THE EARLY RECOGNITION OF MENTAL DISEASE*

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It is not an uncommon experience for the psychiatrist in civil life to have a case brought for consultation when the mental symptoms are already so well marked and firmly fixed that very little, if anything, can be done from a treatment point of view. Occasionally this occurs in the Navy, but such instances are rare as compared with the situation outside the Service. I do not mean to imply that all mental cases are amenable to treatment, but I do wish to stress the fact that the earlier a case is recognized the greater are the chances of doing something that may be of benefit and the less the probability of the case's becoming so unmanageable as to demand permanent institutional care.

In the Service, a man automatically is seen more often by a medical officer than he would be in civil life where visits to the doctor largely depend upon his own desire and initiative. The treatment of venereal disease and the prevention of the same are particularly well looked after in a military organization. Surgical and other general medical conditions also receive careful attention. However, psychiatry does not seem to be emphasized quite in the way it should. This no doubt is partly due to a feeling among physicians in general that abnormal mental mechanisms are quite hopeless propositions from a therapeutic viewpoint; partly because some consider psychiatry as a specialty rather alien to the rest of medicine; and largely due, perhaps, to the fact that so little time is given to the study of mental diseases in the average medical school that a man is graduated having had but few lectures and clinical demonstrations on the subject, and often with but slight sympathy for the work simply because he has

not had sufficient opportunity to become acquainted.

Psychiatry has made rapid strides in the last few years and the great war has demonstrated over and over again what can be done when the surgeon and the internist—one might even include the laboratory technician—co-operate with the mental specialist. Instances of men suffering an injury, or of showing unusual medical symptoms, or even a chance positive Wassermann, have revealed through consultation with the psychiatrist, and a detailed neuropsychiatric examination which followed, that the disease processes were fundamentally neither surgical nor medical, but could be classified distinctly as neurological or mental. It has further been shown that frequently what might be called "trivial" symptoms were the forerunners or early signs of grave mental disorder.

It is the purpose of this short paper to mention some of these beginning signs and to illustrate by summaries of case histories how subsequent extended examinations brought many unsuspected symptoms to light and proved the subject to be suffering from a well-defined clinical entity that demanded immediate disposition.

CASE REPORTS

Case No. 192.—The patient was referred to the Psychiatric Division by his regimental surgeon because he seemed to be suffering from poor memory and was unable to follow directions. He would frequently become confused and could not find his way about the station.

He gave a very detailed history concerning his past life and, apparently, he had held several responsible positions in a clerical line before enlistment. However, considerable euphoria was present and psychological tests revealed marked memory and concentration defects.

Physical examination showed Argyle-Robertson pupils, exaggerated reflexes and a four-plus Wassermann reaction.

The diagnosis was "Dementia Paralytica."

Case No. 236.—This man wrote a letter to the commanding officer requesting that he be allowed leave and a small sum of money in order to work on an invention of his which he claimed would be of great value to the Navy. Part of the letter seemed rather far-fetched and the man was referred for examination.

He talked in a coherent and relevant manner, but was very voluble and euphoric. He suffered from marked delusions of grandeur which were fairly well systematized and he had no insight into his condition.

The right pupil was larger than the left, but both reacted promptly to light, although their

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The cases outlined in this paper were diagnosed in accordance with the existing nomenclature in use in the U. S. Navy.

excursions were rather small. There were fine tremors of the facial muscles and exaggerated reflexes. Test words revealed ataxia of speech. Here again the diagnosis was clearly "Dementia Paralytica."

Case No. 272.—While a general court martial prisoner, and in a routine way, psychological tests made on this man showed marked confusion and defects of memory and concentration. He talked about staying over leave in a very simple and naive fashion, but claimed that he went to New York to have a good time deliberately and that he was fully aware of what he was doing.

While confined in the brig, the patient subsequently had a grand mal attack two days later, which was observed by witnesses. He walked about the cell in a dazed fashion and then suddenly fell to the deck unconscious. Following this there was general tonicities of the whole body with frothing at the mouth.

