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**An Address Delivered Before the Berkshire Medical  
Institute, November 24, 1863**

**Earle Pliny**

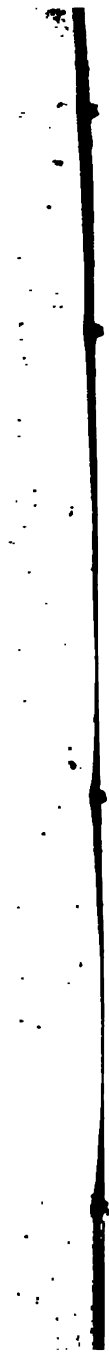
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**Author: Earle Pliny**

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### PSYCHOLOGIC MEDICINE: ITS IMPORTANCE AS A PART OF THE MEDICAL CURRIC- ULUM.

"The care of the human mind is the most noble branch of medicine." Thus wrote Grotius two hundred years ago. But in the declaration of this proposition, the great philosopher of the Netherlands was rather a prophet than an expositor of the opinions of the age in which he lived. He was far in advance of his time. He was the seer who lifted the mystic veil that ever separates the future from the present, and whose anointed vision penetrated the abyss of prospective years, and revealed that which was to be; alas! that which even yet *is* to be.

How remarkable a comment upon the language of the Dutch author is furnished by the history of the period intervening between him and ourselves! For nearly two centuries after that language was used, the practice of the world stands as a permanent proof that the opinion therein expressed met with few if any adherents. Throughout all Christendom there was no practical evidence of the prevalence of such views. Over all the territory of civilization there was no spot illuminated by that method of treating insanity which must be the inevitable consequence of an actual and general belief that "the care of the human mind is the most noble branch of medicine." A darkness as of Egypt is spread like a funeral pall over those two centenary cycles. Nowhere do we find any evidence that

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the opinions of either physicians or the people at large coincided with that of Grotius, but, everywhere, the treatment of insanity and of the insane was almost wholly removed from the domain of the medical profession, and given over to gaolers and to their peers in public or private stations. "The most noble branch of medicine" was transferred from the doctors to the turners of the key. The materia medica of the regular profession was forsaken, and another, better adapted to those who possessed the prerogatives and exercised the functions of "the most noble branch of medicine," was substituted in its place. Whips were the stimulants; solitary confinement the sedative; manacles, leg-locks, straight-jackets, fetters and chains the astringents. Iron, indeed, was the universal tonic; and it was administered with a liberality that knew no bounds. Ferruginous preparations were everywhere about the patient, but, being externally applied, they acted as a tonic, or strengthener to the turnkey physician, rather than to the unfortunate person under his care. Iron, in ponderous bars, was at the window; iron, in massive bolts and unbreakable locks, upon the door; iron, in unrelenting staples, in the floor or the wall; iron, in blistering circlets about the ankles; iron, in cable-like links between the feet; iron, in manacles at the wrists.

And thus, with his chalybeate agents, the turnkey for two long centuries remained the sovereign of the dominions of "the noblest branch of medicine," and could say, in the language attributed by Cowper to Selkirk,

"I am monarch of all I survey;  
My right there is none to dispute."

But at length that monarch was jostled upon his throne. Two daring spirits—Pinel, in France, and Tuke, in England, the former a physician, the latter a

philanthropic merchant—rose in rebellion against the firmly seated autocrat, and began the labor of wresting his dominions from his power and transferring them to their legitimate sovereign. The conflict thus begun has been a “war of the roses,” but they were roses with many thorns.

More than half a century has elapsed, and still the contest rages. The old chieftain still holds a section of the citadel, and commands his minions to “hang out the banner on the outer wall,” for “the cry is, still they come.” The turnkey and the physician now wear a divided crown in the realm of “the noblest branch of medicine.” The former still wields his sway in the gaols, garrets, cellars, out-houses, or other miserable receptacles where, even at this moment, and in our own country, with all its vaunted civilization and philanthropy, thousands of insane persons are dragging out a wretched existence, many of them laden with the old implements of torturing restraint. The latter hold the hospitals, those monuments of benevolence and enlightened humanity.

As for the medical schools, they are upon neutral ground. Neither the physician nor the turnkey considers them worth the holding. True, some three or four raids, in the shape of summer or sub-courses of lectures upon mental disorders, have been made upon them by the physicians; but, in every instance, the invading party was so weak that a retreat was soon ordered, and the territory was again abandoned to its position of neutrality. But—all honor to whom honor is due—at length, in the autumn of 1863, the Berkshire Medical College came manfully from its stronghold, and surrendered unconditionally without a battle.

