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ROGERS—ASCRIED CAUSATION OF IDIOCY.

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ON THE *ASCRIED* CAUSATION OF IDIOCY, AS ILLUSTRATED IN REPORTS TO THE IOWA INSTITUTION FOR FEEBLE-MINDED CHILDREN.

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Read at the Glenwood meeting.

THE general practice of medicine is constantly receiving acquisitions of knowledge, which, tested and confirmed, will at last create a *medical science*; and those studies which pertain to the nature, functions, and diseases of the nervous system have kept pace with general progress, notwithstanding they include an analysis of the subtle nature of the mind itself, in all the diversity of its manifestations in different individuals.

Imagine the perplexity of the surgeon should he find in one patient the brachial artery passing through the axilla, in the next subcutaneously over the shoulder, in the third winding spirally about the clavicle, in the fourth none at all, and so on ad infinitum. Thus, like the dissimilarity of faces, following one general plan, no two minds are alike, each possessing a mysterious, unknowable individuality.

When you would study the mind while active, the molecular processes upon which its action depends are inaccessible for observation, and when the material structures and tissues are available for the microscope, the condition of their especial value—mental activity—is absent. So the study of idiocy will be found difficult at all stages, and a search for its causes most elusive. But the era in which energy is exhausted in pleas for the establishment of institutions of training for the idiot, on the ground of mercy and justice, is passing away, and the people are demanding such institutions on the ground of their necessity. A new era enters, when the call for the purely scientific features of the work is heard, to which there should be a proper response. In each of our institutions a medical appointé should be found who, though not necessarily a pathologist, should be competent to keep complete medical and physical records of all cases, collect all possible information concerning their pre- and post-natal histories, note their physiological characteristics, and systematically preserve these records for the pathologist.

It will be to this ground-work that we can look especially for the valuable data concerning the etiology of idiocy. Classification can be of no scientific value without such assistance; intelligent prognosis will be based upon it, and it will largely direct the methods of treatment and training. The relation which etiology bears to society, through a knowl-

edge of prophylaxis, is evidently a matter of serious importance. To develop and educate the imbecile is to make him more happy, more agreeable to others, less a hindrance if not more helpful; in short, it can aim at nothing higher than to reduce the degree of the condition. How much more important to diminish the number of conditions.

The difficulties met in this investigation are peculiar to it. With insanity how frequently is there a recognized cause acting for months or years to produce the change ultimately unmistakable; but with the idiot there are such hydra-headed causes confronting us wherever we turn an inquiring glance from the most distant ancestral connections down to the time of vital processes at work in utero. Here, as the master foreman, Nature, selects and assigns the materials to their respective places in the delicate and complicated structure, the enemies to human perfection mass themselves to frustrate the work. Should the embryo structure be admitted to the outer world without succumbing, the gauntlet is still before it; scores of enemies arise in bold defiance, or lurk in designing mood to destroy or impair its future mental being.

To specify which of all these factors, or which combination of them is responsible for the mischief, implies not only a knowledge of medicine and of the laws of heredity possessed by few, but also the ingenuity of an accomplished attorney, to sift the most contradictory evidence. The record of *ascribed causes* is comparatively useless literature; if of any value, it is to show the inaccuracies and obstacles encountered in seeking truth; at best it is only the first preliminary of a study that must cover years.

For this first investigation it is convenient to use the blank forms for application.¹ In these returned blanks there are five prominent factors impairing, in our experience, the value of their testimony.

First.—The incomplete history is often furnished in haste and carelessness. The prime motive actuating the friends of the applicant is a desire to gain admission for the child, and often there is no appreciation of the value of the blanks further than this. Important questions are left unanswered to which direct replies could have been made.

Second.—The disposition to conceal known facts from fear of personal condemnation and pride.

Third.—Ignorance of the facts. Often the parents are dead or unknown, a friend filling the blanks in the most perfunctory fashion.

Fourth.—The failure to recognize valuable factors in the case. A fall, blow, or nervous shock to the mother during gestation; a blow or other

¹ The blank forms recommended by this Association have been found very useful here, but would be more conveniently handled if fastened together, unless the etiologi-
cal blank be reserved for filling at the office of the institution.

injury to the child may seem so slight at the time that it is not remembered, or, if so, is not considered worth relating.

Fifth.—The bias of judgment from superstitions, preconceived notions, and mere coincidences.