Later the man admitted that he had four similar attacks previously and that for the past ten years he had suffered from slight dizzy spells. History showed that his mother suffered from "spells of weakness" and that his father had been a chronic alcoholic and had deserted the family.

The diagnosis in this case was "Epilepsy."

Case No. 683.—The patient was referred by the officer in charge of the Gunner's Mate School because he complained of having pains in his head, of dizziness, and of being unable to study.

The patient stated that in 1917 he was struck in the back of the head and was in an unconscious condition for about two weeks. About five months after this attack he was again rendered unconscious for about two hours from another blow on the head. At the time of examination he complained of being unable to study and of having a poor memory. He also stated that he had frequent attacks characterized by a feeling of dizziness, his head "swimming," and things becoming "black" before his eyes. These attacks lasted but a few minutes and the patient was able to recover quickly and unassisted.

The patient was kept under observation for about one week in the Psychiatric Ward. He was found to possess considerable emotional instability and a marked lack of memory. He had a dull and apathetic expression and his general mood was one of depression. His conversation was flighty; he jumped from one subject to another at any suggestion given him. He was easily fatigued.

Mental tests revealed considerable deterioration. His mental age by the Stanford Revision of the Binet-Simon scale was only seven years, although actually 26 years old. His performance on intelligence tests was of an irregular type. He showed memory and concentration defects, and was easily confused.

The diagnosis made was "Petit Mal due to Trauma."

Case No. 508.—The patient was selected at mast where he was up for shirking duty, taking letters from the "Dead Letter Office" and for thieving.

During his first enlistment in the U. S. Navy he received a "Bad Conduct Discharge" for breaking liberty after six months' service. Says that

later, after a five months' enlistment in the British Army, he was discharged for "strange conduct." He admits about seven arrests while a civilian and these usually for stealing train rides.

His entire past history revealed him to have led an irresponsible and wandering life, with no ambition nor planfulness. His native intelligence appeared to be very poor and he talked in a simple and naive fashion. During the examination he frequently amplified the subject of discussion by referring to experiences of his own in a childish manner, with a certain amount of eagerness and boastfulness. It was frequently necessary to coerce him to order to make him stick to the subject. He was inattentive and rambling throughout. He did not appreciate the seriousness of his surroundings nor his responsibility in the duties to be performed.

Mental tests revealed marked defects in memory, imagination, attention and reasoning ability. All his emotional reactions were inadequate. He frequently gave up in a helpless, disinterested way, but even upon urging and after given aid his performance of psychological tests was poor.

The patient's family history revealed him to be descended from defective stock, his father having been a chronic alcoholic and his mother having been confined in an insane asylum, while one sister was said to have been a prostitute and another brother said to have been shiftless.

The patient was not merely ignorant, but unquestionably inferior. He showed certain "stigmata of degeneracy."

The diagnosis was "Constitutional Inferiority."

Case No. 281.—This patient was selected for intensive examination in the Incoming Detention Unit by the Psychiatric Division because he made a very low score on "Preliminary Psychological Tests." On the Stanford Revision of the Binet-Simon test he measured eight years and six months mentally. He talked in a low and monotonous tone of voice, his reactions were exceedingly slow, while his motor movements were sluggish. Throughout the examination his facial expression remained unchanged and there seemed to be decided emotional inadequacy present. He co-operated to the best of his ability. Gave a history of not having progressed well in school. He displayed many stigmata of degeneracy.

His diagnosis was "Constitutional Inferiority."

Case No. 871.—The patient refused to stand watch while a prisoner-at-large. When examined he showed a dull and apathetic expression. Physical examination revealed stigmata of degeneracy. His first two summary courts were given to him for being "Absent Without Leave" and the present summary court martial for refusing duty. History revealed the fact that he had practically no schooling. Examination showed him to be illiterate and feeble-minded. On the Binet-Simon test he gave a mental age of eight years. It was evident that he had little appreciation of his responsibilities or military duties.

