Dementia Præcox and Mental Degeneracy in Syria.

By H. THWAITES, M.R.C.S., L.R.C.P., late Medical Superintendent, Lebanon Hospital for the Insane.

IN the realm of mental disease any finger-post which points a way through the entanglements of ætiology is worthy of consideration. Present-day tendency is to magnify external at the expense of internal causes, a cart-before-the-horse policy which must bring confusion. Comparative lunacy endeavours at least to reverse the position and to start straight by tracing the affinity of form which exists between national brain types and their insane corruptions, or by showing variations in the relative incidence of disease forms and co-ordinating these with dominant social or biological factors.

The chief point brought out by a three and a-half years' study of insane conditions in Syria is the predominance of one form, for which the great difficulty has been to find a sufficiently comprehensive term; the only one which has seemed at all adequate, *viz.*, "dementia præcox" as defined by Kraepelin in Johnston's valuable translation of his *Lectures on Clinical Psychiatry* has been met with considerable opposing bias on account of preformed ideas based on our somewhat insular conceptions, but such prejudice has been scattered to the winds by the fact becoming more and more clearly revealed that there is no term which so faithfully represents the form in question.

In the following records of the Lebanon Hospital for the Insane, for the three years ending September 13th, 1907, the danger of treating the term with too much elasticity has always been present. Symptoms readily overlap at the fruitful period of adolescence; the outward similarity of dissimilar forms is even more pronounced where language difficulties bar the way of approach, and cases of congenital amentia, and particularly of maniac-depressive insanity, where thought and volition are much obstructed, have been liable of inclusion. Errors of diagnosis are more likely to occur in dealing with men and women of a foreign tongue, and correction for the personal element is probably more necessary where statistics stand alone, but in spite of possible discrepancies the broad truth which these statistics convey may be insisted upon, and it may be inferred that with successive years a greater degree of truth is reached,

512 DEMENTIA PRÆCOX AND MENTAL DEGENERACY, [July,

and that the larger percentages of the last year are more correct than the smaller ones of the first year.

These statistics may be thus tabulated :

Number of Admissions.

Year.	Men.	Women.	Total.
1904-5	62	30	92
1905-6	53	44	97
1906-7	55	30	85

Cases of Dementia Præcox.

Year.	Men.	Women.	Total.
1904-5	17	5	22
1905-6	20	6	26
1906-7	20	6	26

Percentage of occurring Dementia Præcox each Year.

Year.	Men.	Women.
1904-5	27·4	16·6
1905-6	37·7	13·6
1906-7	36·3	20

Average Yearly Percentage for the Three Years.

Men	33·5
Women	16·3

Variety of the Disease.

Year.	Approximately hebephrenic.	Approximately katatonic.	Approximately paranoid.
1904-5	13	8	1
1905-6	18	7	1
1906-6	12	12	2

Variety of Disease in the Different Sexes.

	Approximately hebephrenic.	Approximately katatonic.	Approximately paranoid.
Men	36	17	4
Women	7	10	0

It will be seen that more than one-fourth of the admissions to the asylum, *viz.*, 27 *per cent.*, are sufferers from dementia præcox, a fact which is confirmed by a study of the chronic and often

grossly demented inmates, who, even in their advanced stage, still present symptoms revealing the nature of their malady (of 66 chronic and confirmed cases, 33 or 50 *per cent.*, were cases of dementia præcox).

Further, of all the occurring cases, half are of the hebephrenic variety, about half are katatonic, and a very small proportion consists of the paranoid class. The disease is twice as common in men as in women, whilst male cases incline towards hebephrenia, female cases to katatonia.

The difficulty of locating many of the cases was great. In the hebephrenics particularly there was a tendency to relapse into stuporous condition, bearing a superficial resemblance to the milder phases of katatonia, and the fact has been clearly displayed that the above classical grouping is purely arbitrary and of convenience only for descriptive purposes, and that the motor phenomena of the katatonic, the delusions of the paranoid, and all the *outré* manifestations which appear in such profusion have seemed accidental, the underlying and fundamental element in all cases having been clarity of perceptive power, with want of psychical feeling; so much indeed has this been the case that the varieties might well have been classified in accordance with the degree of involvement in this latter essential feature, which has presented itself at one extreme as indifference and at the other as profound stupor. Following Bolton's ideas, the pathology would seem to be a question of the degree of evolution of the psycho-motor area of the brain, and the extent of accompanying neuronc dissolution.

To enumerate the points about the disease which have asserted themselves most prominently, these are:

- (1) Dementia præcox is an independent disease entity.
- (2) Though it may assume a variety of form the disease is *one*.
- (3) The unifying factor is the presence of the comprehensive faculty with want of feeling.
- (4) Other symptoms, though abundant, are not essential.
- (5) In order of frequency, the most prominent of the other symptoms are—stupor, negativism, stereotypism in speech, attitude and conduct, forced actions, automatic obedience.

