

Chapter 15 — Is Insanity Increasing?

from *Race Decadence:
An Examination of the Causes of Racial Degeneracy in the United States* (1922)

by William S. Sadler, M.D., F.A.C.S.

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Sources for Chapter 15, in the order in which they first appear

- (1) Paul Popenoe and Roswell Hill Johnson, *Applied Eugenics* (New York: The Macmillan Company, 1918)
- (2) Joseph A. Hill, “Insane in Hospitals,” in *Insane and Feeble-minded in Institutions 1910* (Department of Commerce Bureau of the Census) (Washington: Government Printing Office, 1914)
- (3) Dr. J. H. Kellogg, “Needed—A New Human Race,” in *Proceedings of the First National Conference in Race Betterment, January 8, 9, 10, 11, 12, 1914* (Battle Creek, Mich.: Gage Printing Company, Ltd., 1914)
- (4) Professor Irving Fisher, *Bulletin 30 of the Committee of One Hundred on National Health: Report on National Vitality, Its Wastes and Conservation* (Washington: Government Printing Office, 1909)
- (5) Dr. W. S. Sadler, “Sadler’s Sensegrams,” in *The Way-Bill*, Vol. VII, No. 11, Feb. 1917 (pp. 9-16)
- (6) Charles Benedict Davenport, *Heredity in Relation to Eugenics* (New York: Henry Holt and Company, 1911)

Key

- (a) Green indicates where a source author first appears, or where he/she reappears.
- (b) Yellow highlights most parallelisms.

- (c) **Tan** highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.
- (d) An underlined word or words indicates where the source and Sadler pointedly differ from one another.
- (e) **Bold type** indicates passages which Sadler copied verbatim, or nearly verbatim, from an uncited source.
- (f) **Pink** indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.
- (g) **Light blue** indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.
- (h) **Red** indicates an obvious mistake, in most cases brought about by Sadler's miscopying or misunderstanding his source.

XV: IS INSANITY INCREASING?

IX: THE DYSGENIC CLASSES (Popenoe&Johnson 176)

The word “insanity,” as is frequently objected, means little or nothing from a biological point of view—

it is a sort of catch-all to describe many different kinds of nervous disturbance.

No one can properly be made the subject of restrictive measures for eugenic reasons, merely because he is said to be “insane.” It would be wholly immoral so to treat, for example, a man or woman who was suffering from the form of insanity which sometimes follows typhoid fever (P&J 178).

15:0.1 THE word insanity means little or nothing from a scientific viewpoint,

as it is so loosely used to describe all sorts of mental and nervous ailments.

No difference is generally made in the mind of the public between

a man who has gone insane following the toxemia of a severe case of typhoid fever or meningitis

and a woman who has “gone crazy” following some simple nervous strain, because of the fact that she was born of defective ancestors—because she literally inherited insanity—and, in her turn, if she is permitted to—will just as certainly transmit the cursed strain of defectiveness on down the line to the next and succeeding generations.

15:0.2 It is in this latter sense, the sense of hereditary insanity, that the term is more largely used in this chapter. We have little to fear from increased insanity due to vice, intemperance, and disease—we know the cause—and can apply the remedies any time.

INSANITY IN THE UNITED STATES

INSANE IN HOSPITALS. (Hill 11)

INTRODUCTION. (Hill 11)

The total number of institutions canvassed at the census of 1910 was 366,

and the total number of insane for whom data were obtained was 248,560, of whom 187,791 were present in the institutions on January 1, and 60,769 were admitted during the year 1910.

The number of insane enumerated in institutions at the census of 1904 was 199,773,

including 150,151 inmates present at the beginning of the year and 49,622 admitted during the year.

In the six years from 1904 to 1910 there was therefore an increase of 37,640, or 25.1 per cent, in the number of insane confined in institutions for that class,

as compared with an increase of only about 12 per cent in the total population of the United States,

the number of insane in hospitals per 100,000 population advancing from 183.6 in 1904 to 204.2 in 1910.

The increase during this period in the number admitted to such institutions during the year was 11,147, or 22.5 per cent, the ratio of admissions per 100,000 population increasing from 60.7 in 1904 to 66.1 in 1910.

15:1.1 The total number of institutions for the insane canvassed at the last special census¹ was 366,

and the total number of insane for whom data were obtained was 248,560, of whom 187,791 were present in the institutions on January 1, and 60,769 were admitted during the year.

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The increase during this period in the number admitted to such institutions during the year was 11,147, or 22.5 per cent, the ratio of admission per 100,000 population increasing from 60.7 in 1904 to 66.1 in 1910.

SOURCE

As no attempt was made either in 1904 or in 1910 to enumerate the insane outside of institutions,

it is a question to what extent this very striking increase in the population of hospitals for the insane and in the number of annual commitments to such institutions represents an increase in the prevalence of insanity

and to what extent it may be due to an extension of the practice of placing the insane under institutional care.

This is a question which will receive some consideration in the discussion which follows (H 11).

Comparative summary: 1850-1910—
The following table [Table 1] shows the number of insane persons enumerated at each census from 1850 to 1910 ... (H 12).

“NEEDED—A NEW HUMAN RACE”
(Kellogg 431)

The increase of insanity is cited by Doctor Tredgold as another evidence of race degeneracy.

While the increase of the population of England and Wales in 52 years has been 85.8 per cent, the increase of the certified insane has been 262.2 per cent.

At the present there is one insane person to every 275 of the normal population of England and Wales.

