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THE PSYCHOLOGICAL CLINIC.

By WILLIAM H. HIGGINS, M. D., Richmond, Va.

Clinical psychology is essentially a modern institution. Only has it been within the last fifty years that mental phenomena have been accurately observed, and only within the last decade or two has reliable scientific data been collected on the anomalies of the child's mind. It is true that so long ago as 1837, Seguin, the so-called liberator of the feeble-minded, established the proper conception of the underlying pathology in these conditions, yet the study of the borderline types did not develop until later.

Children of previous generations have suffered because of the lack of co-operation between the branches of psychology and medicine. Both of these sciences have made enormous strides in their development, yet each has apparently been handicapped by not enjoying an affiliation with the other along lines where the same end was being sought. The psychologists have obviously been derelict in not taking into consideration organic defects in the objects of their study, while the medical profession has unquestionably minimized the valuable contributions of their psychological confreres. We are recognizing more than ever before the complexity of mental reactions, and we are determining many previously unknown factors influencing the responses of the nervous system. So generalized are these stimuli,

and so varied are their results, that a normal mind is only a relative term. Therefore, the line of demarcation between the normal and the subnormal is at times a hazy one, and it becomes necessary to make use of any means by which a proper interpretation can be made. Psychological clinics were established to meet this need. They remain true to their obligations only when one phase of the examination does not discount the importance of the other.

Psychological clinics have multiplied rapidly. Chiefly confined to the North and West, they have become a part, not only of the leading universities and hospitals, but institutions for the training and treatment of the mentally deficient are not complete without facilities for the study of their inmates.

The functions of a psychological clinic are varied, yet definite. Its main task is to establish normality, and to recognize any deviation from it in the processes of the working mind. It is the clearing house for the children of the community. It is obligated to diagnosticate all physical lesions, and to determine, if possible, any casual relationship existing between bodily and mental defects. It must take into consideration the inheritability of such germ plasma as is capable or incapable of normal development as well as its liability to injury or subsequent unfavorable influences. Broadly speaking, the recommendations of such a clinic depend on the physical handicaps noted in the examination, the interpretation of the child's responses to selected psychological tests, the environmental conditions as reported by the special nurse, or the presence of any mental

deficiencies remediable by educational or manual training methods.

During our year's experience, we have admitted for study four distinct types of children.

The largest group is composed almost entirely of those who have had repeated failures in their school work. In order to be of material service to their teachers, it is necessary, with this class to differentiate from the feeble-minded, the mental retardates where there may be a genuine arrest of development, due to environmental handicaps, physical defects, or to constitutional indispositions. With such, the problem is partly medical, partly sociological and partly pedagogical. Closely related to this group are those with normal mentalities, yet exhibiting a slowness of cerebral responses sufficient to impair their progress. As a rule, no extenuating circumstances can be found to produce this phase of backwardness, and the problem of correction consists fundamentally in providing the proper educational stimuli. The differential diagnosis of these three groups is one of our most difficult problems, and probably includes our highest percentage of errors. Medical knowledge alone is not sufficient, as our chief reliance is upon the application and proper interpretation of certain psychological tests, to which a reference is made in another paragraph.

The second type of child admitted to the clinic is the juvenile offender. Owing to the activities of our juvenile court, these young violators of the law are receiving considerable attention. Recent investigations in other clin-

ics have demonstrated the not infrequent occurrence of mental enfeeblement associated with moral degeneracy. Therefore, it is of vital importance to determine in what instances these two characteristics are co-working, in order to protect society from further annoyances. The application of the methods of clinical psychology to the study of the juvenile offender is making rapid strides in this country, and is rendering a valuable service by meeting the needs of the delinquent before he develops into the matured criminal.

The third type entering the clinic is composed of the homeless orphans, the wards of the State. Before these children are sent to their adopted homes, it is necessary to establish the degree of their mental, as well as their bodily efficiency. The public is now exercising a greater discrimination in the selection of their adopted heirs, and rightfully demands a "clean bill of health."

The fourth type is represented by the queer, misunderstood child. He is shunned by his playmates, and maltreated by his parents. He is not necessarily feeble-minded, yet he displays a curious symptom complex of an overstimulated mentality, superimposed upon an impoverished mental background. His requirements are urgent as his incipient psychosis makes him a serious menace to the community, and a burden to his family.

In an analytical study of our cases, we have endeavored to determine, if possible, the etiological factors in the production of the mental deficiencies. The causes of feeble-mindedness, as shown in other clinics, are sufficiently varied

from a medical standpoint to incite the keenest interest.