To account for the undue prevalence of this disease in Syria is more difficult than the mere enunciation of its existence, but the purport here is to suggest that dementia præcox is the

exaggerated expression of a mental degeneracy, the roots of which are to be traced outside asylums in the average mental constitution; the strong resemblance which exists between it in its essential feature and the mental type common in the country points strongly to an inner connection, and leads to the proposition that the condition is one.

All who have had to do with the care of the insane will have experienced great difficulty in answering the question of causes so painfully imminent in the minds of friends, the reason for such evidently lying in the fact that to answer correctly, an adequate explanation of developmental psychology is necessary, and unless it be in the case of trauma or in the somewhat doubtful case of toxic insanity, no single cause can be stated as efficient. A closer study of insane conditions from the developmental side would seem the best way to obviate such difficulty, and it seems not unreasonable to suppose, in this connection, that the whole question is a dispositional one, that certain dispositions commonly met with are the immature counterparts of the morbid mental states which fill our asylums, the diseased state being merely an evolution of the so-called healthy one. Thus is the germ of maniac-depressive insanity found in persons regarded as insane, in their impeded thought and volition; the confirmed hypochondriac was not always certifiable; the paranoiac was known in his youth to be subject to extravagant, self-opinionated, plaintive conduct; and thus is dementia præcox to be found in an immature form in the supineness, apathy, and phlegm of the Syrian youth who seems to have but a half hold of consciousness.

The physiological characters of a race are mirrored in its conventional and idiomatic use of the language, and there are no expressions in Arabic more frequently or variously rendered than such as in English would be translated, "What matter!" Such expressions of indifference reflect a national failing, and are born of the spirit of fatalism so ingrained in the Oriental's conception of life, but in Syria also as a part consequence of centuries of national dependence and subjection to foreign rule, and they depict the normal attitude towards life's affairs, grave or gay. The Syrian servant girl, for instance, who, whilst washing dishes, drops one, will proceed with the rest without any show of concern, and without even stooping to pick up the pieces. Such a state is a congenital one and may be included

amongst those examples of morbid personality which are the product of mental degeneracy.

From introspective analysis, the safest form of psychological inquiry, this particular form of degeneracy is found to be dependent upon diminished psychical feeling, that subtle sense of which we are well aware, which forms the incentive to all acquisition, but which is strongly resistant to faithful description; and upon such hypothesis it shares the same foundations as dementia præcox, the diagnostic symptom of which Kraepelin states to be "the peculiar and fundamental want of any strong feeling of life's impressions." Diminution of feeling, therefore, is the first step of a decadent process, the final stages of which only are so pronounced that asylum care becomes necessary, but which throughout its course may be regarded as dementia præcox. Whether such feeling be an independent brain function having its physical substratum, or whether an integral suspension of the intellectual faculty without separate material basis has never been satisfactorily determined, but we can assume that it is vitally associated with thought and ideation, and is essential for production in this sphere, whilst our present inquiry leads us to the conclusion that with its degradation there is an associated, possibly a consequent change in the higher cerebral levels, leading to apathy and indifference to current events, to retrogression of all the higher attainments, and finally to their substitution by stuporous and subconscious states. Such backward extension in the process of degradation, from function to structure, is simply the operation of a natural law than which none is more certain, and which is illustrated beyond any manner of doubt in the wasting of muscle from disease.

The structural development of the brain depends upon its environment, the latter being to it what soil is to the implanted seed. If this now fail to produce the constant traffic in impressions which results in ideation and life to the growing organ, convolutional starvation will be its lot, and this result will be the same for a healthy and a constitutionally defective brain, the only difference between them from the point of view of environment being, that in the former it is of primary, in the latter of a secondary importance.

Now, such dwarfing effect will appear first in the most conspicuous life-function of the organ, *viz.*, consciousness, and it

certainly seems that in the inroads made in this direction, in disintegrations of consciousness we have the key to the position in dementia præcox. Pierre Janet has thus attacked hysteria from the mental side, and in his theory of double personality we have a more adequate explanation than has yet appeared of many of the strange manifestations of that disease. From the fact that many dementia præcox cases grow upon an hysterical basis, and from the hysterical colouring of many of the phenomena which occur in this disease, *e.g.*, the cataleptic attitudes, it may well be that the two mental states are closely allied. Psychical feeling would thus be a term synonymous, or at least coextensive, with consciousness, and if it may not be defined as the grip on life, it is at least that upon which such grip depends, and lying at the threshold of an almost illimitable sphere of functional activity, it carries in itself the vital principle upon which acquisition in every department owes its origin. Evolution fails of its purpose if it does not implant this psychical feeling firmly and strongly in the individual as the basis for all cerebral development; its absence is the open door for disease and the dominance of subconscious states. Wordsworth, that great psychologist, in "The Excursion," thus depicts the vital principle pervading the human mind:

"The food of hope
Is meditated action, robbed of this
Her sole support, she languishes and dies;
We perish also, for we live by hope
And by desire; we see by the glad light
And breathe the sweet air of futurity;
And so we live, or else we have no life."

