

ATYPICAL MODES OF ONSET IN DEMENTIA PRÆCOX.*

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In the mere recital of the early symptoms of typical cases of dementia præcox there would be no special interest. The diagnosis is not difficult in those instances where in the absence of history pointing to some previous attack of mental disorder, there arise such disturbances as irritability without obvious cause, peculiarities of action, outbreaks not to be explained on the basis of a definitely heightened mood or state of apprehension, ideas of a bizarre nature and an increasing lack of adequate adjustment of the patient to the common requirements of society, together with many other evidences of blocking and later an obvious affective deterioration.

The above refers only to those evidences of the presence of an obvious psychosis. The previous life of the patient should be closely scrutinized for those characteristics spoken of by certain writers. Adolf Meyer believes that dementia præcox develops only in those who are predisposed to the disorder by a certain type of mental make-up. August Hoch found the type of personality which he calls the "shut-in personality" markedly pronounced in 35 per cent and indicated in 16 per cent out of 72 cases of dementia præcox. In a later series of 38 cases he found the type either pronounced or indicated in 68 per cent.

Carl D. Bond and E. Stanley Abbot report the shut-in personality in 20 per cent out of 50 cases.

Smith Ely Jelliffe in an article on "Predementia præcox; the heredity and constitutional features of the dementia præcox make-up," describes a case confirming observations of Christian and others in France "that when an ill-directed ambition has stimulated children of psychically poor, rural stock to take up intellectual pursuits in the urban centers, dementia præcox is not an infrequent result."

The actual beginning of the psychosis is often not clear but, as in paresis, when the relatives realize that the patient is insane

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they recall many previous words or actions, little considered at the time but evidently part of the oncoming mental disorder. Many recognize affective deterioration as the fundamental feature. The actual clinical picture presented by any given case is extremely variable. The commonly considered clinical types are the hebephrenic and possibly the simple dementing form of Bleuler, catatonic and paranoid, but beside these must be recognized less common or atypical forms, and it is especially in the mode of onset that the unusual features are manifested. The end result in all cases is one of more or less deterioration.

In this paper I wish to speak more particularly of those cases which progress to an affective deterioration but which during the early stages simulate more or less closely either one or the other of two differing types of mental disorder, first the psychoneuroses and second manic-depressive insanity. Much has been written in regard to the similarity between the psychoneuroses and the dementia præcox group. Adolf Meyer reports a case of hysteria in which catatonic dementia præcox supervened and one of psychasthenia with obvious deterioration. Others also believe cases of hysteria may later actually suffer from dementia præcox showing that not only the symptoms but the disease entities themselves cannot always be clearly differentiated. Meyer quotes Janet as saying that every year a few cases of hysteria are transferred to the insane wards on account of deterioration. I cannot do better than quote the former in regard to such cases. He says: "I reserve the term dementia præcox to the essential deteriorations in which there is absolutely no doubt about the deterioration, and give some descriptive term to the reaction type at hand, hysterical, psychasthenic, hebephrenic, catatonic, paranoid or whatever designates the mechanism as long as deterioration is not in the center."

The length of time elapsing between the first evidences of change in the mental make-up and the later stage when deterioration is obvious varies greatly. In some the psychosis progresses very slowly and is marked by periods of remission so that if seen at certain stages the picture far from resembles that of deterioration. I wish to report here an illustrative case which entered the hospital with a history of onset several years before. She had had ideas of being married to different men, had shown

marked irritability at times, was seclusive and unable to carry on any sustained occupation. She would smile to herself and mope in a room alone. All this was noted before her admission to the hospital, but when first admitted she seemed very nearly normal. The history of the case is as follows:

Miss S., 28 years of age at time of admission to hospital in 1910. Father died of apoplexy at 55 years of age. Three uncles on paternal side died of consumption while young men. Grandfather on paternal side died of "bronchitis" between age of 35 and 40. Grandfather on maternal side was of a very irritable disposition, the inference being that this was to an abnormal degree.

Patient was backward in learning to talk but is said to have been a bright, natural, sweet-natured child; was fond of good times, enjoying all games. She was affectionate towards members of her family, at times impulsively so. She was considered "rather phenomenally bright" by friends of the family, standing well in her studies and showing talent both in music and art. At the age of 10 patient found some obscene pictures while playing with other children. The pictures made a decided impression upon her and she stated later that she had never been quite able to overcome the feeling of shock. Menstruation was established at 12 and was a distinct shock and surprise to the patient. She thought it might be some serious disease and was greatly frightened. When not quite 13 she graduated from grammar school. At about this time she began to show a decided preference for her own opinions and was disrespectful when the wishes of her parents were distasteful to her, showing a change from former characteristics. The patient herself, when interviewed at the Kankakee State Hospital, stated that at this period of life it was her tendency to hide when the girls of her set discussed sexual matters although she was socially inclined and desirous of being one of the crowd. Kissing games played at parties she attended seemed "cheap and vulgar."

