THE PSYCHOSES OF THE HIGH IMBECILE.*

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Generalizing, it is well to remember that the high imbecile from the cradle onwards develops slowly, that he is behind the normal child in learning to walk as well as to talk, that in attention as well as imitation he is backward, that when childhood begins and school life opens he shows up as a dullard or one-sided individual. In his habits he is negligent and untidy, and is often the sport of better endowed companions, an item that has bearing on the whole of his future life. In his class life he is in constant conflict with his teachers, to whom he is a despair.

The final scholastic attainments are, as a rule, a superficial knowledge of reading and writing. Spoken language, on the other hand, is often voluble, though it will be found, on examination, that the vocabulary is a limited one, and that scanty ideas are submerged in a torrent of oftentimes meaningless words. Few are at all proficient in arithmetic, even those who have had a fair opportunity of attaining a good education. With the automatic indrilling of the multiplication table their ability ends; subtraction, division and compound multiplication remaining an unfathomable riddle. Many, fluent in language, cannot even tell the hour by the clock, also in abstract deduction of a simple problem they show no reasoning ability.

When the age of adolescence is reached the rise of the sexual instincts, as well as altered conditions, that is to say, the increased personal liberty and freedom from restraints imposed by parents and guardians, seem to aggravate all their propensities to evil; excesses of all kinds are indulged in, and in especial Venus and Bacchus.

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At this period lues is often acquired, and plays an important part in their subsequent mental deterioration, but vinous spirit has even a more prominent rôle in the majority in this respect. Few are there among the high imbeciles that do not show its after-effects when psychoses develop, as is evidenced by the hallucinations as well as delusions of persecutory cast.

In the list of delinquencies it may be mentioned that thefts are frequent to obtain the necessities for future pleasures, rapes are usual when money or means are lacking to attract the weaker sex, vagabondage and beggary are common, so that children of respectable parentage are found harboring with thieves and prostitutes to the scandal of the community in which they live, as well as to their own detriment.

Not infrequently, after a course *in vino et Baccho*, the defective inherited protoplasm comes to the succor of the family pride and respect. A few months of excesses, and the hereditary weakling becomes passive, inert, unable to take care of himself in any way, in other words becomes demented, and seeks the sheltering walls of an institution to be cared for to the end of his days.

There seems to be some natural law of premature senescence descending upon members of the imbecile class about the age of adolescence, that renders a future development of viciousness as well as licentiousness impossible, some conflict between the correlation of the internal secretions may be supposed. In any event, the mental development comes to a standstill, with eventual retrocession, it may be after the lapse of only a few months. It should be remembered in this connection, as having a direct bearing upon the subject at issue, that the age of puberty and adolescence is the most trying period in the evolution of the higher cerebral association fibers, rapid growth of the body occurring with advancing maturity of the sexual system, and the cytoplasm for successful development is both deficient and defective. This induces a rapid decline of the neural vitality, and terminates in a mental reduction.

Alcoholism, syphilis, the excessive use of tobacco, late hours, and overdrain upon the sexual organs, all play a decided and important part in the immediate mental downfall of the defectives. Few examples of hallucinations are found without some antecedent history of alcoholic misuse.

The stigmata of degeneration in the high imbecile class are much less frequent and pronounced than in the lower types, also the physiognomy is less explicit in its tale of intellectual barrenness; in fact, many of the so-called moral, emotional or impulsive cases are sufficiently high in the intellectual scale not to portray to the untrained mind their actual degree of weakmindedness, and accordingly pass for normal individuals among the masses. It has been said that "clothes make the man," and certainly a well-groomed individual offers less to the eye that is suggestive of mental defect than those that are unkempt and untidy. But, by examination with the Binet method, or with the simpler arithmetical tests, together with questions as to judgment and insight, a fair knowledge of the degree of intellectual endowment may be ascertained within a few minutes, and the results are often surprising, showing as they do incompetence that was entirely unsuspected from the surface.

The psychoses of the moron class are extremely varied, complicated, interesting, and have not been sufficiently studied, mainly because the majority of mental workers have not been taught to recognize the imbecile in his highest development, the pedestal on which he stands nearest to normal man, and while they recognize that certain cases running the course of an atypical catatonia, hebephrenia, or early dementia are of subnormal mental grade, place but little stress upon this fact.