The youth suffering from dementia præcox is one congenitally deficient, he enters upon his life struggle badly equipped because devoid of, or with diminished, psychical feeling, he cannot sustain the life of the brain at his own level of civilisation, far less so at the relatively high level which he may have to face, and the flickering flame dies out. This latter fact is well illustrated in returned Syrian emigrants from America. In the past year 20 *per cent.* of the admissions to the Lebanon Hospital belonged to this class, and their form of disease was a precocious dementia.

Is it, then, possible to trace any cause for so serious a lack in the mental constitution of the average Syrian? In the individual we may read the history of his race; his mental condition

is the accumulated result of past influences brought to bear upon his germ plasm, and it is to these influences which have constituted the environment to which we should turn for the primary and efficient factor in the production of diseased states. Unfortunately it is impossible to individualise cause and effect and to know the actual share of each in the complex result, for this reason, that these causes, mostly of a social or moral nature, are themselves so complex and incapable of reduction.

But looked at in perspective, the history of Syria reveals certain influences always at work which make us infer an underlying connection between cause and effect in the resulting mental type now under consideration.

The annals of the country show almost continuous subjection to foreign rule; yet there was a time when Syria was to the Syrian, and we may conclude from Bible records that at that time the standard of civilisation was high, and the prevailing mental type in no way inferior. The Phœnicians, at least, their closely related neighbours, for many centuries we know were one of the foremost peoples in the world, and particularly in the realm of action; but from the time that the Syrians became servants of the Hebrew King David to the present day, they have been a dependent race and have been forced to put up with conditions imposed upon them by their rulers, with the result that independence of spirit has been stifled, and acquisition checked or suppressed in every department of mental activity. It is true that the Arabs for a time infused new life into the people, but such influence was short-lived and lost itself amid the supineness of the Turkish *régime*; and now art is almost unknown, science has few ardent followers, philosophy makes no progress, remaining content with past achievements, and religion amongst the Mohammedans is of a non-productive type, and among Christians, in the place of the birth of Christianity, is mostly a system of fetishism without the intelligent application of inner principles. The mental life of the masses is of a hand-to-mouth order consisting mostly of simple sense impressions, and with so little traffic between higher and lower centres that badly formed association tracts are inevitable, and limited mental capacity with paucity of ideas the rule. But the worst feature is that psychical feeling, or consciousness, or the *vis à tergo*, or whatever you may prefer to call it, is bound to suffer, and in extreme cases ceases to exist.

It is inefficiency of environment then which has been the responsible factor in producing the type of brain wanting in a fundamental principle, and the lack persisting has become focussed in posterity as endemic degeneracy. Whole neighbourhoods, villages, and districts suffer rather than individuals here and there, and a vicious circle has become established which time and radical social reforms alone can alter. The individual born with a constitutionally defective brain enters an environment which tends to foster and increase his defect; without psychical feeling he ceases to be aggressive, the higher attainments are lost, and soon he retrogrades still further, and suffering from encroachments upon consciousness itself he permits himself to be governed by subconscious states, and shows it by his automatic, stereotyped, or negativistic conduct; he would revert to a purely animal existence were it not that past achievements cannot be completely obliterated. The wreckage of a once conscious organism must perforce include the *débris* of consciousness, and so we find the curious medley of intelligent and automatic phenomena which go to the make-up of the full clinical picture of dementia præcox.

Observations on Insane Epileptics Treated under Hospital Principles. By LEONARD D. H. BAUGH, M.B., Ch.B.Edin., Senior Assistant Medical Officer, Gartloch Mental Hospital, Glasgow.

IN this paper the writer aims at bringing into prominence some advantages derived from the application of the principles of hospital treatment to the care and management of insane epileptics. Much of the clinico-pathological work recently done on epilepsy tends to support the view that such treatment is correct; and, further, it is now generally accepted that treatment of the so-called "Acute Insanities" (mania, melancholia, etc.) on hospital lines gives the best results.

The cases studied are the epileptic admissions into the Gartloch Mental Hospital since its opening for the reception of patients on December 8th, 1896. Up till May 15th, 1907, the close of the last statistical year, inclusive of 36 epileptic imbe-