IS DEMENTIA PRÆCOX THE "NEW PERIL" IN PSYCHIATRY?¹

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The few local observations on this popular psychosis presented here suggest the trite old couplet:

"Tis the sad complaint, and almost true,
Whate'er we write, we bring forth nothing new."

The advent of dementia præcox, like other exotics received with enthusiasm, has resulted in an eruption of articles on that entity. While it did not, like the young Lochinvar, come out of the west, many of the recent articles describing it exhibit the vigor and breeziness of that region. Some have the force and dogmatic utterance of the small clinic and the smaller general practice. Others savor of the larger asylums, not wanting so much in population, as in a larger purview of the subject. Some of the cases illustrated combine all the types in one, so all-embracing is it to the chroniclers; while others again exhibit a wealth of detail which could never have been met with, except in the pages of the foreign text-book. Still other cases are made to demonstrate every sign and symptom of classic requirement. What new ones they contain can only be conceived, for they have been made to exhibit all the phenomena established as proper to dementia præcox. The same monotonous and inexpressive jargon meets you in each appearing article. The paucity of actual observation and clinical material is equalled only by the bibliographical zeal.

To begin with, I think much harm may be done by the unfortunate term, as well as by the gloomy prognosis of those in a position of authority to speak. Dr. Jones, the superintendent of the

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London County Asylum, said in an ex-cathedra tone, "dementia præcox is now so common that it may almost be described as the scourge of our asylums, for it attacks prematurely our most promising youth. It is practically incurable, and will fill our asylums of the future with the hopelessly insane." The cloud, fortunately, has a brighter lining, for the British asylum statistics do not bear him out in his fears. We do not know whence his evidence is derived, but we do know that in our own clinical experience the educated and more enlightened, and even the mentally hard-working, are not the groups from which the most of the hospital inmates are recruited. These quickly seek medical advice, which can frequently ward off the impending danger.

With our wealth of clinical material, it must follow that the disease, dementia præcox, is frequently met. As a matter of fact, we have the best clinical types to be found in any asylum in the world. We have this disease in all its gradations, from the almost speaking clinical picture to that exhibiting a group of morbid symptoms so slight that to discover sufficient justification for stamping it dementia præcox is an almost hopeless task to our zealous young clinicians at staff meetings.

As in great waters are found fin and feather in infinite variety, why should we not at this hospital, fed by a huge cosmopolitan metropolis, teeming with the flotsam and jetsam of human wreckage, have the greatest variety of psychoses known to alienists? But if we are frank, we cannot subscribe to the teaching that dementia præcox is paramount or in the ascendant here. The doctrine is not sound. We must dissent. I think the more we see of undoubted cases of dementia præcox, the better the outlook is for the patient and statistics. Scores of cases so closely resemble dementia præcox in symptom-complex and termination that it is surprising more are not stamped as such and transferred from active observation to the rubbish-heap from which the psychiatric "finds" have been extracted, to get well as best they may. The long list of morbid mental states just on the border line, embracing adolescent dementias, the depressions with confusion and stupor, post-alcoholic psychoses, hypochondria and neurasthenia, the great variety of neuroses and psychoses associated with imbecility,—if these cases are checked in their progress, they respond quickly to treatment, but the care must be unceasing. Then

most of them will get well, as they would have done had they received proper medical care outside, and thus made the certificate of insanity unnecessary. These forms of insanity are often the result of exhaustive and toxic states, and neuroses unrelieved.

I cannot understand why continental thought should set the pace for the rest of the world, more especially for this country. With an admission of nearly two thousand patients annually, examined under the most exacting system of analysis, and subjected to the criticism of a large medical staff, we are still influenced and guided by the dictation of foreign savants and writers, and we are asked to bolt unquestioningly the conclusions they have derived from sometimes very limited fields of observation. It is high time we made our own the predominating statistics in this country, and stood by them. Any others are likely to be at variance with the conditions and environment prevailing here. The question is too often asked at court and clinic, "Have we read what Prof. von So-and-so writes or has observed," which soft impeachment we have to deny, and by our confession of ignorance are, I suppose, placed quite outside the pale. If we have been locked in "some pent-up Utica," is it not time that we emerged into the freer atmosphere of independent thought and our own conclusions?