Grading carefully upwards from the lower types of imbecility to the moron group, the last with but few physical and still fewer gross psychical defects, we find that a high percentage of the permanent inhabitants of institutions for the insane (excluding seniles and paretics) have a defect in their mental gearing of the most varied degree and characteristics, with which is coupled a psychosis.

Naturally, the insanities of the high imbecile fall among recognized types of adolescent psychoses, but at the same time, and in endless variety, they depart from the classical forms of these maladies in symptomatology and duration.

Tabulated, we find cases in the clinic resembling:

1. The dementia præcox group:
 - Catatonia.
 - Hebephrenia.
 - Paranoid forms.

2. The alternating insanities:

Periodic and circular forms, with pathological exaltation and depression.

Stuporous states, either simple or alternating with motor excitement.

3. The dementia group:

Dementias progressive in character, without depression or exaltation of any duration.

4. Cases with especial pathological disturbance of hearing, sight and gustation:

Acute and chronic hallucinosis.

5. Cases that are especially characterized by the presence of false ideas:

Acute and chronic delusional states.

6. Cases whose especial feature is the occurrence of impulses or impellant acts of a pathological nature:

Obsessions and pathological impulses.

But the course of the first two of the above divisions does not follow closely the cardinal types. Most notable in all of them is the tendency toward a quick dementia, which is final and often complete, but even to this rule there are certain exceptions, especially among those showing a simple motor excitement free from delusions and hallucinations. Another difference is the short duration of the malady in contrast to the longer endurance of the typical cases of catatonic or periodic insanity, the psychosis ending in a few days to weeks in a quick return to the former mental state, or an equally rapid mental reduction and passivity. Few indeed are the uncomplicated cases that have not indulged in spirits or exhausted their vitality in prolonged excesses, homo- or hetero-sexual.

Furthermore, and as a cardinal point, the onset of the psychosis is more sudden and without the preliminaries of the catatonic or manic depressive; the attack is briefer, the return to former mentality more complete within a shorter space of time. Infrequent are hallucinations in the absence of alcoholic abuse.

Returning to the above classification and simplifying it to a certain extent, we find:

(1) States of pathological exaltation, with the features of short course, and rapid termination in a dementia or return to the former

mental state. These forms of excitement are common, especially with adolescent youths, are uncomplicated by alternating depression or hypochondriacal fancies; in fact, delusions themselves are infrequent or of the simplest character. The outbreak of the malady is characterized by a sudden onset, violent as well as extravagant tendencies, logorrhea with incoherence in the assemblage of ideas, also by a varying degree of intellectual confusion during the period of excitement, this passing into actual stupor, out of which the patient returns to his natural state. The motor symptoms in this class are on the whole more pronounced than the mental ones. The duration of the entire seizure is short, a few days, infrequently a few weeks, with restitution or dementia according to the strength of the inherited protoplasm. Attacks in those fairly endowed are liable to be repeated from time to time. Occasionally a patient is seen that has had only one, though afterwards there may be times of irritability not amounting to an actual psychosis.

(2) States of pathological exaltation in individuals of a slightly higher mental grade than the preceding class. With thought confusion are now mingled delusions of pronounced but varied character. Dependent upon the abuse or non-abuse of spirits, their content varies from simple delusions of personality and surroundings, power, wealth, above all, egotistical tendencies, to varied ones of persecution, mainly attributed to persons with whom they have been in contact in their own household or at the workshops. These false ideas are systematized to the extent that they do not vary greatly from day to day, and may last for several weeks. Hallucinations with even moderate alcoholics (or cocaine habits) are usual. Those of hearing are of a persecutory cast, unfriendly voices telling them that they are foul with syphilis, are no longer men, that their wives are unfaithful. Those of sight are also frequent with this class; they see figures or pictures moving in the trees. God or the devil appears and commands them to do certain acts. Hallucinations of being covered with creeping vermin that burrow under their flesh are also common. Gustatory deceptions are much less frequent.

With the major part of this class one attack brings them into the domain of the asylum, and though they may recover to the extent of becoming quiet and manageable, the finer part of their

faculties is blunted, and they are no longer capable of returning to their avocations, or, unassisted, of attaining to any steady employment, though they may do fairly well under the guidance of another stronger mind. Eventually they slowly descend in the mental scale, or, after the recurrence of repeated attacks, become completely fatuous.