J. M. was born "yellow," so the application states. Three months previous to his birth the mother was afflicted with erysipelas, and applied some yellow medicine to the surface of the diseased limb. This, it is claimed, caused congenital idiocy. If the medicine had only been *blue*, how different the effect might have been through all succeeding generations. The history given shows that the father was very intemperate, and abused the mother before parturition; yet it never occurs to him in filling the blank that this might have some bearing upon the case.

To guard against these or other sources of error and misconstruction, it is of first importance that there be some one who can devote time to the careful and complete examination of applications, and in case the applicant should not be admitted, the blanks should be especially scrutinized, and any ambiguous point or uncertain statement be cleared up by prompt correspondence. In case of admission, the original forms can be very thoroughly supplemented by personal examination of the friends. This latter examination often leads to an entire revision of the case as to causation. For example, the mother of B. F. states in the application that "no cause is known." She brings her child to the institution, where, in conversation, she emphatically ascribes the cause to the act, during gestation, of dressing and preparing for burial the dead body of a neighbor, when she over-exerted herself in lifting and experienced unusual mental excitement; even this explanation exposes only one factor in the cause.

There are many ludicrous examples of "far-fetched" reasons, such as "idiocy was produced in the child by a wound in the foot of the father received while in the army." In another instance "the doctor applies sulphur to an external wound," and the boy becomes feeble-minded.

In conclusion, the study of the etiology of idiocy is as comprehensive as difficult, and can yield no profitable results, excepting as it be followed conscientiously, leisurely, and thoroughly. Beginning with our imperfectly filled blanks, it follows back into the family history of generations, notes minute tracings in the physical and mental development of the child himself, and in its finality seeks the aid of scalpel, reagent, and microscope. Let such study be pursued in our institutions until thousands of these complete histories can be placed side by side; there can we find possible and evident groupings that will mean something more than empty statistics, from which a decalogue of physical being shall be revealed which, the people understanding, will obey.

TABLE showing the ASCIBED CAUSAION of IDIOCY and IMBECILITY in the Examination of Five Hundred (500) Cases, as presented at the Iowa Institution for Feeble-Minded Children at Glenwood, Iowa.

No. Causes.	CAUSE ASCIBED.	No. Cases.	Per cent.	No. Causes.	CAUSE ASCIBED.	No. Cases.	Per cent.
	No cause given.....	156	31.2	41	Convulsions (indefinite).....	24	4.8
1	Direct heredity.....	8	1.6	42	Spinal affection (indefinite)....	9	1.8
2	Indefinite heredity.....	15	3.0	43	" fever.....	4	0.8
3	Mental anxiety of mother.....	11	2.2	44	Tubercular meningitis.....	1	0.2
4	Fright to mother.....	15	3.0	45	Cerebro-spinal ".....	3	0.6
5	Ill health of mother.....	5	1.0	46	Spinal meningitis.....	1	0.2
6	Mental impressions of mother ¹	16	3.2	47	Inflammation of brain.....	4	0.8
7	Bad temper of mother.....	1	0.2	48	Brain fever.....	15	3.0
8	Uterine disease of mother.....	1	0.2	49	Hydrocephalus.....	3	0.6
9	Nursing during sickness of mother.....	2	0.4	50	Enlargement of brain.....	1	0.2
10	Death during labor of mother..	1	0.2	51	Chorea.....	2	0.4
11	Physical overwork of ".....	2	0.4	52	Lack of nerve-force.....	1	0.2
12	General hardship endured by mother.....	6	1.2	53	Fever (indefinite).....	4	0.8
13	Premature birth.....	1	0.2	54	Sickness.....	26	5.2
14	Injury at birth ²	7	1.4	55	Scarlet fever.....	8	1.6
15	Attempted abortion.....	1	0.2	56	Scarlet fever and whooping-cough.....	3	0.6
16	Traumatism to mother.....	1	0.2	57	Measles and whooping-cough..	2	0.4
17	Medication of mother ³	3	0.6	58	Measles.....	3	0.6
18	Poor health of mother and age of father.....	1	0.2	59	Measles and scarlet fever.....	1	0.2
19	Parents first cousins.....	2	0.4	60	Whooping-cough.....	7	1.4
20	Lack of government of child..	1	0.2	61	Diphtheria.....	1	0.2
21	Mental anxiety of both parents.....	2	0.4	62	Pneumonia.....	4	0.8
22	Wound of father.....	1	0.2	63	Typhoid fever.....	6	1.2
23	Intemperance of father.....	2	0.4	64	Catarrh in head.....	3	0.6
24	Fright to child.....	5	1.0	65	Erysipelas.....	3	0.6
25	Traumatism to child ⁴	17	3.4	66	Scrofula in head.....	1	0.2
26	Stroke of lightning.....	1	0.2	67	Bilious fever.....	1	0.2
27	Drinking lye.....	1	0.2	68	Uræmia.....	1	0.2
28	Bottle-feeding.....	1	0.2	69	Malarial fever.....	1	0.2
29	Poverty and ill nourishment..	2	0.4	70	Inflammatory rheumatism.....	1	0.2
30	Careless handling by nurses...	2	0.4	71	Sciatic rheumatism.....	1	0.2
31	Snake-bite.....	1	0.2	72	Chills.....	1	0.2
32	Ill usage and neglect.....	6	1.2	73	Inflammation of bowels.....	1	0.2
33	Medication of child ⁵	7	1.4	74	Cholera.....	1	0.2
34	General debility.....	5	1.0	75	Diarrhoea.....	1	0.2
35	Masturbation ⁶	1	0.2	76	Summer complaint.....	1	0.2
36	Mental anxiety ⁷	1	0.2	77	Cholera infantum.....	1	0.2
37	Dentition.....	1	0.2	78	Dyspepsia.....	1	0.2
38	Epilepsy.....	21	4.2	79	Tinea.....	3	0.6
39	Infantile paralysis.....	3	0.6	80	Rickets.....	1	0.2
40	Paralysis (indefinite).....	5	1.0	81	Eruption.....	1	0.2
				82	Too rapid circulation of blood in the head.....	1	0.2
				83	Cramps.....	1	0.2