She says she was very ambitious and perhaps spoiled by her abilities. She was always religious.

While in the second year at boarding-school she took more studies than were called for by the curriculum. Others in the school feared she might be over-working and warned the parents with the result that several studies were dropped. Just what symptoms were shown at that time is not known but she is said to have had a nervous breakdown, this being at the age of 14 or 15 years, and her brother says that "after the breakdown she slowed up gradually." While in this school patient had decided that she would not marry but would devote herself to music. She did not go back to boarding-school but attempted to study music at one of the universities. For a time she seemed well but later "balked" at continuing her course. From that time on her lack of ability to apply herself for any extended period of time was apparent. She became more wilful and impatient of any restraint. She had little consideration for the rights and desires of others and was dicta-

torial. She attempted to study art but gave it up partly on account of the shock of the death of her father. Her extra-social characteristics had so increased that she was considered mentally ill and was sent to a sanitarium where she remained for some weeks. She seemed benefited by the rest and attempted employment after her return. She tried clerical work, millinery, etc., changing from one poorly paid position to another. She could not stick, could not endure her associates, and they thought her stuck-up. A training school for nurses was entered, and although she did well at first, she became nervous and weak and made mistakes in her work. She was again sent to the sanitarium but showed no improvement. It would seem she had some realization of her condition as she was very scared about herself, fearing insanity.

When 22 years of age the patient said she was married to a man she had known for some time but who had never paid her more attention than might be offered by a friend. This idea, the first one she expressed of the sort, was held for several weeks. Then it was apparently dropped, but later the patient developed similar fantasies which she would hold to for a number of weeks. She would believe she was married to some man of her acquaintance and believe she had given birth to babies toward whom she felt a warmer regard than for her fancied husband. Finally some act on the part of the patient such as writing a letter would lead to her ideas being made known to others and the explanations which followed would seem to bring her to a realization of the falseness of her ideas. Such periods occurred several times. Although she was apparently free from these thoughts for months at a time, she became more seclusive, would mope in a room by herself for hours, such periods alternating with states of improvement when she would seem more like her former self.

Concerning her disposition in the last few years before being sent to Kankakee the patient said she had been depressed and irritable and felt that she wanted to take her own life. She would run up and down stairs at breakneck speed with the idea that she wished to injure and do away with herself. As far as could be learned, however, there was no actual attempt at suicide.

When admitted to the hospital she was quiet and well behaved in every respect in marked contrast to what one might have expected from the history detailed above. She realized that her ideas of having been married were untrue and was much distressed at having held them. She talked readily in response to all questions, showing a slight hesitancy at times but seeming to realize the appropriateness of candor. Interest did not seem lacking. She painted cards for receptions held on the ward, played accompaniments for the choir and for entertainments, entering into hospital life with an apparent desire to make the best of things and planning with the nurses in regard to the activities on the ward. Her expression when talking was always pleasantly animated. She was closely watched at this time for evidences of lack of interest, peculiar reactions, loosely associated ideas and disjointed speech but they were not observed. There seemed to be genuine spontaneity both of speech and action. She asked the ward phy-

sician his advice in regard to the choice of occupation after leaving the hospital, wrote frequently to her family and talked freely with the other patients. Not until four months after her admission did she show definite signs of abnormality. At this time she became very angry following a fancied injustice toward one of the other patients. She talked very loudly and irritably and was actively resistive when sent to another ward. A little later she was noted to smile to herself and was found to have ideas that she was married. From that time until the present the general course has been downward, although there have been periods lasting several weeks during which she has been apparently free from delusions. At the present time she is very untidy in habits and in regard to her dress. She is even filthy at times, playing in her stools, shows mannerisms and marked disinterestedness in regard to the surroundings.

Here we have a patient who was bright, ambitious and sweet-tempered as a child but at about the age of 13 evidenced a change in disposition and began to show a decided preference for her own opinions. At about 14 or 15 years of age she had what was called a nervous breakdown and since that time has not been able to apply herself for any length of time to any occupation. Further changes were noted in her personality such as lack of consideration for others, etc. Fantasies were first expressed when 22 years old but it was not until the age of 28 that she was committed to an insane hospital. That was two and a half years ago. She now shows marked deterioration.

