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DEMENTIA PRÆCOX.¹

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There has been no end of trouble in attempting a proper classification of mental diseases. At different periods and in different nations varying systems have been devised based either upon a resemblance in symptoms, upon the acuteness or chronicity of development or upon a common etiology. Any special subdivision can be justified only if it helps us to recognize distinct clinical entities, if it helps us to differentiate one form of disease from another; each of the diseases so differentiated should have a cause and a symptomatology all its own. The morbid conditions underlying it should in some sense be peculiar to it, but I realize that it would be useless at the present time to insist upon a special morbid pathology of each mental disease. We have a right, however, to insist when a special form of physical derangement is presented for our consideration, that such a form shall be easily recognized and that the recognition of it shall prove to be a distinct advance upon previous conceptions of it and its allied forms of disease.

The insanities of early life and of the adolescent period have a special claim upon the attention not only of alienists but of all medical men. Society has a right to expect of us that we should, if possible, bring about segregation of these

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tainted individuals and prevent (if it is within our power) the increase through marriage of these more or less defective individuals. For the last decades we have been accustomed to diagnose the pubescent insanities hebephrenia, katatonia, the delusional and confusional forms of early life, as well as primary dementia, acute manias, melancholias, and the hypochondriacal forms of adolescence. We are to abandon most of these if not all of them and are to substitute dementia præcox. What do we gain by this substitution? In opening the discussion upon this subject I wish to elicit an expression of opinion on this,—one of the pressing questions of the day. The collective experience of a large number alone can decide where the truth lies.

The French claim that the idea of dementia præcox was entertained by Esquirol, but that later on it was lost sight of in the purely degenerative forms of mental disease described by Morel and Magnan. There is no doubt, however, that the clinical delineation of hebephrenia by Hecker, of katatonia by Kahlbaum, led up to the conception of dementia præcox as promulgated by Kraepelin and his followers. A careful study of Kraepelin's writings, more particularly the last edition of his excellent text-book, shows that dementia præcox is to denote a "psychosis of early life characterized by a peculiar and progressive deterioration of all the intellectual faculties, ending in dementia." Before this deterioration sets in the patient may have appeared to be tolerably normal or he may have passed through periods of excitement or depression, of marked confusion; he may have been subject to delirium, to delusions, to hallucinations; he may have exhibited special forms of stereotyped utterances and actions (the constant repetition of definite phrases and of definite, often eccentric movements), or he may have been in a condition of stupor, of katatonia or of negativism (a condition in which the patient's will seems totally paralyzed). The dementia is a general one embracing all the faculties but is never complete, in which respect it is supposed to differ from dementia paralytica and from senile dementia.

It is evident that this definition is broad enough to embrace almost every form of psychic derangement in the young. From my own experience in private practice and in the various

institutions with which I have been connected, I can state with some confidence that there is a great temptation to diagnose a vast majority of the cases of mental diseases in youthful individuals as cases of dementia præcox. This would be simple enough if it were altogether true or justifiable: the age of the individual would of itself postulate the diagnosis. It is against these tendencies of the day that I consider it fair to enter a strong protest. Many alienists have evidently exceeded the intentions of Kraepelin himself. He distinguishes between the hebephrenic, the katatonic and the paranoiac forms of dementia præcox: The only feature which they have in common is a supposed termination in the condition of dementia. Kraepelin states, however, that in seventeen per cent. of the cases, dementia never sets in and that in others there are long periods of remission during which term the patient enjoys perfect health.

In former days we were well content to make the diagnosis of an acute attack of mania, of melancholia, of hypochondriasis. We recognized special conditions of hebephrenia and of katatonia, and we were contented to add that if the attacks were frequently repeated or if the condition did not yield to treatment for a prolonged period of time, and if there was a distinct hereditary taint, a dementia might ensue. Is there any gain, in pushing the idea of a dementia into the foreground, in putting the seal of ultimate mental deterioration upon these cases of youthful insanities? There could have been no more unfortunate selection of a term, but I do not object to terms nearly as much as I do to the ideas which they convey. We often call *tabes dorsalis locomotor ataxia*, although there may never have been any ataxia from beginning to end of the disease. But in this present day conception of dementia præcox, the very term implies a grave and, I believe, a far too grave prognosis in many of the cases so labelled. I wish, however, to be distinctly understood when I grant that there are definite cases which fit in admirably with the description as given by Kraepelin. It will not do in this discussion to give a complete record of cases, but I wish to instance a few and I take them only from my private records covering a period of years so as to give some idea of cases which, to my mind, are properly enough termed cases of dementia præcox, and others to which the term might be applied by the follow-

ers of Kraepelin, but in which recovery has either set in or in which, after a lapse of years, the mental condition would not warrant a suspicion of a dementia or even of a general deterioration.