There are no new forms of insanity that I am aware of. This much most of us are agreed upon, except in the newspapers and novels, and finesse in diagnosis is not so important as saving from classification, as dementia præcox, the cases closely resembling it, but which escape the unfavorable prognosis imposed by the name and surprise us by a return to a condition of mental health. The question arises then, What shall we consider dementia præcox? I would confine the name to those groups of insanity occurring in the adolescent period and tending to dementia. I would restrict it to a period not later than the adolescent age, and I would make it a *sine qua non* that the inclusive stages of mental deterioration be reached rapidly. Psychical enfeeblement, with relative integrity of memory, disappearance of the effective feelings or emotional tone, apathy, dissociation between memory and judgment, and a primary normal mental condition ending in early breakdown.

The physical signs in dementia præcox are not reliable and

should not be taken too seriously. They are seen in other forms of insanity, and may be indefinite or accidental. When we have a case appearing at the period of pubescence, or a little later, with languor and inattention, the mental powers too sluggish to assist the patient in recognizing his condition or surroundings, with hallucinations of hearing and the progressive character of the mental deterioration demonstrated, we are reasonably safe in diagnosing it dementia præcox. But I would stand firmly for the psychical enfeeblement, diminished attention, and dominating apathy, and as a clinical picture is necessary to a concept of the disease, I would urge that dementia præcox should imply a dementia that is primary and present from the beginning of the disease, although its recognition may be obscured by transitory episodes. Some of these may be only faintly discerned. Then the patient is entitled to the benefit of the doubt. Many of the cases we see are not degenerative cases. They show but little disturbance of attention and impairment of judgment, and such as it is, may be secondary to some acute psychical disease of which we have no knowledge. We should not try to fit the patient to the diagnosis. The *materies morbi* is necessary, for the true precocious dement is to the manner born. In many the age of adolescence has long been passed.

As for the anatomical stigmata of degeneracy,—what do they indicate? They may be seen at any gathering of people of all ranks, in the pulpit or in the prize ring. At this stage of life almost any mental weakness may reveal itself,—derangement of function, the strain of development special to some, the explosive emotional states, boastfulness and sexual depravity of the ill-balanced—a tremendous amount of insanity that is not dementia præcox comes to us. The entire gamut of symptoms peculiar to dementia præcox may be found in imbeciles, the constitutionally defective, tramps with stigmata suggesting the workhouse or prison, the ill-balanced lad blowing off the emotion of youth. The boy who can never learn at school and is inclined to wander away, who cannot settle down to any kind of occupation, is likely an imbecile. Some exhibit intense stupor closely resembling dementia. Many are harmless and industrious, and although too deficient mentally for much initiative or progress, are capable of useful employment and of earning their own living. Why saddle

upon these the term "dementia præcox"? It hampers their convalescence, puts a taint upon them, and keeps them in the background. They are mentally unstable, but under careful supervision, if their young manhood be passed in an orderly and systematic manner, in employment adapted to their capabilities, recovery and escape from future attack may be fairly assured.

It is not the most intellectual classes or those who are hard-worked mentally who supply us with morbid conditions. They don't supply the dementia præcox cases, or those so-called "allied" cases. The flower of our youth may give us the true psychoses, well cut and definite, if any. Our cases of defect and deterioration come largely from foreigners, soft, undeveloped, the flotsam of congested agrarian districts and poverty-stricken surroundings, unaccustomed to active competition at home. The sundering of home ties, followed by wretchedness and homesickness, is the first step in their decline. Then you have these poor peasants coming into competition with the fittest, living in confined quarters with insanitary environment and reeking of filth. The want of proper adjustment of forces and work results in nutritive and nervous exhaustion, insomnia, indigestion, auto-intoxication, and the pace kills or turns to insanity.