This case is of interest because of the very gradual deterioration and on account of the absence of all apparent symptoms on entering the hospital. From the history one would say that the case might have been placed in the dementia præcox group years ago. Actual observation when first she entered Kankakee, however, did not show obvious affective deterioration making it necessary to consider the psychoneuroses.

One question arises in regard to this case, viz., did it bespeak a lack of interest that she was not depressed on entering the hospital and that she did not insist upon returning home at once? The nature of the case makes it difficult to answer in the affirmative. Her family had tried everything in their power, had sent her here and there in search of aid and she had tried almost all employments open to her. She realized that she needed treatment, in view of which her attitude toward the situation seems adequate.

During the stages of remission it is especially important that

a detailed and thoroughly reliable anamnesis be had. Only when such information is available can a careful comparison be made between the present and past for evidences of a letting down of aims and pursuits and of accomplishments not as great as promised by the progress made in early life.

Occasionally one meets with a case which simulates for a time a manic state. This may be but a short lasting period, an acute outbreak characterized by restlessness and talkativeness in the course of a chronic deterioration.

In other cases the period lasts longer and in certain ones reported the diagnosis has been left somewhat in doubt.

William Rush Dunton has described intermittent and cyclic forms of dementia præcox cases which show remissions and disturbed periods which simulate closely depressed and manic phases of manic-depressive insanity.

Alfred Gordon reports four cases, three of which showed symptoms of manic-depressive insanity lasting respectively two, three and six years without any definitely normal periods. All passed into dementia præcox-like states. They were classified as atypical cases of manic-depressive insanity. The other case was considered one of dementia præcox for four years but for the last two years has shown periods of elation and depression.

Whether one groups such cases under one form of insanity or another is of less importance than to know that in psychoses with depressed and elated states the patient may run a chronic course and subside into a deteriorated condition. R. M. Marshall of the Glasgow Royal Asylum states: "Alternating mental states may appear as episodes in the most diverse forms of alienation, imbecility, secondary dementia, organic dementia and paranoia." While he does not refer to the mode of onset we are justified in the surmise that such periods as he mentions may appear earlier in the psychosis. I believe his statement is borne out by the records of most insane hospitals.

It is a well known fact that catatonics are liable to periods of excitement. When first seen in such a state the diagnosis may be difficult. A case in point recently entered the Kankakee State Hospital and is perhaps worth reporting briefly as an example.

A. S., 21 years of age, female. Entered Kankakee State Hospital November 30, 1912. Parents of patient were Russian Jews. Maternal grand-

mother was very high tempered but there is no history of insanity in the family as far as the father knew.

Patient was born in Russia and brought to the United States at seven and one-half years of age. Father said that she had been bitten on the lip by a dog when about five years old and that she had been a "little funny" ever since. Was often rather unhappy and has cried a great deal. She attended school regularly but did not get along as well in her studies as her younger step-sisters. However, she completed the public school course at 18 years of age. During her childhood she was unstable, showed little tenacity of purpose. Even when sweeping the room she would leave the task half finished. The teachers in the public school advised the father not to send her to high school. Ordinarily she took little interest in any sort of employment but when seeing other girls busily engaged she would take a momentary interest in the same occupation and start to work also only to drop it shortly. She was subject to little outbursts of temper, spent a considerable part of the time in front of the mirror looking at herself. She did not care a great deal for the other girls and did not go out with the opposite sex.

After leaving school she worked down-town for about a year, going from one place to another, remaining from one to three weeks in each position. She usually left of her own accord because she did not like the work or surroundings. She had an idea that she should have the highest position without working her way up to it. Since two years ago she has remained at home, the parents deciding it was useless to have her employed. During this time there was one period in which she would not talk nor eat nor take interest in anything. This lasted several months. About a year ago she became very talkative but not particularly active. At this time she began to talk of boys, wanted to get married, but did not talk of any particular person. During the summer following this period she wanted to go to work again but was even more changeable than before—would stay only a day or two in each place. Two weeks before entering the hospital she became very excited, constantly screaming and could not be controlled. She tried to run away. At this time she began hearing voices and talked to herself about her dead mother. She became somewhat apprehensive, thought she was going to be injured and spoke of being shot. Throughout she was oriented. She knew where she was and recognized those about her.

When admitted patient was quite talkative and more or less noisy, restless and profane. She was quite distractible and her mood seemed exhilarated.

