

**An address on the ethics of insanity / delivered before the Norwood  
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# An Address

ON

## THE ETHICS OF INSANITY.

DELIVERED BEFORE THE NORWOOD DIVISION OF THE  
BRITISH MEDICAL ASSOCIATION.

BY  
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PERHAPS there is no subject in the whole range of medicine of more interest, and, to the general practitioner, of greater difficulty, than insanity. The very nature of its symptoms and the difficulties experienced in their management renders a case of mental disease, as occurring in our general practice, one of great worry and anxiety. Such cases are outside, as it were, the general practitioner's sphere; and, accordingly, they are usually relegated to a separate department of medical science, and this was done long before specialism in medicine became so fashionable as it is in these days. Cases of mental disease are gratefully left by the general practitioner to men who, from their special training, are supposed to be more able to cope with the symptoms. As the education of the medical man advances the gap between the alienist and the general practitioner is steadily diminishing.

If there can be advanced one argument in favour of specialism in medicine surely the care and treatment of mental diseases is that argument, for they demand special education and training, such as can only be obtained by a long residence in institutions where the insane, on account of their symptoms, are congregated.

It is not to be expected that the general practitioner can even pretend to more than a rudimentary knowledge of psychological medicine, or the modern methods of the treatment of insanity. On the other hand, no one would credit the alienist with an intimate knowledge of the routine work of general practice, or with the various methods adopted to humour the sane sick, so necessary to the success of the general practitioner.

I purpose in this address to deal with several matters concerning insanity, regarding which the general practitioner, especially if he is of the "family physician" type,

may be called upon to express an opinion, or even act promptly, for often so much depends upon his decision. For example, promptness of action is imperative in dealing with a case of acute insanity in a private house. The doctor has to decide, and this regardless of possible legal contingencies, whether his patient should be "certified" and removed to a public institution. Again, he may be asked to give an opinion on the delicate question of marriage between persons of insane or neurotic diathesis; the care and education of children of such unions; the testamentary capacity of persons of idiosyncrasic tendencies, or suffering from gross nerve lesions, or even some of the vague symptoms suggestive of the borderland of insanity; and finally, there are many legal questions which may have to be answered by the family physician, with results entailing, perhaps, the gravest consequences to the persons concerned.

It is admittedly rare that a case of acute insanity can be successfully treated in a private house, and the first difficulty that faces the family medical adviser is the determined objections of many persons to the removal of the patient to a public institution if this should entail "certification." Twenty years ago, and more, the public were intensely prejudiced against "certification," "lunatics," and "asylums," and this prejudice is as keen to-day as it ever was. Only the other day I had the greatest difficulty in convincing a lady, whose husband I had advised removal to an asylum, that the attendants neither beat nor starved the patients. It is one of the saddest blots on our so called civilization that these terms "certification," "lunatic," and "asylums" should still spell *opprobrium* to the general public, even although they are better educated, and our asylums are, if possible, better administered, than they were twenty years ago. As medical men, and in the best interests of patients suffering from this sad disease, I consider it is our bounden duty to inquire into this prejudice, and, having found the cause, to suggest a remedy.

It has always seemed to me that the general practitioner himself is not altogether irresponsible for the dread the public have of the only rational treatment for their insane relatives; perhaps this is a sin more of omission than commission, but, nevertheless, they do not make themselves conversant with the working of our public asylums, and are, accordingly, not in a position to combat the absurd arguments of their patient's friends, whose sole source of information may possibly be the usual halfpenny daily paper, whose circulation depends upon well-worked-up scandals referring to our public and philanthropic institutions. If the doctor successfully combated these unreasonable prejudices, I am sure we should hear less of them, and possibly many mental lives, which are now lost, would be saved.

But there is another reason for the prejudice the public have against "certification" and "asylums," and this is the existence of a law called "the Lunacy Act," for no

one can be treated in an asylum without coming under its ban, and the curse of the law is "certification"—that is, the person is duly pronounced a "certified lunatic." To the educated this is merely a play of words, but to the ignorant or prejudiced it spells disgrace; it means loss of social and domestic rights, deprivation of all civil rights, separation from wife, family, and home, and, if—I had almost said unfortunately—the patient does recover, he is for ever afterwards branded, "He was once a lunatic"; he is shunned, and perhaps feared, by his friends, and possibly never again attains the social position he lost when he was "certified."