Total, 83 causes, 500 cases.

¹ Deaf and dumb child, 1; attended by hypochondria, 1; epileptic attack of grandmother, 1; sight of man attacked by hydrophobia, 1; sight of imbecile, 5; sight of dying mother, 1; sight of insane man, 1; sight of child in convulsions, 1; sight of man stabbed by wife, 1; handling corpse, 1; death of husband, 1; sympathy, 1.

² Narrow pelvis, 1; tedious labor, 4; instruments, 1; indefinite, 1.

³ For "sore eyes," 1; erysipelas, 1; indefinite, 1.

⁴ To head, 10; stomach (epigastrium), 1; fall down stairs, 2; indefinite, 3; to foot, 1.

⁵ Opiales, 2; chloroform, 1; sulphur, 1; indefinite, 3. ⁶ Female. ⁷ Love affair (dementia).

Of the one hundred and fifty-six cases in which *no cause* is assigned, there are eighty-five that show at least one of the following conditions or possible factors of causation.

The numbers attached show the number of times that a special condition is referred to in the above eighty-five cases:

1. Feeble-mindedness,	{	In parents	4
		Other ancestry	3
		Collaterally	21
		Indefinite	1
2. Insanity,	{	In parents	1
		Other ancestry	4
		Collaterally	3
3. Epilepsy or "Convulsions,"	{	In parents	1
		Other ancestry	3
		Collaterally	2
4. Scrofula			13
5. Phthisis,	{	In parents	8
		In grandparents	7
		Other ancestry	2
		Collaterally	1
6. Kinship,	{	Parents cousins	9
		Grandparents cousins	7
7. Intemperance,	{	Parents	9
		Grandparents	2
8. Various neuroses (other)			16
<i>Miscellaneous Items:</i>			
Fright to mother			5
Poor health of mother			8
Abuse of mother			1
Mental anxiety of mother			7
Premature birth			1
Spinal disease			1
Maternal impressions			1
Traumatism to mother			1
Disappointed love (dementia)			1
Repugnance of mother to child-birth			1

Of the three hundred and forty-four cases in which a cause is assigned, there are eighty-four cases in which there are marked neuroses in the family not recognized in the causes ascribed; also each of the following items is mentioned, each in as many different cases as the number indicates, but none are recognized as causative:

1. Tuberculosis or Phthisis	31
2. Goitre	3
3. Deaf mutism or blindness	12
4. Scrofula	33
5. Kinship	9

6. Intemperance: Parents, 23; grandparents	4
7. Grief and anxiety of mother	8
8. Sickness of mother	9
9. Fright to mother	18
10. Difficult labor	2
11. Work and abuse of mother	3
12. Poverty	1
13. Excessive venery	1
14. Brain fever	1
15. Age of mother at time of parturition	1