Sample of her stream:

Q. What is the name of this place? A. It belongs to my sisters.

Q. To whom? A. To m-a-n-y s-i-s-t-e-r-s, many sisters.

Q. What town is it? A. I don't know. It belongs to Kankakee and it belongs to Kankakee and to Kansas and to Kangaroo—(several profane words).

Q. Is there anything wrong with your mind? A. I call it sound, sounder, sounder, if you please, better, better, better. Oh, I like your coat, I like your style of manner.

Q. Why did they bring you here? A. I don't know, Father S— wanted a sock, Isaac, I-s-a-a-c. I had to do it, I didn't get up any force. I don't

know how he ran away when he was a boy or if they had sent him away—maybe he was dead or the girl was. My brother—damn it! If that ain't the best!

Patient continued to be restless and noisy for some time. She was given packs and at night frequently required some hypnotics. She would upset her bed, laughed at the other patients and was somewhat mischievous. She said that the medicine and food contained poison and refused both at times. She talked quite continuously, weaving in remarks about people and clothing which were in her neighborhood. Talked of her past, swore at the Jews and used a great many profane expressions. She remained in an elated mood for six or eight weeks.

Following this she was in a state of depression for some weeks. Would often walk about the ward with hands folded on abdomen, a frown upon her face. If an examination was attempted she would cry out that she did not want to be killed by murderers, that she had not done any harm. She was placed in bed where she did not seem so apprehensive. At times for short periods she would be quite talkative and laughing. She was noted to cry occasionally.

One month later she became much more quiet, remaining in some one position for prolonged periods. On examination it was found that she would allow the limbs to remain in any position in which they were placed for an indefinite period, would not drop them when told to do so and they were finally pushed down into her lap. When asked why she had maintained them in that position she said, "Because you wanted me to."

At this time she was for the most part inaccessible, replying but very seldom and then in a low voice. She did not, however, seem depressed. Occasionally she would smile a little. She had to be spoon-fed and never made known any wants. When asked to protrude her tongue she did so. When told that it was to be thrust through with a pin she allowed it to remain out. She jerked back a little when the pin approached her tongue but kept it out so that it could be thrust through. She would ordinarily begin to move without any difficulty and did not evidence retardation.

At present patient shows marked indifference to surroundings, is untidy in personal habits and dress and is inaccessible. There is still a tendency to maintain limbs in any position in which they are placed but she does not show other suggestibility. There are no evidences now of either an elated or depressed mood and she is classed in the dementia præcox group.

This patient has shown little ability for consecutive labor since childhood. She worked in one place and another for about a year but except for awhile last summer she remained at home for the last two years before she was committed to an insane hospital. During this period she behaved peculiarly, was talkative, but not especially active and expressed a desire to be married. She became very excited with auditory hallucinations two weeks before being admitted to the institution. She was also apprehensive but not clouded. On entering she was quite talkative, distractible and flighty. She seemed elated and was restless and mischievous. These symptoms were so marked that she was placed in the manic-depressive group

in spite of the evidences of dissociation. She became depressed later and in three and one-half months from the time she was admitted to the hospital, passed into a dementia præcox-like condition.

The anamnesis of this case was obtained with difficulty and is greatly lacking in many respects.

Such cases must be carefully studied and evidences of monotony of expression, symbolisms, stereotypies, apparent lack of genuineness of mood and an inadequate reaction to thoughts expressed, should lead to a consideration of the possibility of dementia præcox. In the differentiation between these two conditions, viz., manic-depressive insanity and dementia præcox, one may remember the statements of Bond and Abbot (to whose article I have already referred) in regard to previous characteristics of patients suffering from the disorders in question. The manic-depressives were said to have been social, successful, conscientious and nervous (the meaning of this last term should be explained) in many more instances than the dementia præcox cases while the latter were more especially reticent, peculiar or precocious.

Here, as when I quoted Meyer and Hoch, I have overstepped the boundaries set by the title of this paper but I trust the references are of value in connection with it.

In brief I have spoken of cases which resembled either the psychoneuroses or showed evidence of affective oscillation but which were later placed in the dementia præcox group. In the present stage of the development of psychiatry the determination that a case belongs in the latter group is based especially upon the evidence of a deterioration of the affective sphere. It may however be stated here that Bleuler believes that the deterioration is not primary but secondary and there seems much to warrant such consideration.

This paper has dealt with a large subject and of necessity each group was only outlined. The great amount of work done in the last few years in reference to the large number of cases grouped under the name of dementia præcox finds many of us still in a condition in which assimilation of what has been done is needed as much as analysis of the newer problems.

In closing I wish to thank Dr. H. D. Singer for valuable criticism and advice in the preparation of this paper.