But let us drop metaphor and use the language of fact. In the medical schools it is considered necessary

to instruct the student in the nature and treatment of varicella, a disease productive, at most, of but brief annoyance, but he may remain in total ignorance of mental alienation, a disorder liable to prove permanent, and wholly destructive of the usefulness in life of him whom it attacks. The tyro on the college benches must be enlightened in the mysteries of dressing the incised finger of the luckless lad whose jack-knife could not discriminate between shingle and flesh, but he may go through his medical course, and bear away his diploma and his title, without ever having read, or heard from the lips of a professor, one solitary word upon a disorder which takes from man the high prerogative of reason, often reduces him to a level with the brutes, and casts him, not merely as a useless thing but as a positive incumbrance upon society. It is an inconsistency, as strange as it is great; an anomaly; almost a playing of Hamlet with the character of Hamlet left out.

Why has this condition of things been so long permitted? The answer to this question is doubtless mainly to be found in a very general practice among men. In nearly every sphere or place where an unconscious practical estimate is made of the psychic element of man—the mind, the soul, the spirit; or by what other name soever it may be designated—its value as compared with the corporeal element, or even with external material things, is placed so low that the insane patient at Bloomingdale was not far from right when, being present at divine worship and hearing the pastor quote the scriptural query—"What will a man give in exchange for his soul?" he promptly rose and very gravely responded: "Two and sixpence."

Men closely scrutinize persons who desire to borrow their money, but are almost heedless in regard to those

to whom they lend, for training, the hearts and the intellects of their children. They seek a skillful blacksmith, when work by an artizan of that craft is required, but exercise too little care and caution in selecting the moulders of character, and the ministers to the mind. What, judging from the unwritten history of New England, appears to be the essential qualification for a teacher in the public schools? Formerly, ability to "lick" the largest boy pupil; of later years, relationship, anywhere from sister to tenth cousin, to the "prudential committee," or more frequently to that honorable officer's wife. The emoluments in the three occupations technically called the "learned professions" are at a maximum in law, a large part of the province of which is to regulate the possession of property; at a medium in medicine, which mainly deals with the body and its diseases, injuries and defects; and at a minimum in divinity, the sphere of which is in the psychic element of our being, and among the awful mysteries of a future life. Who, of transitory appealers to the public, in large cities, attracts, as a general rule, the largest assemblies, the acrobat or the astronomer, the dancer or the divine, the juggler or the geologist?

In defense of the persistent practice of the medical schools in condemning psychological medicine to banishment from their borders, it may be argued that insanity is of so rare occurrence that the young physician may practice for years without a call to prescribe for it, and the time devoted to the acquisition of a knowledge of its nature and treatment is consequently lost.

This argument contains three distinct propositions, either expressed or implied. First: *Insanity is rare.* The census of the United States, in 1860, made the number of insane persons twenty-four thousand; but it may very satisfactorily be proved that these figures are



far too low. It is not unlikely that the actual number approximates forty thousand. Certainly the disorder cannot be *very* rare. With a thousand cases of small-pox in New York and Brooklyn, would it be thought, by the residents of those cities, that small-pox was rare? yet the insane either in those cities or belonging to them, are not fewer than the number mentioned. But, for the moment, let it be granted that the proposition is true. Now follow the argument to its logical consequences. Is not coxalgia rare—much more so than insanity? yet what medical student neglects the study of coxalgia? and what professor of surgery omits it in his lectures? What is the average number of cases of variola coming under the professional care of country practitioners? Probably not one in five—perhaps ten—years. But where is the medical school which discards the teaching of the characteristics, the pathology and the therapeutics of variola? What is the relative proportion between the number of physicians and the annual number of operations for strangulated hernia? Presumably, not less than fifty to one. Hence the chances are, that any young physician settling in practice will not be called upon to perform that operation in fifty years. Yet, so far as my knowledge extends, every professor of surgery is especially careful minutely and thoroughly to teach the anatomy of hernia, and the proper method of operative treatment. Is not the necessity for tracheotomy exceedingly rare? But is this infrequency considered a sufficient justification for the omission of tracheotomy from the subjects taught in the schools?