He was diagnosed "Moronity."

Case No. 272.—The patient was referred for examination because he did not get along very well with men in his company and was continually teased.

Upon direct examination he was found to be untidy in appearance and his facial expression was dull and apathetic. He co-operated to the best of his ability, but his reaction time was very retarded and it was sometimes difficult to make him understand the simplest directions. His retention of ideas was fairly good, but his rote memory was exceedingly poor. Logic and reasoning powers were very limited. His conversation and general manner were very childish.

Psychological tests showed him to have a very low mentality and that he was an "Imbecile of the Congenital Type."

Case No. 357.—The patient was referred for examination because of creating a disturbance in his bungalow at night.

More extended review of the case showed that he was suffering from hallucinations of sight and hearing, for he stated that the men in his bungalow peered at him through windows and that he heard them making remarks about him such as "Hit the deck." The patient was disoriented for time, place and person and showed a mild persecutory trend which was not systematized. He showed marked psychic and motor unrest and considerable mental confusion was present. His memory for remote events was good, but for recent events impaired.

He was diagnosed as suffering from a "Manic-Depressive Psychosis."

Case No. 324.—The patient was referred by his company commander because he was known in the company as a peculiar individual.

When questioned he said: "I want to get acquainted with the boys—mix up with the toughest and talk to them. I want to get into intelligence work," etc. He believed himself qualified for a higher rating, but there was nothing to justify even recommendation for promotion. In fact, investigation revealed that he was very dull in performing his duties and decidedly lacking in concentration and adaptability. Throughout the examination he rambled in his conversation and was very circumstantial. His sensorium was crowded with vagaries of various sorts. No definite delusions could be made out, but he was distinctly psychopathic, egotistical and eccentric.

A diagnosis of "Constitutional Psychopathic State" was made.

Case No. 137.—The patient was referred by his regimental surgeon because he appeared to be depressed. Upon examination he was very resistive and "shut in" and it was difficult to gain his co-operation. He had many somatic delusions—especially with reference to the sex organs—and said he had discovered that he was not a citizen of the United States because he had passed an officer who did not return his salute. He stated also that when in training at another camp he had been sexually assaulted three times by three different men when he was asleep and that he knew this had happened only because he heard his shipmates talking about it the following day.

He was diagnosed "Dementia Praecox of the Paranoid Type."

Case No. 240.—The case was referred by the regimental surgeon because the patient had written a letter home stating that he thought a con-

dition of "mental suffering," which he had had previously, was now returning.

When questioned he said he could not put his symptoms into words, but further examination revealed the fact that he was harboring suicidal ideas, was worrying because he did not think he was measuring up to the expectation of his parents, and he was much disturbed because he had masturbated when a child. At times he would have periods of extreme mental confusion in which he could not put his mind to his work and these were accompanied by marked depression.

He had been treated in civil life for this condition without improvement and he stated that association with other men and the routine of service made him worse.

He was diagnosed as suffering from a "Psychoneurosis of the Anxiety Type."

Case No. 144.—This man voluntarily interviewed the medical officer of his unit and stated that he was extremely worried because he had unnatural sex desires which he was afraid he could no longer control.

He stated that he had practiced Sodomy in his earlier years, but he claimed that when he became old enough to realize the seriousness of this practice he had discontinued it himself. He had battled with himself continually ever since that time.

The intellectual development of the patient was normal, but he had many emotional complexes with marked sex coloring. He was decidedly neurotic, emotionally unstable, and subject to periods of excitement and anxiety.

This patient was diagnosed as "Psychasthenia."

Case No. 767.—This patient was referred by his regimental surgeon because he complained of chronic pain in the left hip, for which no organic basis could be made out. He stated that because of the pain he was unable to do his work properly, that it had made him nervous, and that he was suffering from insomnia. He also stated that he was troubled with headaches, backaches, twitching of the facial muscles, irritability, restlessness and palpitation of the heart.