15: RACE DECADENCE

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it is a question to what extent this striking increase in the population of hospitals for the insane and in the number of annual commitments to such institutions, represents an increase in the prevalence of insanity,

and to what extent it may be due to an extension of the practice of placing the insane under institutional care.

This is a question which will receive some consideration in the discussion which follows.

Appendix A, Table No. 5, shows the institutional insane in the United States from 1850 to 1910.

INSANITY IN GREAT BRITAIN

15:2.1 The increase of insanity in Great Britain is cited by Doctor Tredgold as evidence of race degeneracy.

While the increase of the population of England and Wales in fifty-two years has been 85.5 per cent, the increase of the certified insane has been 262.2 per cent.

At the present time there is one insane person to every 275 of the normal population of England and Wales.

SOURCE

This fact, as Doctor Tredgold says, is, to say the least, “very disquieting.”

But, as the Doctor still further shows, “there is even a more numerous class suffering from a still more serious condition, inasmuch as their incapacity is not possibly temporary, but is permanent and incurable.

These are the feeble-minded” (K 439).

[contd] Of this class, there is now known to be in England not fewer than 150,000, making a total of 290,000 mentally affected persons in England and Wales,

besides “a vast horde of persons discharged from asylums, whose mental condition is decidedly unsatisfactory;

and an additional army of individuals who, although they have not yet been committed to asylums, are nevertheless of feeble and unstable mental constitution and may well be described as potential lunatics.”

Doctor Tredgold makes the remarkable statement that in England and Wales the mentally infirm constitute “well over one per cent” of the entire community (K 439-40).

INSANE IN HOSPITALS. (Hill 11)

AGE. (Hill 22)

Ratio to total population—The following table [Table 10] gives for each age group the number of insane enumerated and of insane admitted per 100,000 of the general population in the same age group (H 23).

15: RACE DECADENCE

This fact is, to say the least, “very disquieting.”

But, as the Doctor still further shows, “there is even a more numerous class suffering from a still more serious condition inasmuch as their incapacity is not possibly temporary, but is permanent and incurable.

These are the feeble-minded.”

15:2.2 Of this class, there is now known to be in England not fewer than 150,000, making a total of 290,000 mentally affected persons in England and Wales,

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and an additional army of individuals, who, although they have not yet been committed to asylums, are nevertheless of feeble and unstable mental constitution and may well be described as potential lunatics.”

Dr. Tredgold makes the remarkable statement that in England and Wales the mentally infirm constitute “well over 1 per cent” of the entire community.

15:2.3 Table No. 6, Appendix A, shows the findings of the Census Bureau in regard to the number of insane of various ages in the United States,

SOURCE

The ratio of inmates to total population ... shows an uninterrupted increase up to the age of 60, reaching its maximum in the age period 55 to 59, in which period the number of inmates per 100,000 population is 587.8 (H 23).

[Source?]

[According to Dr. Wines, there has been an enormous increase in the proportion of insane persons in the United States with the last fifty years. In the forty years between 1850 and 1890, the number of insane per million, according to Wines, from 673 to 1,700; and the number of idiots and imbeciles increased during the same period from 681 to 1,527 per million. This indicates an increase in insanity and imbecility of 300 per cent in fifty years.

15: RACE DECADENCE

and indicates that

the highest per cent was from 55 to 59 years—587.8 per 100,000 of population.

The total number of insane of all ages, according to this table, represents 204.2 per 100,000 of population.

STATISTICS ON INSANITY

15:3.1 One authority estimates that we have one insane person in the United States for every 280 population. We actually have one insane person in our state institutions for about every 350 population. No one knows what per cent of our insane is confined in public institutions.

15:3.2 The statistics throughout the whole country seem to indicate that insanity is increasing two or three times faster than the population—certainly not less than twice as fast. The following table shows the alarming increase in the percentage of insanity since 1850 in this country and Great Britain.

UNITED STATES

1850—insane persons to 1,000,000 population	673
1900—insane persons to 1,000,000 population ...	1,700

SOURCE

In England the proportion of insane increased, between 1862 and 1891, from 1,810 to 3,070, from which it appears that this enormous increase in brain degeneration is not confined to this country alone (J.H. Kellogg, M.D., "Colon Disease: Its Etiology, Pathology, Diagnosis, and Treatment," in *Modern Medicine*, Vol. XVI, No. 6, June 1907, pp. 123-24).]

15: RACE DECADENCE

1910—insane persons to 1,000,000 population 2,042

GREAT BRITAIN

1850—insane persons to 1,000,000 population 1,810

1900—insane persons to 1,000,000 population 3,070

15:3.3 By studying these statistics we see where our friends who believe we are a passing race get their alarming ideas; for, worked out (as one pessimist sees things) it looks on paper something like this:

15:3.4 At same ratio of increase:

1950 we have insane persons per 1,000,000 of population
3,400

2000 we have insane persons per 1,000,000 of population
10,000 (1%)

2050 we have insane persons per 1,000,000 of population
30,000 (3%)

2100 we have insane persons per 1,000,000 of population
90,000 (9%)

2150 we have insane persons per 1,000,000 of population
270,000 (27%)

2200 we have insane persons per 1,000,000 of population
810,000 (81%)

Before 2250 the total population will be insane ...(100%)

15:3.5 The error in these statistics and figures will be more fully discussed presently. The truth is bad enough—there is no occasion for magnifying the serious state of affairs.

SOURCE

[Source?]