Similar questions might be asked relative to other operations and diseases in regard to which no medical faculty fails to give competent instruction. The theory of the schools ought to be—I believe it *is*—that the

medical graduate should be qualified for any exigency or emergency; that he should be prepared for any and all possibilities. How then can mental disorders, though rare in comparison with some diseases, yet frequent as compared with others, be disregarded in their curriculum?

The second proposition of the argument is: *The young physician may practice for years without a call to prescribe for insanity.* Yes: he *may*. It is not beyond the bounds of possibility. By a combination of fortuitous or favorable circumstances, almost any gauntlet may be run with impunity. But, as has been shown, the disorder is not infrequent. No one can claim prospective exemption from it. All are liable to its invasion, some, it is true, more than others; and many causes, some of them of no insignificant potency, are constantly tending to produce it. Who can tell when, or where, or in whom it will next appear? Hence the probabilities are not very great that the young practitioner will for a long period escape the responsibility of some action in relation to a person suffering under mental derangement. I have granted, however, the possibility of such escape. But, in return, I shall now claim the opposite possibility, namely: that the first patient of the physician entering upon practice *may* be an insane person.

Let us suppose a case. Dr. Blank, who has never gained any knowledge of mental alienation from either lectures or text-books, settles in a country village. He puts his office in order. The table is laden with books. A case of surgical instruments, perhaps accidentally left open, lies alarmingly near at hand. His diploma, in which he is rendered no less illustrious than the gilded frame which surrounds it is lustrous, hangs upon the

wall. Upon a shelf, a number of bottles of medicine, like the broken tea-cups in Goldsmith's Country Ale-house, "glitter in a row." The important sign—"Dr. Blank"—is given to the door, the winds, and the public. All his necessary surroundings arranged, the doctor sits down and yields himself to hope, expectation and the newspaper. But expectation blurs the letters, confounds the words, and takes from the sentences their signification. Thus passes the remainder of the day. But the doctor likes poetry, and before he retires for the night repeats, in honor of a British bard:—

"O, Solitude! where are the charms  
That sages have seen in thy face?"

Whether he finishes the stanza or not will depend somewhat upon his temperament:—

"Better dwell in the midst of alarms  
Than reign in this horrible place."

But the morning of the second day opens with brighter prospects. That thing for a life memory, *the first customer*, comes. The doctor is called to *two* patients, both of them men, and each presenting a case of recent insanity. One of them is highly excited, furious, raving, tearing his clothes, destroying furniture, and asserting with much force and positiveness that he is "President of the United States, High Priest of Jerusalem, Emperor of Europe, Asia and South America, and Julius Cæsar." The other sits silent and motionless. His hands lie as if nerveless in his lap. His head is inclined, his eyes dejected, gazing listlessly toward the floor, and his countenance betrays the most abject melancholy. Being urged he speaks, but very laconically, and the sum of his utterance is, that he has neither brain nor stomach, that he has no hope of salvation,

and that all mankind are to be destroyed in consequence of his transgressions or short comings.

Now, what will the doctor do?

A man of some local celebrity as a teacher, in Massachusetts, and within the last fifty years, was one day appealed to by a pupil for a solution of one of the propositions in his arithmetic. The teacher took the book, and having read the example, handed it back to the boy, saying: "I can't do that 'sum;' *it wasn't in the arithmetic that I studied.*"

Isn't Dr. Blank in a similar predicament? Can he "*do that sum*" which is before him? Were the President of the United States, the High Priest of Jerusalem, Julius Cæsar, the destruction of all mankind, and no stomach or brains, in the book that *he* studied? Can he conscientiously endeavor to give, in the two cases, suitable, discriminating prescriptions or advice, based upon knowledge, and directed and determined by a sound judgment? The responsibility of the first important prescription, even under the most favorable circumstances, lies heavily enough upon the mind of every sincere, earnest, cautious and not over-confident beginner of the practice of medicine. Hence, under the conditions of our hypothetical case, are we not justified in the inference that the young doctor will *cut* the Gordian knot, not *untie* it, by the brief direction: "Send them both to the hospital?"

In my opinion that decision—and it is not easy to perceive how any other, under the circumstances, could be arrived at—is unjust toward the patients, and the offspring of injustice toward the doctor who made it. As an illustration of professional science, it is parallel with the order of a physician in one of our large cities, who, as it is said, being called out of town for the day, directed a student to visit his patients, to bleed