(3) Cases that show a variation from the second type in so far that after a period of moderate pathological hyperactivity, with delusions and frequently hallucinations, deep confusion begins, ending in stupor with catatonic rigidity, negativism, as well as resistance to passive extension of the extremities. The circulation is lowered, the heart's action feeble, the extremities cyanotic, the vitality falls to a low ebb. Death occasionally occurs in this state of stupor, without any return to consciousness. In the depths of the lethargy the quivering eyelids are the only sign of life; the pupils are widely dilated, the face is pallid, while the respiration is slow and uncertain.

In the less severe cases partial restitution takes place within a period of two to four weeks, the victim no longer requiring to be tube-fed and is more energetic, but the delusions continue unabated, slowly to fade in the darkness of a dementia that is final.

(4) Paranoid tendencies are frequent with the high imbecile. Alcoholism and masturbation are the foundation stones, in common with other agencies of a depressant nature. In the brain of the three-quarter wit, probably after a series of misfortunes, mainly owing to their incompetence or inattention to duties, arises a time when they evolve the idea that the hand of mankind is against them, that they are kept down by favoritism toward others, and kept out of their proper sphere and deserts.

The essential egotism of the moron, deep lying and always ready to take offence when their errors of omission or commission are corrected, renders them unduly sensitive to the "blows of unrequited fortune"; they shrink more and more within their inner selves; introspection with alcoholic excesses soon lowers the mental vitality, false ideas that they are the object of persecution or sport by their fellow workmen arise; soon aural hallucinations are added to the delusions that they are the subjects of unwarranted hostility from their fellows; unfriendly voices assail them, coming from whence they do not know, as they reach them on

the street or in the quietude of their own abodes. Soon attacks on employer or fellow workmen supervene, the police interfere, and the gates of the asylum open.

After entering an institution the mental downfall is usually rapid. At first voluble with their complaints to the medical men or attendants of the institution, there is soon withdrawal of association with the other inmates, intensification of the persecutory ideas, which is followed within a year by a deeper and yet deeper dementia, though this class rarely become so entirely fatuous as those of the first divisions.

(5) Cases resembling the alternating (manic-depressive) insanities. From the narrow egotism of the moron class it may readily be imagined that examples of depression are far less frequent than those of excitement with stupor, the true periodic cases standing on a higher plane of mental altitude. Like the states of excitement of classes 1 and 2, they show the same sudden beginning with few antecedent preliminaries, short course and ordinarily rapid termination. With the majority that fall under this category, the stage of excitement is marked by a deeper clouding and confusion than is usual with the manic depressives: ideation is shallower and delusional ideas more pronounced. Motor agitation is sometimes well marked, at others trivial. The periods of depression show anergy rather than delusional depression, while the mental level of the entire psychosis impresses one as being more grave as well as more irremediable than in pure alternating examples.

(6) Stuporous states—not the occasional stuporous conditions of the periodic or of the catatonic, but of a character quite apart from these, and manifesting but little of their symptomatology except for the more prominent element. In the moron, instances of simple stupor, except with women at the time of the menstrual periods, are rare. With little disturbance of the vital functions, and still less of delusional or hallucinatory implication, these individuals for a short time become irritable, restless—as they express it, “nervous”; then suddenly pass into a deep, passive sleep, out of which nothing in the way of varied stimuli will arouse them. They require to be tube-fed and in every way looked after. After the lapse of ten days to several weeks, they suddenly, often in the early hours of the morning, come out of the realms of night into

those of day. During this state of total anergy there are no muscular movements, no negativism, nothing approaching a cataleptic condition, only passivity.

The pupils are widely dilated, the pulse slowed, the respiration tranquil but shallow. The temperature is subnormal. The tendency is to recover after a time, but contrary to the preceding varieties, the malady is not customarily followed by a mental decline, except when the attacks are repeated over and over again. Questions, after recovery, as to their recollection of the phase of stupor, ordinarily elicit little information. Some refer to it as a prolonged uncertain dream, often of painful nature; others have no distinct remembrance at all.

(7) Progressive dementia without active motor or psychic symptoms. Not a great many cases coming under this division have fallen within my notice. The majority were not high in the mental scale, and some had the brand-marks of an inherited syphilis. Spinal fluid tests were frequently positive.