15: RACE DECADENCE

15:3.6 In Chicago, Dr. Podstata, once estimated that one person in every 150 was insane or mentally unbalanced; while one person in every 5 was thought to be more or less predisposed to insanity. The following estimates were made of conditions in the state of Illinois:

15,000 insane
54,000 unstable
10,000 epileptics
10,000 imbeciles

15:3.7 Stated in percentage:

Total population	5,000,000
Total defectives	35,000

15:3.9 This would mean that we had 7,000 defectives to 1,000,000 of population and this is about 1 per cent. If this is true we are in about as bad a condition as they are in England.

[Source?]

15:3.10 This same tendency to insanity may explain why there are 10,000,000 persons living in comparative poverty in the United States, and also why this land of plenty and prosperity should boast of over 4,000,000 actual paupers and dependents.

III: THE PREVALENCE OF SERIOUS ILLNESS. (Fisher 33)

Dr. C. L. Dana, formerly president of the New York Academy of Medicine, believes the increase in insanity to be real as well as apparent.

He says: "The annual increment of insane in Massachusetts, according to the Massachusetts board of lunacy, is 400 in about 10,000, or 4 per cent."

At this ratio the annual increment for the United States would be approximately 5,600.

15:3.11 **Dr. C. L. Dana, formerly president of the New York Academy of Medicine, believes the increase in insanity to be real as well as apparent.**

He says: "The annual increment of insane in Massachusetts, according to the Massachusetts Board of Lunacy is 400 in about 10,000 or 4 per cent."

At this ratio the annual increment for the United States would be approximately 5,600.

SOURCE

“We may say that in the last twenty-five years the ratio of insane to sane has shown an apparent gradual increase from 1 to 450 to 1 to 300, and this latter seems to be about the ratio in those communities of North America and Europe in which modern conditions of civilization prevail.

This average has varied but little in the last few years; the slight yearly increase probably will not change rapidly and probably not continue, for when the increase in the insane reaches a certain point of excess society will have to take notice of it and correct it.”

There are no accurate figures of the total number of insane.

Mr. Sanborn estimates that the number exceeds 250,000 in the United States (F 36-37).

[See 15:1.1, above.]

15: RACE DECADENCE

15:3.12 We may say that in the last twenty-five years the ratio of insane to sane has shown an apparent gradual increase from 1 to 450 to 1 to 300, and this latter seems to be about the ratio in those communities of North America and Europe in which modern conditions of civilization prevail.

This average has varied but little in the last few years; the slight yearly increase probably will not change rapidly and probably not continue, for when the increase in the insane reaches a certain point of excess, society will have to take notice of it and correct it.

15:3.13 **There are no accurate figures of the total number of insane.**

Mr. Sanborn estimates that the number exceeds 250,000 in the United States.

Our reliable data pertains only to those insane persons who are confined in public institutions. No one knows the number of those who are at large, or confined in special and private institutions.

As has already been noted the total number of insane in state institutions at the last special census was 187,791 with 60,769 admitted during the year.

15:3.14 But when all is said and done, the fact remains that there are several hundred thousand insane persons in the United States (not to mention tens of thousands of feeble-minded and other defectives) many of whom are not prevented from reproducing their kind, and that by this failure to restrain them, present-day society is putting a heavy burden of expense, unhappiness, and a fearful racial handicap on coming generations.

ANALYSIS OF INSANITY STATISTICS

INSANE IN HOSPITALS. (Hill 11)

ANALYSIS OF THE STATISTICS. (Hill 15)

COMPARISON, BY STATES (Hill 15)

After due allowance has been made, however, for those factors which affect the ratio of institutional insane to total population and yet have nothing to do with the relative number of cases of insanity in the community,

it is nevertheless reasonably certain that the rates given in Table 3 are also affected by actual differences in the prevalence of insanity in the different sections of the United States.

Such differences naturally result from variations in the composition of the population as regards sex, color, race, nativity, and age,

and to an even greater extent probably from variations in the proportion of the population living in cities or engaged in industrial or commercial as distinguished from agricultural pursuits.

The migration of the native population within the United States doubtless has some effect upon the prevalence of insanity in the different sections.

The defectives and subnormals do not usually emigrate.

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The defectives and subnormals do not usually emigrate.

SOURCE

They are left behind in the older sections of the country while the newer sections are being settled by more vigorous and energetic representatives of the native stock (H 18).

[contd] The following table [Table 4] indicates the variations in the relative importance of some of these factors in different sections of the United States (H 18).

15: RACE DECADENCE

They are left behind in the older sections of the country while the newer sections are being settled by the more vigorous and energetic representatives of the native stock.

How insanity varies in different sections of the United States, is shown in Table No. 7, Appendix A.

CONDITIONS LEADING TO INCREASE OF INSANITY

INTRODUCTION. (Hill 11)

Question of the increase of insanity.—The ratio of total insane enumerated in 1880, when the enumeration is believed to have been more complete than at any other census, was 183.3 per 100,000 of the total population.

In 1910 the insane in hospitals alone represented a ratio of 204.3 per 100,000 population.

As compared with the total population, therefore, the number of insane in institutions in 1910 was relatively greater than the total number of insane enumerated in 1880 (H 13).

[Note: Sadler's Fig. 12 doesn't cite his source for the figure of 170 per 100,000 in 1890.]

[contd] Without entering into any general discussion of the causes or influences which might be operative in promoting an increase of insanity,

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In 1910 the insane in hospitals alone represented a ratio of 204.3 per 100,000 population.

As compared with the total population, therefore, the number of insane in institutions in 1910 was relatively greater than the total number of insane enumerated in 1880.

(See Fig. 12.)

15:5.2 Without entering into any general discussion of the causes or influences which might be operative in promoting an increase of insanity,

SOURCE

one important change in social conditions in the United States as revealed by census statistics may be noted in this connection, namely, the great increase in the proportion of population living in cities.