It is true there is a little clause in the Lunacy Act, which comprises only 342 sections and 146 rules and regulations, which provides for the "voluntary" treatment of mental diseases, but this section only applies to persons who know what they are doing; but what about the poor patient who, from the duress of his affliction, does not know what he is doing? It is the sick who have need of a physician; they who are well need no physician; these latter have to wait until they are so ill that the doctor "certifies" them, and they are then "lunatics."

After-care associations are needed for the poor mortals who are liberated from these asylums; they want a protecting hand to guide them until they are fit to guide themselves; does it not seem strange that we hear of no "after-care associations" in connexion with our hospitals? And this is what we call the twentieth century treatment of the saddest disease that can befall our race! The treatment may be, and is, all right, but it is the means to obtain this treatment I object to. If we are to progress, if we are to be of any real use to suffering humanity, then our business should be to place our patients under treatment with as few obstacles as are met with when we send a patient with a broken leg to the hospital. In fact, our asylums should be hospitals, not in name alone, but in very deed, and there is no more logical reason for the law to step in and offer definitions of insanity, and interfere with its prompt treatment, than that it should regulate the terms upon which a case of pneumonia shall be admitted to the hospital.

Possibly the reason why the law regulates the treatment of the insane is the fact that they are deprived of their liberty, but surely, if the deprivation of liberty is essential for the treatment of this disease, some other method could easily be found without the necessity of branding the patient a "lunatic." If it is found impracticable deleting the present antiquated and cumbrous Lunacy Act from the Statute Book—and no doubt many objections to this would be advanced by interested parties—then it should be replaced by another Act, with another name, and treating of the insane more like sick persons than "lunatics," and our asylums more like hospitals than "places of detention."

In view of these facts it is reasonable your patient's friends should prefer to have him treated at home; your

arguments, which perhaps you only half believe yourself, failing to overcome his prejudices, you submit; but, after months of nursing, you are forced to either give the ultimatum—removal to an asylum, or else you threaten to give up the case altogether. Meantime the delay has not benefited your patient; it is likely he has now lost his best chances of recovery, for it is a well known fact that early treatment in most cases of acute insanity gives the best prospects of recovery.

Apart from this possible delay, the question arises, "At what stage of the disease are you justified in certifying a case?" The "powers that be" are generally anxious to make the existence of a delusion the main factor in your certificate. But a person with delusions is not necessarily "certifiably" insane; it is only when some practical manifestation of the delusion occurs that you are justified in granting a certificate. For example, a patient may tell you his soul is lost, and he must die; the natural outcome of such delusions is self-destruction, or an attempt at such. Then "certification" comes too late in the majority of cases; it would almost seem as if certification were resorted to not so much for the purpose of obtaining treatment for the delusion as to prevent possible self-destruction, and this is contrary to the primary tenets of rational medicine, for, in our treatment of disease, we deal with the cause, not the consequent or symptom.

The next question that arises is, "When should a patient be sent to an asylum?" If the case is likely to be one of long duration—say any time over a month—then the sooner he is sent the better for him. It is a great mistake, but one often made by doctors, to keep their patients at home until some serious symptom arises—until, in fact, the patient becomes "dangerous to himself or others"; they seem to forget that an asylum is not only a place for care but also a place for treatment, and many cases in our asylums now could have been cured had they been taken in time and the proper treatment applied.

Finally, in this matter, if the law has to be complied with, it is better that medical men should study a little more closely the certificates they sign when consigning a patient to that unfortunate class, "certified lunatics." We are constantly finding mistakes in the medical certificates; these are more frequently mistakes of omission rather than commission, but it should not be forgotten that they are legal documents of very great importance, and it is not creditable to an educated profession to find careless composition, misspelt words, or necessary clauses left out altogether. Such carelessness is not characteristic of the average doctor's other dealings with his patients.

