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ORIGINAL ARTICLES.

ON SOME RECENT WORK IN MENIAL PATHOLOGY

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THE INSTINCT to name things is one of the earliest to appear in childhood, in fact showing itself with the appearance of language. To name a thing is to classify it. As our knowledge grows and our acquaintance with things increases we feel the need of a more exact classification. So the state of classification in a science is an index of the state of that science. And where the classifications are changing most rapidly there we may expect the greatest progress.

In the science which has to do with mental diseases the rise and fall of classifications has been most marked. In fact each author finds it necessary to make one of his own. At first mental diseases were classified according to the most striking symptom as depression, exhilaration, confusion and dementia. But this was soon felt to be unsatisfactory for these conditions are frequently found in the same case. Following the lead of the brilliant results gained in investigations in morbid anatomy in general medicine the same methods were applied to the nervous system. This resulted in great gain for neuro-pathology but the results were not so marked for mental pathology. Here we have to do with two entities, mind and body. We know that a relation exists between them but we can not yet correlate the one with the other so that from a disturbance in the one we cannot infer a particular disturbance in the other. "The same causes produce both somatic and psychic diseases". Consequently we have to approach the subject from a dual point of view. The psychic side is as essential and as constituent part of the mental disease as the somatic and needs to be investigated by as accurate methods.

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The efforts of the older psychology in this direction were not very satisfactory owing to the narrow view and limited methods. So it is the prevailing opinion to-day that psychological methods are not useful in this field of investigation. However, great advances have been made in recent years in psychological method and greater accuracy in the observation of mental phenomena has resulted. Yet the application of these methods to psychiatry has been slow chiefly due, no doubt, to the difficulty of the subject and the special adaptation that these methods need for this work as well as to the fact that the attention of investigators in this field was occupied with researches in morbid anatomy.

However the need of more accurate observation of the psychic state has been felt and there have been attempts to adapt psychological methods to this work. Of the workers in this field the most noteworthy are Kraepelin, Sommer and Ziehen.

In opposition to the early view that mental disturbances should be grouped according to their emotional differences, Ziehen makes his chief division according to intellectual differences. Thus he divides mental diseases into two groups, those *with* and those *without* intelligence defects.

The instincts and emotions are now regarded by many as the oldest of all our mental states and in many instances hark back to the attributes and activities of our prehistoric ancestors. We know that there are in the brain parts that are vestiges of some prehuman organ, notably the pineal gland, and consequently we would expect psychic states which are vestiges of those of our early forebears. Instances of this are seen in our many strange and often morbid fears. If this is the case then our intellectual states are a later acquisition. And since in mental decay, the things latest acquired are the first to suffer, such defect should be shown primarily in the intellect.

By intelligence defect, Ziehen understands a "diffuse loss of ideas and of the associated connection of ideas". When the defect is in a single sense field we have mental blindness, word deafness, etc., which are better designated by single names. Forgetting he does not regard as an intelligence defect for this latter includes also the loss of ability both to acquire or re-acquire ideas or idea associations. The narrowing of the field of thought in melancholia he calls *denkhemmung* and regards it as resulting from a reproductive inability due to some hinderance and the ideas return when this hinderance is removed. In paranoia the condition is similar to forgetting. Here the associative connection of the ideas is pathologically increased and the normal ideas and sensations can not come in as corrective. In delusions the normal ideas are over-ruled and submerged by the delusive ideas. In stupor the conditions are analogous to melancholia and the split up of personality to *denkhemmung*. So pathological intelligence defect means a diffuse loss of ideas and idea associations and also the inability to re-acquire such ideas and idea associations. These defect psychoses are also characterized by macroscopic or microscopic pathological changes in the brain. The defect psychoses include two classes; the congenital, the feeble-minded, with which we are here particularly concerned, and the acquired or the secondary dementias.

The general pathology of intelligence defects, he finds, is extraordinarily important because it leads to a natural division of mental diseases. And since the purpose of classification is primarily methodological, to bring together materials in such a way as to be suggestive of new problems and consequently to lead to further advances, this point of view ought to be especially fruitful in the study of psycho-asthenic conditions. For here the intellectual defect is most striking and important, and in making such a study we would be simply endeavoring to render more exact what we have known in a general way. And again some practical benefit might be expected since the educational treatment is the only one suitable for such cases.

Ziehen finds that in sensation imbeciles are only slightly deficient. The pain sense is, however, more markedly dulled. The most prominent defects here are shown in cases of amaurotic idiocy and deafness. In general sensations of touch, heat and cold are dulled. His conclusions seem to be the result of general observation. Experimental methods would show more general defects as we have indicated.

But it is in the absence of memory-pictures and ideas (*vorstellung*) that he finds the chief symptoms of intelligence defects.

He begins the investigation of intelligence defects by looking for the presence of simple ideas. Does the child recognize his room, bed, clothes, house, etc. Here one must be careful to distinguish absence of words from absence of recognition. Next, general ideas are looked for as knife, plate, rose, paper, leaf, etc. Particularly useful for comparison here are the articles on the contents of children's minds and word lists of normal children that have appeared in the journals devoted to child study. Most important is it to find out the presence or absence of general ideas of particular sense qualities as red, green, blue; sweet, bitter; hard, soft; warm, cold; light, heavy; etc. For congenital mental defect, Ziehen finds defect in color ideas very characteristic. Sometimes one or two of them may be absent, or only one or two of them may be acquired, or again only the names may be acquired when they will be applied indiscriminately to any of the color tones. Sometimes the ideas are present when the names are not or the ideas may be acquired much later than among normal children.