In the 30 years between 1880 and 1910 the urban population of the United States—that is, the population residing in incorporated places having more than 2,500 inhabitants, including New England towns above that limit—increased about 190 per cent, or from 15,000,000 in 1880 to 43,000,000 in 1910,

while the rural population increased only about 40 per cent, or from 35,000,000 in 1880 to 49,000,000 in 1910.

In 1880, 29.5 per cent of the population was urban and in 1910 46.3 per cent.

It may be remarked that many of the smaller places classed as urban communities are far from being distinctly urban in their characteristics;

but there has been at the same time a marked growth and concentration of population in large cities.

Thus the number of cities of over 100,000 population increased from 20 in 1880 to 50 in 1910, and the aggregate population living in such cities from 6,000,000 to 20,000,000, an increase of over 200 per cent.

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while the rural population increased only about 40 per cent, or from 35,000,000 in 1880 to 49,000,000 in 1910.

In 1880, 29.5 per cent of the population was urban, and in 1910, 46.3 per cent,

in 1921 more than half of our people live in cities.

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but there has been at the same time a marked growth and concentration of population in large cities.

Thus the number of cities of over 100,000 population increased from 20 in 1880 to 50 in 1910, and the aggregate population living in such cities from 6,000,000 to 20,000,000, an increase of over 200 per cent.

SOURCE

The proportion of the total population living in cities of this class in 1880 was 12.4 per cent, or about one-eighth, as compared with 22.1 per cent, or more than one-fifth, in 1910.

If, as is indicated by statistics presented later in this report,

insanity is more prevalent in urban than in rural communities, some increase of insanity would seem to be an almost inevitable result of the increasing urbanization of the population of the United States (H 13-14).

Beyond question the extension of the practice of placing the insane under institutional care has had a very great influence upon the statistics.

Associated with this are other influences which have likewise contributed to the apparent increase of insanity,

or to the increase in the number of recognized and recorded cases, without being indicative of any actual increase.

Among these may be mentioned:

Increasing average length of life, bringing more people to the “insanity age periods;”

15: RACE DECADENCE

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If, as is indicated by statistics presented later,

insanity is more prevalent in urban than in rural communities, some increase of insanity would seem to be an almost inevitable result of the increasing urbanization of the population of the United States.

It should be made plain that city life—in and of itself—does not directly lead to an increase in insanity. These statistics are rather to be explained by the fact that the stress and strain of the larger centers of population serve to develop and bring to the surface those cases of latent and hereditary insanity.

15:5.3 The extension of the practice of placing the insane under institutional care has also had a very great influence upon the statistics.

Associated with this are other influences which have likewise contributed to the apparent increase of insanity,

without being indicative of any great actual increase.

Among these maybe mentioned:

increasing average length of life, bringing more people to the “insanity age periods;”

SOURCE

advances in diagnostic methods in psychiatry, leading to detection of mental factors in physical cases; the establishment of dispensaries; the provision of “voluntary” and emergency commitment;

and better means of transportation (the automobile, for instance), making it possible to bring to the hospital cases in poor physical condition (H 14).

[contd] So far as an increase of insanity is associated with the growth of cities it may be said that it probably results to a large extent from causes which are preventable or subject to control.

Statistics presented later in this report indicate that

the difference between city and country as regards the prevalence of insanity is partly accounted for by the greater number of cases of general paralysis and alcoholic psychosis in the urban population.

This in itself is a significant fact because these are diseases the causes of which must be regarded as controllable;

and the better organized work in preventive medicine, in social service, and in hospital and dispensary relief makes the outlook for prevention in any disease more encouraging in cities than in rural communities.

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the difference between city and country as regards the prevalence of insanity is partly accounted for by the greater number of cases of general paralysis and alcoholic psychosis in the urban population.

This in itself is a significant fact because these are diseases the causes of which must be regarded as preventable or controllable;

and the better-organized work in preventive medicine, in social service, and in hospital and dispensary relief, makes the outlook for prevention in any disease more encouraging in cities than in rural communities.

SOURCE

Interest in the possibility of controlling some of the causes of mental disease has developed only very recently, and it is not too much to hope that considerable progress in that direction may be achieved in the not distant future (H 14).

“SADLER’S SENSEGRAMS” (*The Way-Bill* 9)

Racial Degeneration. (*The Way-Bill* 11)

Why, I had a doctor rush into my office the other day,

[*Note:* Sadler apparently means 300%, or three times, faster.]

and he said, “Look, Sadler, it is startling.”

I said, “What is it?”

He said, “I have verified every statistics; I have gone over this a hundred times; it is absolutely true.” And there were the figures. They were all straight, too.

And the figures showed conclusively that in two hundred and fifty-seven years from January 1st of this year [1917], every man, woman and child in America would be a raving lunatic (*W-B* 11).

15: RACE DECADENCE

Interest in the possibility of controlling some of the causes of mental disease has developed only very recently, and it is not too much to hope that considerable progress in that direction may be achieved in the near future.

INSANITY’S THREAT

15:6.1 A medical friend not long ago

called my attention to the statistics already noted to the deduction that the whole population was threatened with becoming insane in a few hundred years—

that insanity appeared to be increasing almost three hundred times faster than the population of the country.

He was alarmed over the prospects.

These statistics all seem to be reliable and up-to-date.

These figures and calculations seem to show conclusively that in just 330 years every man, woman, and child in this country will be a raving maniac—

SOURCE

15: RACE DECADENCE

there would not even be enough sane persons left to take care of the lunatics—the whole country would have become one vast crazy house.