The doctor, especially if he is at the same time family physician and confidential adviser to his patients, is sometimes consulted in matters pertaining to the marriage of individuals where a tendency exists to mental or nervous disease, either in the ancestry or in the individuals themselves, and this is perhaps one of the most delicate questions which it is our duty to deal with.

Persons often get married without any sense of responsibility for the miseries they entail upon those who will be heirs of their imprudence—indeed without regard to anything but their own personal gratification. Many a man suffering from a hereditary disease for which he certainly is not to blame has cursed the day his parents married. As Maudsley says, one is driven to think that man is not the pre eminently reasoning and moral animal which he claims to be, or else there is in him an instinct which is deeper than knowledge. He has persuaded himself, rightly or wrongly, that in his case there is in the feeling of love between the sexes something so sacred and mysterious as to justify disregard to the consequences in marriage.

Whether the marriage of cousins results in a degenerate stock is even yet a moot question. Maudsley is of opinion that unless a fault exists in the nervous structure on both sides no harm is likely to accrue. Rather, such unions often produce geniuses, who, after all, may be considered as degenerates, and within the borderland of insanity itself; should there be a fault on either side, then this fault is liable to be intensified in the progeny.

Clouston does not advise the marriage of persons with a neurotic taint, and considers the occasional birth of a genius does not justify the risks of generating a stock of idiots and imbeciles as well. He advises a man with a neurotic strain, if he *will* marry, to marry a woman fat and lethargic. He says "there seems to be a special tendency for members of neurotic families to intermarry, and an affective affinity amongst such that tends towards love and marriage."

While it would be wrong to advise marriage in cases where a hereditary taint existed, at least until the person was well advanced in years, and had kept free from mental or nervous symptoms, it would be just as wrong to oppose marriage to a person who had once been insane, but whose insanity was due to some preventable cause not likely to occur again, such as post-febrile or traumatic insanity.

It is interesting to note that, with the advance of education and civilization, this question of marriage is receiving more and more attention. It is utterly absurd that we should devote more attention to the mating of our horses and pigs than we do to that of our sons and daughters. We are certainly all agreed that "Love is blind"; only it is sad to think how much suffering might be avoided if the bandages were occasionally removed from Cupid's eyes, and men were allowed to exercise the same care in the selection of their mates as they do when breeding their cattle. If such a plan were adopted, although there might be fewer geniuses and idiots, there would at least be a healthier and happier race.

If love is closely allied to insanity, as some aver, then it may be due to some bacillus, and it is possible an antidote may yet be discovered which in the hands of the family physician will effectually prevent the awful calamities that are likely to befall some unions.

In such a delicate matter as this no medical man is doing his duty, either to his own conscience or to the best interests of his clients, if he refrains from warning them of the grave risks they run in being "unequally yoked"—these risks are not necessarily to the persons themselves, but to their yet unborn progeny. How much untold suffering would be avoided if the "natural law of selection," as found in the lower animals, and even plants, were universally followed. We trust the time is not far distant when no marriage will be considered lawful without a clean bill of health on both sides, and the minister or magistrate who marries "uncertified" couples dealt with as a criminal.

Of the various diseases which are considered as typically hereditary, insanity stands out pre-eminently—upwards of one-third of all our admissions to asylums exhibiting an admitted hereditary taint. Under the law of heredity, it does not necessarily follow that insanity must beget insanity; rather the types of disease, known as the neuroses, and of which insanity is only an example, may produce any of the other types in the offspring. For example, the drunken father may beget the idiot, or the epileptic mother a drunken son.

By careful "selection" it might be possible to ultimately and entirely eliminate the neurotic diathesis, but this fact does not yet trouble the ardent wooer of Cupid's favours, who, regardless of consequences, persists in satisfying his animal passions, which perhaps he considers too holy a flame to have cold water thrown upon it in this way!

Should it happen that, in spite of our advice, our patients insist upon getting married, our next care will be their children; and here we generally find the parents more amenable to reason—the ardour of love having by this time partly died out, and been replaced by common sense. When it is represented to them that health, and perhaps life itself, depends on the way in which the children are brought up and educated, it is rare indeed the parent will turn a deaf ear to the advice of the doctor.