In the earlier stages there comes a time of ill-defined nervous agitation without definite delusions or hallucinations, after which the subjects slowly dement without further active symptoms. Not a few examples show the evidences of a chronic arteritis, sometimes luetic, sometimes of other types, and as definite histories are frequently lacking, it may be presumed that some have suffered from typhoid or other infectious fevers, that, together with the after-effects of the accompanying irritant toxin, has induced a state of chronic nutritional defect leading up to the psychosis. The general bad effects of licentiousness in this class has already been considered.

With a number of ill-balanced children, who have been forced to undertake a school education ill suited to their strength as well as mental endowments, the continued strain of years of effort results at the time of adolescence in a mental decrepitude from which after-treatment is powerless to rescue them, and they relegate slowly to the plane of the dement.

In the first stages, there is a period of ill-defined restlessness with depression of a passive character, but without delusions, hallucinations or motor excitement. Soon this restlessness passes away, and is succeeded by dull apathy, the victims taking no interest in anything about them, remaining dull-eyed to questions or

stimuli of varied nature, not even reactive to loud noises or pin pricks. All day long they sit passive in a chair or on the benches, with bowed head and drooping shoulders, eyes directed to the ground, unseeing, with hands livid and oozing sweat, and so remain for months until removed by a pneumococcus or colon bacillus infection.

In addition to syphilis and infectious diseases, it may possibly be that a lack of correlation between the internal secretions is again a principal factor in this passive dementia. Not a few have deficient thyroidea, and occasionally one may feel in the lobes of these organs little hard nodules that are abnormal.

(8) Chronic states of delusion and hallucination are mainly attributable to the after effects of drugs, and, in especial, alcohol. Auditory hallucinations are of more importance than visual ones, as they exert a deeper impression upon the sufferer, being but reflections of the person's abnormal thoughts, and accordingly are not so readily corrected. These false ideas and sense fallacies are in a measure permanent, fixed, in a crude way systematized, have a persecutory cast, and materially influence the lives of the sufferers, becoming to them the most prominent feature of their daily life, as well as influencing all their actions. Eventually they lead up to attacks upon others, or to suicidal attempts. Insight and judgment are seriously affected, and at last there begins a noticeable degree of dementia which deepens as the months advance, the sense fallacies becoming less and less prominent, until eventually lost in the general mental clouding.

We especially desire to call attention in this paper to the fact that the high imbecile is far more prone to the psychoses than man of higher mental development; that practically all forms of simple and complex mental disorders are to be found among them, though a number are represented in simplified form; that the pernicious action of alcohol in particular, as well as other drugs in less frequency, is much more marked upon them than on normal man, and is, in fact, the cornerstone of a vast majority of the delusions and hallucinations that possess them; finally, that few make a complete recovery from any of the forms of psychoses above enumerated, a terminal dementia of quick onset being the rule.

One addendum we desire to make to this article before closing. It is an inflexible law of nature that like can only produce like. The high imbecile reproduces his kind, and unrestrained by ethical laws, as well as care of the future, in ever-increasing numbers; the progeny to be an ever-increasing burden upon the tax-paying community, as well as a sore trial to the upkeeping of the law. If we leave this portion of our population to increase unrestricted and at an unnatural rate in proportion to the total increase of the people, the result is inevitable: they will eventually overwhelm by sheer numbers the producing population, and the race will then sink to a low level. I am reminded of a story read many years ago depicting the earth a thousand years hence. According to the author some fearful cataclysm had overwhelmed the entire world, leaving but few of its folk, and these soon degenerated. But they multiplied again in numbers as well as further lowered in the mental scale to below, far below, the rapine beasts of the forests. Fire they knew not, war and slaughter were their only arts; cannibalism was prevalent. Their single science was to destroy.

The only solution of the problem of the high imbecile is sterilization, and a general law affecting all the states should be enacted, compelling the castration or spaying in all educational institutions or asylums for the insane or defectives of those who are capable of reproducing their kind. Many physicians are opposed to such a law, mainly on the ground that it might produce an increase of venereal diseases, but these considerations are of minor importance compared to a general deterioration of the entire race. *Salus populi suprema est lex.*