15:6.2 What is wrong with those statistics? Surely, there is a mistake somewhere; for, no matter how bad the situation may be—it cannot be that serious. There is nothing wrong with the statistics—they are authentic and reliable.

[contd] People are going crazy so much faster than the population is increasing,

There is no doubt, also, that insanity has been tremendously on the increase during the last few generations in both this country and Great Britain.

that those figures are absolutely true—though they are not. They are like the average length of life figures.

The trouble with my friend's conclusions and the statistics on insanity consists in the overlooking of two vital points when it comes to the interpretation of figures on insanity, and these two points are:

15:6.3 1. We are keeping better books than we used to. We are getting a more complete record of the insane, and more of these unfortunates are year by year being gathered together in public institutions. Things may not be so much worse than they were in the recent past—we are simply waking up to a recognition of the facts.

We classify insanity better than we used to.

15:6.4 2. We now classify the insane differently than heretofore.

There are a lot of folks whom we call crazy, now, that we used to call peculiar.

A lot of folk that used to be regarded as merely being a little “peculiar” are now put down as “insane”—

It makes a bad showing, on paper (*W-B* 11).

and that makes our statistics look still worse.

SOURCE

15: RACE DECADENCE

15:6.5 Let us be frank and sincere with ourselves. There is no need of making the thing out worse than it is—

But it is really bad (*W-B* 11).

it is bad enough at best.

Even when we have discounted the statistics and made every reasonable allowance, as just suggested, still we must face the stern fact that insanity is steadily gaining on us—it constitutes a real menace—it will jeopardize the nation if nothing is done in the near future to lessen its rate of increase among the American people.

INSANITY AND HEREDITY

15:7.1 The author maintains that insanity is largely hereditary—with the exception of those cases caused by certain diseases and injuries. Syphilis, alcohol, drugs, typhoid fever, and certain other diseases, may produce insanity, by causing brain tumors, diseases, etc., but the vast majority of the insane—those who go crazy from the results of love affairs, domestic trouble, business worries, religion—even drink—were born into this world with a through ticket to the insane asylum, and all they needed to cut short their stop-over on the outside was some sort of stress or strain which would serve to develop their latent and inherited tendency to “go to pieces” or “blow up.”

15:7.2 Various authorities estimate heredity as responsible for from 35 per cent to 75 per cent of the insanities and the author is firmly convinced that inherited insanity is responsible for a full half, if not more, of those who now fill our hospitals for the insane to overflowing.

IX: THE DYSGENIC CLASSES
(Popenoe&Johnson 176)

[contd from 15:0.1, above] **Two types of insanity are now recognized as especially transmissible—**

dementia precox,

a sort of precocious old age, in which the patient (generally young) sinks into a lethargy from which he rarely recovers;

and manic-depressive insanity, an over-excitabile condition, in which there are occasional very erratic motor discharges, alternating with periods of depression.

Constitutional psychopathic inferiority, which means a lack of emotional adaptability, usually shows in the family history.

The common type of insanity which is characterized by mild hallucinations is of less concern from a eugenic point of view (P&J 178).

In general, the present isolation of the sexes at institutions for the insane is satisfactory;

the principal problem which insanity presents lies in the fact that an individual is frequently committed to a hospital or asylum, kept there a few years until apparently cured, and then discharged;

whereupon he returns to his family to beget offspring that are fairly likely to become insane at some period in their lives (P&J 178-79).

15:7.3 **Two types of insanity are now recognized as being especially transmissible by heredity,**

viz., **dementia praecox,**

a sort of precocious old age, in which the patient (generally young), sinks into a lethargy from which he rarely permanently recovers;

and manic-depressive insanity, an over-excitabile condition in which there are occasional very erratic motor discharges, alternating with periods of depression.

“Constitutional psychopathic inferiority, which means a lack of emotional adaptability, usually shows in the family history,” of these cases.

The common type of insanity which is characterized by mild hallucinations is of less concern from a eugenic point of view.

15:7.4 **In general, the present isolation of the sexes at institutions for the insane is fairly satisfactory;**

the principal problem which insanity presents lies in the fact that an individual is frequently committed to a hospital or asylum, kept there a few years until apparently cured, and then discharged;

whereupon he returns to his family to beget offspring that are fairly certain to become insane at some period in their after lives.

NON-HEREDITARY INSANITIES

15:8.1 How much insanity is due to hereditary defects in the germ-plasm and how much is due to disease and other causes?

INSANE IN HOSPITALS. (Hill 11)

GENERAL PARALYSIS AND ALCOHOLIC PSYCHOSIS. (Hill 53)

[Table 59: 16.8% (H 53)]

The inquiries of the Census Bureau would indicate that almost 17 per cent of the insane admitted annually to our state institutions are caused by general alcoholic paralysis or alcoholic psychoses.

One-sixth of our insanity would thus appear to be directly or indirectly alcoholic in origin.

[*Compare:* General paralysis of the insane is indicative of syphilis, being one form of syphilitic brain diseases, while alcoholic psychosis is brought on by the excessive use of alcoholic drinks (H 53).]

15:8.2 The author believes that syphilis must be responsible for quite as much insanity (about 16 per cent) as is alcohol; in fact, he believes that some of the cases charged up to alcohol may be more or less due to syphilis.

No doubt some cases are caused by both alcohol and syphilis.