In considering this subject we should recollect one of the great laws of heredity—namely, that it is not the disease itself which descends to the child, but merely a predisposition or tendency to it. Savage defines a "neurotic" as a person possessing a nervous system too delicate for his surroundings, and liable to be upset in various ways; the development of the "neurotic" is the natural outcome of highly specialized modes of living, and the condition, according to him, embraces two groups—(1) those who react very rapidly and delicately to their surroundings, among whom we find geniuses, and (2) those who are unstable without being brilliant—reacting destructively to their surroundings. Certain additional influences, acting upon the neurotic temperament, may produce insanity in one or other of its various forms; for example, the undeveloped brain, associated with the neurotic tendency, may result in idiocy; and the critical

periods of life—puberty, the puerperium, and the climacteric period—may, in cases where the neurotic predisposition exists, produce the forms of insanity characteristic of these crises.

In the children of neurotic parents to produce the same condition we require similar, if perhaps not quite so severe, influences as those which originally induced the disease in the parents. It is not the disease, but a predisposition to it, that is hereditary; so it is with the neuroses, but in this case the predisposition is much more intense than in the case of many other diseases possessing a hereditary predisposition, for we are here dealing with a much more delicate and unstable organ—the brain.

Such considerations as these should guide us in advising our neurotic patients as regards the schooling, dieting, climatic and social surroundings of their children. Our advice should have as its main object the reducing to a minimum risks of exposure to such influences as we know are likely to unbalance a mind already unstable from hereditary taint. As regards education, it is obviously a mistake to cram a neurotic child's brain either too early or too much. The simplest schooling possible, and this without competitive tests, is all that should be permitted. His food should be of the plainest, and all the luxuries of the table strictly denied him. His life should be, so far as is practicable, an open air one; Clouston advises that such cases should lead the "natural life"; that is, they should throw off all the trammels of civilization and live healthy lives in the open. Such treatment is more effective in developing and strengthening the mental and physical systems than the administration of physic with close confinement, whether it be in the school or in the office.

The last subject to which I shall refer on this occasion is that of the testamentary capacity of cases of mental disease, and of persons suffering from somatic conditions affecting their mental powers. These are subjects usually decided in courts of law, and medical evidence is generally adduced on both sides; it would be a good plan if in these cases the medical witnesses on both sides should have the opportunity offered them to consult together, as was discussed at one of our meetings a few years ago. If this were more frequently done there would be less often seen that humiliating exhibition of medical men swearing differently on the same subject—a laughing-stock of both judges and barristers. Not only may insanity raise doubts as to the validity of a will, but also many nerve diseases, such as lesions of the speech centre. And yet a man may be insane and, at the time he makes his will, know perfectly well what he is doing. In such a case if the court is satisfied the testator knew the value of his property and how he was disposing it, no matter how eccentric he may have been, or how deluded he may be, the will will be declared valid.

Bodily disease, or brain disease, such as paralysis, may so affect the mind as to render the subject incapable of



making a will, but in these cases it is for the objectors to prove incapacity before a court of law will upset the wishes of the testator, and therefore much will depend upon the medical evidence one way or another.

In the remissions of mental disease, whether these be of long duration or only ephemeral, a will may be drawn up by a patient which will be upheld by the court; and even in cases of insanity, should the tenor of the will show no indications of the disease from which the testator suffered, it will be declared valid.

The question may arise whether mere eccentricity would affect the validity of a will; legal authorities say that if only eccentricity can be proved, the courts will not interfere; but, then, who is able to decide where eccentricity ends and insanity begins? There is no sharp line of demarcation separating sanity from insanity; we are here on the threshold of mental disease, and in any such case the courts are likely to obtain very little assistance from the medical evidence, for each medical witness is liable to be biassed according to the side upon which he is retained; and perhaps his opinions are influenced, unconsciously it may be, by the spirit of contradiction inherent in us all.

In conclusion, these are only a few of the many questions that are liable to arise in the general practitioner's experience, but they prove the close union there is between general practice and the work of the alienist; they prove, likewise, that, however we may specialize in our separate spheres of work, we still belong to that great profession of medicine whose sole aim is to educate the people, relieve suffering, and to prevent disease.