Aside from heredity, syphilis, thus far, has proven to be a most frequent contributor. An acquired infection in childhood is not common, but the problem of hereditary lues looms up with increasing importance, as its frequency becomes established. Although showing a high percentage in Europe, writers in America have considered it relatively an infrequent cause in the production of mental enfeeblement. Goddard, for instance, at Vineland, has rather lightly regarded it in his class of defectives. In a special report, I hope to show the frequency of positive Wassermanns in our cases, and to compare the grade of mentality of our series with those of other statistics. Thus far our percentage is above 25, and it may be of interest to state that we are finding most of them not in the low grade stupid idiot, as much as in the incorrigibles of fair intelligence.

The experimental work on ductless gland feeding offers a ray of hope towards a better understanding of certain types of defectives, and there are authentic accounts of impaired mentalities being restored by proper glandular medication. Of course ductless gland therapy is still in its infancy, and the distinct indications for the administration of specific glandular substances are very hazy. However, it is reasonable to suppose that further studies along this line may prove decidedly beneficial for clinics of this kind. The effect of thyroid extract on mental activities, of adrenal extracts on our emotions, as shown by Crile, of pituitary extract on sexual development, as demonstrated

by Goetsch, and of pineal extract on cerebra-
tion in general, as outlined by Dana, is well
established, and needs no discussion from an
experimental point of view. To what extent
such results can be applied clinically remains
to be determined.

Injuries before and after birth have unques-
tionably also shared in the production of feeble-
mindedness. Contracted pelvis, the improper
use of forceps, prolonged labor, and severe
blows on the head, are often sad epochs in a
child's early life. Although little can be done
from the standpoint of mental development for
those where trauma is the underlying factor,
an accurate diagnosis of the condition will af-
ford a better and more sympathetic understand-
ing of the child's peculiarities. Manual train-
ing sometimes offers encouraging results with
this class, and with exercises selected for their
individual needs, considerable progress may be
made.

The recognition of minor physical handicaps
has become a very important element in the
modern school inspections. The conviction
that there is an intimate relationship between
physical defectiveness and mental inefficiency
or irresponsibility is now an accepted postulate.
Aside from the indictments of the eyes, tonsils
and adenoids, oral infections are being incrimi-
nated, and seemingly with just cause. Statis-
tics have shown a definite improvement in the
mental reactions of children whose teeth have
been properly treated.

The examination of the child in a psychologi-
cal clinic has three motives in view: First,
the evaluation of the bodily and mental health;

second, the determination of the factors pro-
ducing the mental defect; third, the recom-
mendation of measures conducive to overcom-
ing the deficiency. Such an ideal is reached
only after a thorough physical examination, a
detailed record of the family history, reliable
information concerning his birth and early
childhood, and a knowledge of all accidents, or
illnesses which could have a bearing on his
mental development. It is necessary to know
his school history, habits, associates and special
abilities. Much of this information is ob-
tained by the special nurse, who visits the
home and gathers the necessary data from the
families. The housing conditions, character of
food, sleeping arrangements, and other details
are sought for, all of which has a part in the
final history. Wassermann reactions are made
on all patients, regardless of their complaint
or physical findings. In addition to the regu-
lar neurological examinations, anthropometric
measurements are taken, including weight,
standing and sitting height, dimensions of the
head, strength of grip, and lung capacity.

The employment of certain psychological
tests is valuable in analyzing the individual
mental defect, and is very essential in the in-
terpretation of the patient's reactions. By this
means one can demonstrate the subject's power
of attention, judgment, discrimination, con-
structive imagination, etc. An estimation of
these fundamental elements provides a basis
for the proper selection of suitable mental or
manual exercises. There is a popular concep-
tion that the Binet-Simon scale is an infallible
guide in differentiating the normal from the

subnormal mind. I take this opportunity, however, to protest against such hasty diagnosis and to state that this method, although valuable, is only contributory, and not in the least conclusive.

The success of a psychological clinic depends largely on the efficiency of the social service department. Unless competent workers are available, who possess tactfulness combined with intuitive ability, much of the patient's history is lost. Some of the questions pertain to the personal life, habits and associations, while others deal with more intimate problems, such as the mental aptitude of the different children, or the possible court record of the father or brother. Aside from convincing the family of the necessity for this information, the social workers find it most difficult to impress upon them the importance of attending the clinic. To the average parents, their feeble-minded children are not sick, and even though syphilis is the underlying factor, its presence seemingly has little significance to them. The duties of the nurse, therefore, are varied, and dependent upon the idiosyncrasies of the patients.

In conclusion, it may be stated that the Psychological Clinic has a definite field in the Medical Dispensary. Its chief functions are to establish an etiological basis for the subnormal mentalities, to differentiate the functionally backward child from the varying grades of mental enfeeblement, to aid in the disposition of the juvenile court offenders, and to institute measures tending to correct obvious mental defects.

6 West Franklin Street.