Suppose we allow that all other causes of insanity—including disease, tumors, accidents, etc., embrace an equal number, about 16 per cent. This would suggest that one-sixth of our insanity was due to alcohol and drugs: one-sixth due to syphilis and its resultant paresis; and one-sixth due to sundry other causes—leaving the balance of 50 per cent as due to heredity—inherent defects in the constitution of the germ-plasm of the parents of these unfortunate individuals.

MARRIAGE LAWS RELATING TO THE INSANE

MARITAL CONDITION. (Hill 47)

[Note: Table 48 shows that 26.4% of males in insane asylums on Jan. 1, 1910 were married; 39.2% of males admitted to asylums in 1910 were married. Females were 40.4% and 48.2%, respectively.]

The large percentage of single persons among the insane enumerated on January 1, 1910,

is not to be interpreted as indicating that the single are more liable to become insane than the married.

It means rather that the insane as compared with the normal are less likely to marry.

Some forms of insanity act as a natural barrier to marriage.

Moreover, in most states the marriage of an insane person is prohibited by law,

and the probability is that most of the insane who have been married were married before insanity developed (H 48).

15:9.1 The laxity of our marriage laws regarding the insane or those tainted individuals who are predisposed to insanity is indicated by the fact that

about one-third of the present-day inmates of insane asylums are married.

No doubt the vast majority of these married have one or more children, who bear their taint—that is, in the case of at least 50 per cent of our insane, whose ailment is largely hereditary.

15:9.2 **The large percentage of single persons among the insane**

is not to be interpreted as indicating that the single are more liable to become insane than the married.

It means rather that the insane, as compared with the normal, are less likely to marry.

Some forms of insanity unfailingly act as a natural barrier to marriage.

Moreover, in most states the marriage of a known insane person is prohibited by law,

and the probability is that most of the insane who have been married were married before insanity outwardly developed.

SOURCE

15: RACE DECADENCE

15:9.3 Our marriage laws are much more effective as regards insanity than they are concerning feeble-mindedness. The great need of improvement lies along the lines of curtailing the mating of those dangerous and defective individuals who appear to be fairly normal on the surface, but who are the carriers of the deadly strains of racial degeneracy.

“GOING INSANE”

VIII: EUGENICS AND EUTHENICS (Davenport 252)

1. HEREDITY AND ENVIRONMENT (Davenport 252)

How prone we are to neglect the personal side of the result!

We explain that Mr. A. has gone insane from business losses or overwork.

Yet hundreds suffer great losses and work hard and show no signs of nervous breakdown.

It would be more accurate to say A. went insane because his nervous mechanism was not strong enough to stand the stresses to which it was put.

As a matter of fact insanity rarely occurs except where the protoplasm is defective.

15:10.1 How prone we are to overlook the hereditary side of insanity!

We explain that Mr. A. has gone insane from worry, business losses, or overwork.

Yet thousands worry, suffer great losses, and work hard, and yet show no signs of nervous breakdown.

It would be more correct to say that so-and-so went insane because his brain and nervous system were not strong enough to stand the stresses to which they were subjected.

As a matter of fact, insanity seldom or never occurs except where the germ-plasm is defective;

unless there is present syphilis or some other definite disease to explain the catastrophe.

SOURCE

Also epilepsy, which is so often ascribed to external conditions, is, like imbecility, determined chiefly by the conditions of the germ plasm;

and the trivial circumstance that first reveals the defect is as little the true cause

as the touching the electric button that opens an exposition is the motive power of its vast engines.

“Father,” says the young hopeful, “may I go skating?”

“So far as I am concerned; but you had better ask your mother,” replies the father.

“No, indeed,” puts in the mother, “for I read in the paper the other day of a boy who fell on the ice and had an epileptic fit.”

Thus does the untrained mind confuse contributing and essential causes (D 254).

15: RACE DECADENCE

Also epilepsy, which is so often ascribed to external conditions, is, like imbecility, determined chiefly by the condition of the germ-plasm;

and the trivial circumstances that first reveal these defects are no more the real and fundamental cause of these mental upheavals,

than the touching of the electric button that opens an exposition is the motive power that propels its vast engines.

“Father,” says the young hopeful, “may I go skating?”

“So far as I am concerned; but you had better ask your mother,” replies the father.

“No, indeed,” puts in the mother, “for I read in the paper the other day of a boy who fell on the ice and had an epileptic fit.”

Thus does the untrained mind confuse contributing and essential causes.

The same is also true of those women who are supposed to have “lost their minds” during the change of life. Women of sound heredity do not “go crazy” as a result of menopause.

15:10.2 We read that a certain prominent citizen has had a “nervous breakdown”—that he has gone to California for a long rest from business cares and other harassments.

SOURCE

15: RACE DECADENCE

Next we read that this same prominent citizen has “gone crazy” or committed suicide, and immediately ten thousand neurotic and nervous individuals are seized with the terrible fear that they also will either commit suicide or “go crazy.” Whereas, there is little or no danger that either of these things will happen to simple neurotics who do not have a “streak of insanity running in the family.”

15:10.3 People who “go insane” in the absence of any specific or organic disease of the brain, are born with the tendency—they are doomed by heredity—they are the descendants of defective stock—they were mentally insolvent and biologically bankrupt when they were born into the world.

RECURRENT INSANITY

15:11.1 While it is true that many persons are discharged from hospitals for the insane as cured or improved, it is also true that many of them return later with a recurrence of their mental troubles—simply because insanity is a part of their nature—it is inherent in them.