History showed that the trouble first began about three years previously and that he had been under treatment by several doctors in civil life. He was a decided neurotic type—suggestive, introspective and hypochondriacal.

Observation and repeated examinations revealed no pathology.

The diagnosis made was "Neurasthenia."

Case No. 709.—This man was referred by the medical officer of his unit because he complained of nervousness. He stated that the slightest exertion exhausted him and that his heart would beat so fast that he became frightened over it. He said that when wrestling or running he became extremely excited.

When questioned the patient's whole body began shaking with a course tremor. No organic basis for the man's complaints could be discovered.

He was diagnosed "Neurasthenia."

The foregoing cases are fairly typical of the psychiatric material one finds in the Service. They were selected from about

two thousand cases in which intensive psychological, neurological and psychiatric tests were made. It is to be noted that patients were sent for various complaints and usually the condition from which they actually suffered and which they were finally diagnosed was not suspected in the beginning.

As the sources of supply of neuro psychiatric material would necessarily have to be limited if confined only to cases sent by regimental surgeons—since many of the early symptoms of mental disease do not come to the notice of the medical officers in a routine way—it was considered advisable at the Naval Operating Base at Hampton Roads and at the St. Helena Training Station to distribute a printed sheet to all company commanders on which were listed a number of behavior characteristics which might form a basis by which to refer cases for intensive examination. These characteristics were as follows:

1. Resentfulness to discipline or inability to be disciplined.
2. Unusual stupidity or awkwardness in drills or exercises.
3. Inability to transmit orders correctly.
4. Personal uncleanness.
5. Criminal tendencies.
6. Abnormal sex practices and tendencies, including masturbation.
7. Filthy language and defacement of property.
8. Distinct feminine types.
9. "Bed wetters."
10. Subjects of continual teasing or ridicule.
11. Queer, peculiar behavior.
12. All recruits who persistently showed the following characteristics: tearfulness, irritability, exclusiveness, sulkiness, depression, shyness, timidity, antisocial attitude, overboisterousness, suspicion, dullness, sleeplessness, sleepwalking.
13. Chronic homesickness.

It was strongly recommended that whenever a medical officer noted any suspicious or doubtful signs or symptoms of nervous or mental disease that the case be gone over from a purely psychiatric point of view. Also it was advised that all cases where no apparent pathology existed be likewise subjected to a similar procedure.

Mere dullness in answering questions may mean a fundamental feeble-mindedness while sluggish pupils may be the first and only signs of early derangement of the central nervous system. Careful and detailed examination should always be made from all possible points of view, for

there is no doubt that more errors of diagnosis occur through carelessness than through lack of knowledge.
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PREVENTIVE MEDICINE AS APPLIED TO MENTAL DEFICIENCY IN MISSISSIPPI*

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Mississippi needs a colony for the feeble-minded. There are now only eleven states, since Tennessee has made provision for the feeble-minded, which have not state schools, colonies, or other arrangements for the scientific management of the feeble-minded. Of these states Mississippi is one of the five with over a million population which have no state institution for that purpose. The feeble-minded are a class which, without care, furnish us with a great many of the problems which occupy our courts and our charity workers.

Mississippi expects such an institution to be provided by the Legislature of 1920, and she expects the physicians of the State, with their vision of the problems, to lead in this movement. The physician is in a position to see the effects of the propagation of defective stocks upon communities and the great expense of it. He knows, from his training and from his practice, that the laws of heredity work infallibly and that defective nervous systems in fathers and mothers produce the same kind of defect in children. You gentlemen of the medical profession in your communities all over the State of Mississippi know of Kallikaks and Jukes and Hickories who are costing your communities much money, wasting the property and lives of citizens, because they have not common sense to guide themselves as citizens, and are having large families of children who will do the same things as long as they live.

The medical man is in a position to appreciate the difference between insanity and congenital deficiency. Few of us, hap-

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