Hardly less important is the investigation of the general space ideas as right, left, over, under, near, far, high, low, etc., and similarly ideas of time as long, short, minute, hour, day, night, etc.

Next we look for the presence of the ideas of number. Here it is necessary to discriminate between ideas and the mere mechanical repetition of names. We also determine whether the child has the pure optical number idea or are his ideas optical-motor or must he touch the objects in order to determine their number.

The presence of general ideas of a higher order are next investigated as flower, tree, plant, animal, man, etc. Here language is a great source of error.

Then come more complex general ideas as thunder-storm, summer, winter, country, state, people, school, etc.

The determination of ideas of relation is also very important as like,

equal, smaller, later, earlier, cause, etc. Here it is that the higher grades show themselves defective.

And finally we determine the presence of such ideas as ownership, duty, envy, good, bad, etc.

Concerning the association of ideas he determines first the association time, how long it takes for the child to count twenty or if given a word how long it takes for him to recall another one, etc.

More important than the time of association is the error in association. This is shown in mistakes in reckoning, in the stereotyped answers to questions and in the vague and unimportant associations that a word may call up.

The associative value of words for the child is shown by having him fill in omitted words, syllables and letters in a piece of prose, in working such a problem as $10+15=25$. or in answering the question what journey he could take for \$10.00.

According to such a scheme as this Ziehen would investigate the intelligence defects of feeble-minded children, and according to the defects shown he would classify them into three grades of idiocy, imbecility, and mental debility (debilitat).

Idiocy is the lowest grade. Sensation is generally normal. The motor reaction to sense impressions is slow, but this is due to hyprosexia not to hypoaesthesia. No or very few memory pictures are presented and these quickly disappear. The idiot does not know his clothes, bed, place at the table, or his fellows.

But in the higher grades of idiocy a few memory pictures may be present and these are mostly optical. Speech ideas both motor and sensory are absent except perhaps a few in the higher grades. There is no association of ideas. Attention is frequently absent.

Imbecility is a less severe form of mental defect than idiocy. As a rule there are no disturbances of sensation. The imbecile possesses a large number of memory images. He distinguishes many persons and things and can recognize them after some weeks or months. Most of them distinguish the different pieces of money. Red, yellow, white, and black are known, but not the other colors. He has a large number of sensory and motor speech ideas, but only a few complex and abstract ideas. He knows number usually to ten. Recognition is usually normal, but the power of concentrated attention is lacking, consequently the idea of a definite aim or purpose is wanting. Dream life is little developed. Sentences are limited to concrete ideas as "rose red." Many of them learn to add, a few to subtract but none to multiply.

Mental debility is the highest grade of congenital mental defect. Sensation here is normal. Concrete ideas are present in normal amount and general and complex concrete ideas are largely developed. They show no lack concerning the tilings of ordinary conversation and are able to answer the ordinary questions of the physician properly. In school they show their lack of ability in different lines of study, but may show particular ability in some one line. They possess abstract ideas in only a small degree. They make use of the words that they hear, but the meaning frequently remains foreign to them. Recognition is normal with them, but continuous attention

or concentration upon one object is deficient. They are uncritical in their judgment especially concerning abstract ideas. And they do not appreciate the logical weight of objections. In operations that are mechanical they often work rapidly and well. In ethical ideas they are strikingly deficient.

Such is Ziehen's classification as based upon intelligence defects and as characterized by them and as such, it seems to me, to deserve the fullest consideration. And in the investigation of intelligence defects in psychoasthenia we have a field for most interesting and valuable research.*

THE IMPERATIVE CALL OF OUR PRESENT TO OUR FUTURE.

BY MARTIN W. BARK, M. D., CHIEF PHYSICIAN OF PEN'N. TRAINING SCHOOL FOR FEEBLE-MINDED CHILDREN, ELWYN, PENN.

IN THIS year of 1902 we pass the new century threshold of our work, and looking backward through the maze of time since first Itard led his "Victor" before the world of science, we mark in each decade a continuous advance in all lands: an advance in which America has been by no means a laggard.

Without pausing to review historical detail, in itself a most interesting chapter, it behooves us here in conference to consider what are the urgent demands which the experience of the past coupled with the needs of the present, makes of our future.

While not forgetting that we owe the position of to-day to the struggle of both nations and individuals separated and detached from one another in the past century, let us not fail to accept "Togetherness" as the watchword of the coining century. Indeed, did not the very creation of this association embody such a thought? And surely we have grown in twenty-six years to such maturity as to warrant the propriety of calling to our confreres to come and help us. Numerous communications received from these lead me to consider more and more how in the multitude of counsellors there may be wisdom, and to arrive at the conviction that could we here unite in, and give out to the world, an authoritative statement and opinion as to the paramount needs of our work, we might evoke a similar expression from other countries, and thus materially accelerate a second advance along new lines.

As one by one our institutions become patriarchal, having received successive generations of defectives, we find growing upon the pages of their reports a clearly implied interrogation: "We have trained, for—what?"

Without formal expression emanating from our association as a body there is yet, I believe, a consensus that abandons the hope long cherished of a return of the imbecile to the world.

*Ziehen: *Psychiatric*. Berlin. 1894.

Die Geisteskrankheiten des Kindesalters. Berlin. 1902.

"Neuere Arbeiten zur Allgemeine Pathologie des Intelligenzdefekts. Ergebnisse der Alls- Path. II. Path. Anal. 1897.