INSANE IN HOSPITALS. (Hill 11)

PREVIOUS ADMISSIONS. (Hill 61)

[contd] Of the 60,769 persons admitted to hospitals for the insane in 1910, 40,130, or 65 per cent, were reported as first admissions,

and 13,914, or 23 per cent, were reported as having previously been in hospitals for the insane,

15:11.2 Of the 60,769 persons admitted to hospitals for the insane in 1910, 40,130, or 65 per cent, were reported as first admissions,

and 13,914, or 23 per cent, were reported as having been previously in hospitals for the insane;

SOURCE

while in the case of 6,715, or 11.1 per cent of the total number, no information covering this question was obtained.

The number of persons who had been previously admitted represents about 26 per cent of the total number for which the facts as to previous admissions were ascertained.

The figures indicate, therefore, that somewhat more than one-fourth of the persons admitted to hospitals for the insane in the year 1910 were recurrent cases (H 61).

[Table 71 (H 61)]

DISCHARGES. (Hill 62)

[contd] The number of persons discharged from hospitals for the insane in the year 1910 was 29,304.

Of these 24,241, or 82.7 per cent, were discharged as either improved or recovered; 4,397, or 15 per cent, as unimproved; and 491, or 1.7 per cent, as not insane.

No attempt was made to distinguish the "recovered" from the "improved."

The reasons why this was not done are stated in the report on the insane for 1904 as follows:

15: RACE DECADENCE

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The figures indicate, therefore, that somewhat more than one-fourth of the persons admitted to hospitals for the insane are recurrent cases.

In some cases they had been in an institution for the insane as many as five times or more; many having been committed from two to four times.

In some forms of insanity—the serious and hereditary forms—it seems to work out "once insane, always insane," more or less.

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No attempt was made to distinguish the "recovered" from the "improved."

The reasons why this was not done are stated by the Census Bureau as follows:

SOURCE

There is no standard definition of what constitutes recovery from insanity.

Some officials class as such all who show betterment, while others are very chary in describing their patients as having fully recovered.

In consequence the percentages of recoveries reported from different institutions vary in an astounding degree.

It therefore seemed wiser to group all recoveries under the heading "Improved" and avoid the presentation of figures that could not be explained and therefore might lead to wholly unfair comparisons (H 62).

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It therefore seemed wiser to group all recoveries under the heading "improved" and avoid the presentation of figures that could not be explained and therefore might lead to wholly unfair comparisons.

15:11.5 Think of the fact that almost 5,000 insane persons (15 per cent of the total number discharged) are annually turned loose on the public "unimproved." These irresponsible beings, if their age is suitable, are in many instances free to marry if opportunity offers itself, or otherwise to become responsible for bringing into this world other beings cursed with these same mental deficiencies.

15:11.6 Of the more than 80 per cent (about 25,000 annually) who are discharged from asylums as "improved" or "recovered," we know that not less than 25 per cent will find their way back into public institutions for the care of the insane, anywhere from two to five times before they die—in the meantime having contributed numerous legitimate or illegitimate offspring to curse the coming generations.

INSANITY AMONG IMMIGRANTS

INSANITY AMONG IMMIGRANTS. (Hill 25)

[contd] Of the total number of inmates of insane asylums on January 1, 1910, 28.8 per cent were whites of foreign birth,

and of the persons admitted to such institutions during the year 1910, 25.5 per cent were of this class.

Of the total population of the United States in 1910 the foreign-born whites constituted 14.5 per cent.

It is evident, then, that the foreign born have an unduly large representation in insane asylums.

There were, in fact, 405.3 foreign-born whites in insane asylums to each 100,000 in the total population,

while for the native whites the ratio was 168.7 to 100,000;

the number of admissions during the year was 116.3 per 100,000 in the case of the foreign-born whites, as compared with 57.9 in the case of the native whites (H 25-26).

[contd] *Age periods.*—These ratios, however, if regarded as an index of the tendency to insanity among immigrants as compared with the native population are misleading,

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15:12.2 The ratios, however, if regarded as an index of the tendency to insanity among immigrants as compared with the native population are somewhat misleading,

SOURCE

for the reason that the difference between the two classes is largely accounted for by the mere fact that the native population includes large numbers of children,

while the foreign born comprises comparatively few, most immigrants being past the period of childhood when they arrive in the United States.

Of the native white population of the United States 36.5 per cent were under 15 years of age, while of the foreign-born white population only 5.7 per cent were below that age.

As indicated by the age statistics previously considered, insanity is a defect which, as a rule, makes its appearance only in adult years.

Therefore this difference in age is bound to have a marked effect upon the relative number of insane in the two classes, and, other things being equal, would of itself make the percentage of insane much higher for the foreign-born white population than for the native.

Table 14 makes a comparison by age periods showing what proportion of the foreign-born white and of the native white in each age group were admitted to insane asylums in the year 1910 (H 26).

15: RACE DECADENCE

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Appendix A, Table No. 9, makes a comparison of age periods showing what proportion of foreign-born white and the native white in each age group were admitted to insane asylums in the year 1910.

SOURCE

[Source?]

15: RACE DECADENCE

15:12.4 The practice of dumping their insane, criminal, and defective stock on America was early begun by Great Britain, Holland, and other European countries. In the early colonial days the various states had great difficulty in protecting themselves from these undesirable denizens who were landed on our shores in shiploads. So it will be seen that America had more than her just proportion of insane and defective citizens to begin with, while we have done little or nothing to prevent their undue multiplication since we became an independent people.

IX: THE DYSGENIC CLASSES (Popenoe&Johnson 176)

But when every conceivable allowance is made, there yet remains ground for belief that the proportion of insane persons in the population is increasing each year. This is partly due to immigration,

as is indicated by the immense and constantly increasing insane population of the state of New York, where most immigrants land.