Let me call attention first to the case of a southern gentleman, now twenty-eight years of age, who has been under my observation for at least three years. He comes of a tainted though distinctly bright family. His father committed suicide in a fit of depression, and an uncle of his was under my care about ten years ago suffering from marked hypochondriasis from which he recovered. The patient got along well enough at school; he was distinctly eccentric in his choice of comrades. Testimony of his friends was to the effect that he was a lad of average intellect. At the age of nineteen he began to study law, but was never able to pass his examinations. A few years ago he passed through a state of excitement and was advised to travel abroad. At the end of a year he returned to the study of law, but was chagrined to find that he could not compete with his fellow students. He broke down utterly, became depressed and imagined that his family were planning to prevent his success as a lawyer. In a period of intense excitement he was removed to a private hospital, where for a whole year he was a mere automaton exhibiting not the slightest signs of intelligence, amusing himself by making clicking sounds, and in reply to all questions addressed to him his stereotyped phrase was, "My brother John is a lawyer." Unexpectedly and almost over night his mind cleared up, he began to talk intelligently and took an interest in political and business affairs. He showed a lack of judgment and weakness of his reasoning powers, however, for he has not at any time inquired into his financial affairs (he is a man of wealth), and although he knows that a committee of his person has been appointed, has never requested that such committee be removed. In such a case as this the diagnosis of dementia præcox and possibly of the paranoid form may be allowed to stand.

I have in mind another case in which a well-known alienist made the diagnosis of a dementia præcox many years ago. It was the case of a professional man who was entirely unequal to the demands made upon him by his university studies and who for years failed to obtain a degree. At the end he suc-

ceeded, and although he never entered into the practice of his profession, he takes a great and intelligent interest in all professional work. For many years he has not shown the slightest eccentricities and to all intents and purposes is in good mental health. It is not necessary to go into the full details of this history, but it is evident that even if there be some mental inferiority, it is a distinct injustice to such a patient as this, to make a diagnosis of dementia, whether it be a dementia præcox or any other form of dementia.

Many years ago I was asked to see a young student who had under a great strain of an emotional character completely broken down and become depressed and somewhat emotional for a short period of time. He developed delusions of persecution, passed through a period of marked mental enfeeblement, but after a lapse of six months or thereabouts recovered sufficiently to return to his family from the asylum to which he had been committed. This was before the days in which Kraepelin's writings had exerted their influence, but if the young man had been examined at the present day and had presented the symptoms of ten years and more ago, the diagnosis of dementia præcox would no doubt be insisted upon. Yet this same young man has become one of the prominent lawyers in this city and has been one of the leading spirits in every reform movement. The diagnosis of dementia præcox in such conditions would have been manifestly unjust. The list of such experiences could be easily increased, but for the purposes of this discussion it is sufficient to insist that even young subjects may pass through temporary periods of depression or excitement, through periods of transitory mental enfeeblement, and may for a time show what would appear to be a progressive deterioration of mind, but often enough, and fortunately, the process is arrested and the patient regains full mental vigor. In such conditions it is far preferable to speak in the terms of the old nomenclature, to refer to attacks of transitory youthful insanity than to put upon the individual at once the stigma of *dementia præcox*.

To anyone who has witnessed the changes in psychiatric nomenclature during the last score of years, it will be evident that 'though the diseases remain the same, our designation of them undergoes marked variations. The diagnosis of paranoia

which was at one time so ready to hand, appears to be a far less frequent one. Paranoia and the primary insanities are now largely designated as paranoid forms of dementia præcox. The present writer, however, is willing to confess that in spite of the protest against the universal acceptance of this term, the understanding of the youthful insanities has been considerably advanced by the introduction of the term dementia præcox and much further good is to be expected of its use if only a little more discrimination is shown between the various forms of mental derangement occurring in youthful individuals.

For the purpose of this discussion, which I have the honor to introduce, I would lay especial stress upon the following points: There are unquestionably many cases that correspond accurately to the types described by Kraepelin and his followers. This is particularly true of the earlier forms of mental derangement occurring in members of families in which there is a very marked psychic taint. But even in such individuals many years may pass before appreciable dementia sets in. The term should be carefully restricted to such cases in which mental deterioration at an early stage of the disease is clearly recognizable and should be carefully considered and possibly avoided in those cases in which a dementia may possibly be developed in the far distant future. Making the diagnosis of dementia præcox puts the stamp of an incurable malady upon persons who may be sufficiently alert to be useful to themselves and others for a long period of years and in that sense does them distinct injustice. There seems to be little gain in grouping widely different conditions under one heading simply because the individuals so afflicted are in the first third of life. The older plan of clinical subdivision is more commendable, and the tendency to dementia should be insisted upon only when there is reason to think that a deterioration is certain to develop at a relatively early period.