable woman, handicapped as she was by unsatisfactory home conditions and by poor physical health, nevertheless showed indefatigable energy in investigating the care and treatment of the mentally disordered. In America she was responsible for improving the condition of the existing hospitals and for creating new ones. Altogether she founded approximately thirty-two institutions. "Could all the prisons on new and better plans she carried bills for, and all the almshouses she caused to be thoroughly reconstructed, be added to these, and then all brought vividly before the mind's eye, the impression would be amazing indeed." While in a state of ill-health, Miss Dix paid a visit to Scotland, and visited a number of mental hospitals in and around Edinburgh. Many of these she found to be well conducted, but in others she discovered serious abuses. She met with great opposition, and was dubbed the "American invader". But she persisted in her efforts, and in the course of a few weeks she was responsible for the appointment of a Royal Commission to inquire into the condition of lunatic asylums in Scotland and the existing state of the law of that country in reference to lunatics and lunatic asylums. This Commission was appointed on April 3, 1855, and it was largely as a result of its investigations that parochial