In some cases, people who actually show some form of insanity may slip past the examiners;

in the bulk of cases, probably, an individual is adapted to leading a normal life in his native environment, but transfer to the more strenuous environment of an American city proves to be too much for his nervous organization.

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SOURCE

The general flow of population from the country to large cities has a similar effect in increasing the number of insane (P&J 177).

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INSANITY AMONG NEGROES

INSANITY AMONG NEGROES. (Hill 34)

[contd] The 187,791 insane in hospitals enumerated on January 1, 1910, included 12,910 negroes, and the 60,769 insane admitted to hospitals in the year 1910, included 4,384 negroes.

The negroes thus constituted about 6.9 per cent of the insane enumerated on January 1, and 7.2 per cent of the insane admitted during the year,

while of the total population of the United States they constituted a little over 10 per cent.

Taking the country as a whole, therefore, the negroes in proportion to their numbers have fewer representatives in insane asylums than the whites (H 34).

[contd] For negroes the number of admissions per 100,000 population was 44.6; for the whites it was 68.7.

Equally marked is the contrast as regards the ratio of inmates present on January 1—131.4 per 100,000 for negroes as compared with 213.2 per 100,000 for whites (H 34).

The fact that the negroes in the South have a lower ratio of admissions than the whites does not necessarily indicate that insanity is less prevalent in one race than in the other.

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15:13.3 The fact that the Negroes in the South have a lower ratio of admissions than the whites does not necessarily indicate that insanity is less prevalent in one race than in the other.

SOURCE

The difference in the relative numbers admitted to asylums for the insane may be influenced by the local distribution of the two races,

by their practice as regards taking steps to have the insane placed under institutional care or restraint,

and by the relative sufficiency of the provisions made for caring for the insane of each race.

What the effect of such factors may be it is difficult to determine, but it seems probable that they furnish at least a partial explanation of the differences between the two races as regards the proportionate numbers admitted to institutions for the insane.

It is furthermore probable that, because of illiteracy, poverty, and ignorance among the negroes, cases of insanity, especially those which are forms of senile dementia, are less likely to be diagnosed or detected in this race than among the whites (H 35).

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SUMMARY OF THE CHAPTER

1. Hereditary insanity is increasing. At last census there were about 250,000 insane in 366 public asylums in this country.

2. This alarming increase in insanity on both sides of the Atlantic is commonly regarded as an evidence of race decadence.

3. In Great Britain the increase in population in fifty-two years was 85.5 per cent; while insanity increased 262.2 per cent during the same period.

4. There is estimated to be about 300,000 insane and feeble-minded in England and Wales.

5. In the United States we have one insane person in the asylums for every 350 population. Estimates give one insane for every 280 population.

6. Statistics throughout the country indicate that insanity is increasing anywhere from two to three times faster than the population.

7. The apparent ratio of the increase in insanity for the last fifty years if kept up in the future, would show the whole population insane by A.D. 2250.

8. The error in our statistics on insanity is due to overlooking of several vital points, viz., better classification, identification, and segregation. Things are bad but not as bad as they seem.

9. One authority estimates that one person in every 50 in this country, is either insane or mentally unbalanced, while one person in every 5 is predisposed to insanity by heredity.

10. There is evidence to support the belief that about 1 per cent of the population of England and America is insane or mentally defective.

11. There are 10,000,000 poverty stricken and 4,000,000 actual paupers in the United States.

12. In twenty-five years the ratio of insanity has risen from 1 to 450 of population to 1 for 300.

13. More insanity is found in older communities; less in the newly settled districts.

14. Insanity is more prevalent in the cities. The population is concentrating in the cities and this may be a factor in the increase of mental disorders.

15. Among influences which make it unduly appear that insanity is increasing are: increase in average length of life, better diagnostication, and more general institutional care for such patients.

16. While insanity may not be increasing three hundred times faster than the population (as statistics may show); nevertheless its steady gain constitutes a national threat - a race menace.

17. In the main, insanity is hereditary; but it is also caused by: syphilis, alcohol, drugs, brain tumors, and may follow certain diseases.

18. Those who "go crazy" over love affairs and who "blow up" as a result of business troubles, belong to the hereditary type of mental defectives.

19. Fully one-half, if not more, of all our insanity belongs to the hereditary form. Dementia praecox and maniac-depressive insanity are nearly always hereditary.

20. The chief defect in our management of the insane is that we turn them loose (as temporarily cured) periodically, to go back home and reproduce their defective stock.

21. The causes of insanity in this country are, roughly: heredity, one-half; syphilis, one-sixth; alcohol and drugs, one-sixth; and various other diseases (tumors, etc.), one-sixth.

22. Marriage laws relating to the insane - especially discharged patients - are in urgent need of thoroughgoing revision.

23. People do not go insane from passing stress and strain unless they are already "insane carriers"—unless they are the product of, and the carriers of, defective germ-plasm.

SOURCE

15: RACE DECADENCE

24. About one-quarter of those admitted to insane asylums have been there before -they are recurrent cases - having been previously committed from two to four or five times.

25. About 30,000 insane are “discharged” each year; 5,000 unimproved; all of whom may contribute legitimate or illegitimate offspring to the next generation.

26. Not only has recent immigration fed our stream of insanity, but it was liberally stocked up in pre-Revolutionary days by the practice of European countries dumping their insane and defectives on the American colonies.

27. Insanity among immigrants shows unduly high, because of the scarcity of children; while among the Negroes it shows surprisingly low, because few are confined in institutions.

1. At the time of *Race Decadence*’s publication, the last census was 1920, not 1910.