A propaganda should be urged to deal vigorously with this blight so peculiarly incidental to youth and adolescence. I firmly believe that if the conditions causing insanity were fought as vigorously and determinedly from the press and platform as are those of tuberculosis, alcohol, and syphilis, and the co-operation of the general practitioner and of organized charity, was obtained to prevent it in its incipency, there would be no need for the large and increasing appropriations so regularly asked for. The steady and alarming increase of insanity would cease, the breadwinner would be preserved to his family, and he and they would be spared the stigma of mental incapacity and the horrible fear of transmitted disease. The State would be spared the task of maintaining the patient, and the family escape the degradation of becoming the subject of public or private charity.

The truth is that men, women, and children are overworked. They live amid struggle and stress unknown to other times. These conditions predispose to nervous disorders which become progressive. Stress and medical neglect do the rest. We see

them dull, stupid, and apathetic, with an indifference due to their inherent mental defects. Should we be surprised at the differences and contradictions they represent? These are no doubt unimportant differences in the clinical pictures, due to the different constitutions of individuals at different ages, but these differences are not sufficiently grave to constitute distinct diseases or dementia præcox. Certain clinical pictures give us definite forms of insanity, but how few are the distinct convincing clinical pictures we meet with here. The treatment of many of these cases might have been left in the hands of the general practitioner, showing, as they do, incredible ignorance and disregard of ordinary rules of health. Some need never have been committed to a hospital for the insane, had their downward course been halted, so dependent were they upon environment.

These so-called dementia præcox cases, crippled mentally, should not be shelved or submerged. They should receive undiminished care and treatment, with regular outside work, adapted to their capability. We don't relegate weak and worn-out ships to idleness, or lay them aside as forever useless. They are put into a trade fitting their capability and restricted to smoother waters where they escape the storms and buffetings of rough seas.

Some day when after care is a part of the sociological body, the helping hand which was not put forth, or not availed of when it might have averted the malady, will take in charge the weakling and the hard-pressed, whose complete recovery is handicapped by stress, and avert threatened relapse.

The knowledge that an After-Care Society stands ready to aid this class, would relieve the patient of his anxiety and hasten his convalescence while in the hospital. We meet with many cases where the patient and friends show ill-concealed anxiety for his future condition after his discharge.

These cases are not rare birds. Twenty years ago we had the same class,—apathetic, listless, and indifferent. They pursed their lips, touched spots repeatedly, had mannerisms and peculiarities, and were a mingling of stupidity and silliness. When at home, they wandered away or stopped work and masturbated. It is flattering to note that the Kraepelinian theory of auto-intoxication and the infection with the products of the sexual organs was even then held by us, for that form of insanity was irreverently

referred to the region below the belt. Many of these cases are congenital and have a primary defect, but with rest in bed, forced feeding, strict discipline, and outside work, many are restored, the friends fortunately accepting and acting upon the advice of the physicians.

I am not a lauder of the times past, but there is a disposition to-day to belittle the opinions and views of two or three decades ago. We must judge the workman by his tools, and in the light of modern research, with its endless list of instruments of precision, diagnoses and conclusions are not more accurately or quickly made at the present time than at that period. I have in mind some exceedingly accurate and creditable diagnoses in the early stage of these cases, as well as in incipient general paresis; and my conviction is, that powers of observation were not a whit less keen then than at present. Our modest armamentarium in those days consisted of a Mickle, Greisinger, Maudesley, and Bevan-Lewis, whose pages afforded very few novelties. The type has changed somewhat perhaps, colored by the new industries and scientific discoveries, new forms of dissipation, and other modifying influences, but the essential indicia for the correct understanding of this class of cases remain, and always will remain, except in individual cases, whose unimportant details do not affect the majority of cases.

The new psychiatry has brought into frequent use a jargon of words and phrases which seems stilted and pedantic, until you acquire the vocabulary of machine-made histories. These are couched in specific and precise words, and as alienists are by no means unanimous in the acceptance of their meaning, the patient's case is more or less at the mercy of their vagaries of understanding. We should, above all things, use plain, every-day words that convey their full meaning to the medical man. As it is now, after reading the history of a case of modern psychiatry, we are left with the impression that the reporter was, in the words of Disraeli, "inebriated with the exuberance of his own verbosity." In the iteration of stilted words, indefinite and unconvincing, we get an "intolerable deal of sack," so little do they convey. I would run a tilt against the word, "*Deterioration*," as Don Quixote did at the windmill. This has such a wide meaning in psychiatry that we ought to have some fixed idea of its value.

As accepted now, its meaning is infinite and chaotic. Who shall say what deterioration is,—the extent of it, its degree? The question is put in a routine fashion, "Is there deterioration"? "From what"? we ask. If we knew the patient's normal condition, we can say with Hamlet, "What a falling-off was there."

The patient doubtless does show deterioration or impairment or a condition inferior to that expected in a sound or normal man, but unless we know his normal state, the word can have little value and becomes a most misleading finger-post. We, ourselves, are dying by inches every day, and falling from our normal state,—deteriorating. The phrase is often interwoven with confusion and stupor, but who is able to demonstrate it! It is in paranoia and manic cases, if misinterpretation of the small things is taken at its proper value. Take, for instance, the patient once considered a paretic, who is readmitted. He has no physical signs nor delusions. Ergo, he is a case of dementia præcox, but there is no deterioration. A former manic depressive case with physical activity and mental exaltation, stamped manic, returns in confusion and dilapidation, wet and unclean. Deterioration being the keynote, he perforce must be a case of dementia præcox. It seems to be a word to conjure with. A paranoiac case lacking the acceptable clearness of intellect just fits the paranoid condition; but, lo! deterioration is discerned by some one, and he becomes, *ipso facto*, dementia præcox. It may not be absolute,—only partial. The performances and behavior may show a falling off only in certain fields of action, but who shall indicate the degree and its import? The word is like the Hidalgo's dinner,—a great deal of table-cloth, and very little meat.

Then there is that other word, "*Retardation*." That is indeed a word to try our acumen, and is at the same time our despair.

Between the claims of deterioration and those of retardation we are in a dilemma, and feel how happy we could be with either,—alone. It hangs like the sword of Damocles over the patient. Is he to be held by the minority retarded with depression, and bear the hopeful prognosis of manic depressive insanity,—or by the majority apathetic, indifferent, stupid, a case of dementia præcox, and therefore unfavorable for the patient.

Few are agreed as yet upon the name or the psychosis of this

interesting and popular entity. Long-drawn-out discussions and the submitting of statistics lead to nothing definite. 'Tis an easy thing to argue the other side. My plea is for facts,—something specific, that carries conviction with it, and that will enable us to say, "Ecce signum." A clinical picture is necessary to a concept of the disease, and the predominant symptoms are what in the majority of cases will give us the classification. I would throw out the weak, meaningless, ill-defined symptoms which serve only to confuse and lessen the worth of more reliable data; and the stilted verbosity and generalization should be replaced by constant and well-cut symptoms true to the disease. These not being present, I should hesitate before stamping it dementia præcox. We should not be pessimistic in this disease, dementia præcox; if we can provide comfort, we ought to do it. Every other disease has been modified and robbed of its terrors by advanced methods of treatment. Let us above all be hopeful. It means so much to the patient and humanity. Take the words *cancer* and *consumption*. We have substituted less terrifying, but equally expressive words, which tend to allay groundless fears. That a little knowledge may be a dangerous thing has been impressed upon me more than once by the glib inquiries of the patient's friends as to whether the patient has dementia præcox. They have been informed by so-and-so that it might be that; so their fears regarding the increasing ravages of this disease have to be quieted.

The rôle of alarmist is fortunately offset by the increasing confidence in the curability of this class of patients. Now that after-care for discharged patients is promised, let us plead for a little more care and observation by the dilettanti and the general practitioner *before* insanity. It is like putting the cart before the horse, to wait until after commitment, or until he is discharged, before assisting the patient. A vigorous crusade should be instituted to prevent insanity. If it was combatted with the same vigor as is tuberculosis, what an astonishing difference it would make in the annual reports of hospitals for the insane.