THE WORK OF THE OUT-PATIENT DEPARTMENT
OF THE HENRY PHIPPS PSYCHIATRIC
CLINIC.

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The number of patients registered in the dispensary of the Henry Phipps Psychiatric Clinic since its opening on May 1, 1913, is 543. These patients presented symptoms of mental disorder varying in type and degree. In view of the fact that there is a rather vague idea in the profession at large as to the concrete problems dealt with in such a dispensary, a few preliminary remarks may be excused.

Mental disorder means a disorder of the biological activity of the individual which is shown in its higher adjustments; such a disorder cannot be understood without taking into consideration the complex activities of the individual, not only the chemical, the metabolic and physiological adjustments, but those still more complex adjustments which cannot be adequately described under terms that do not include the concept behavior. The more complex adjustments, however, may be interfered with by processes which act at various levels of the patient's activity; thus gross damage to the brain by injury may result in very peculiar conduct, or the adjustment to the environment may be interfered with by the acute or chronic action of poison introduced from without, such as alcohol or lead, or developed within the organism, as in pneumonia or typhoid. Or the source of the disorder may lie in alterations in the secretions of the ductless glands, or again the disorder of adjustment may be the result of such changes of the brain as are caused by arteriosclerosis or the senile alter-

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Clinical experience, however, forces one to recognize many disorders of adjustment in which no primary disorder at any of these levels can be demonstrated, but where, from more complex causes, the mood of the patient is altered or the general activity changed in type or in quality, or where the patient tries to adjust himself to the environment by subtly transforming his own conception of that environment, leading to those symptoms which the observer describes as delusions and hallucinations. In the evolution of these latter disorders of conduct, the difficulties inherent in the individual present as a rule the most important problem, but the exact test presented to him by the environment and the amount of strain which this puts on the individual’s power of adaptation must never be ignored, and sometimes is the important factor open to modification.

The above remarks may show how necessary it is in dealing with a case of mental disorder to keep in mind the possibility of a primary disturbance at various levels of the patient’s activity. The physician must make sure that the simpler mechanisms are intact before he inculpates the more elaborate mechanisms. An adequate physical examination is, therefore, the basis of any satisfactory psychiatric examination. An examination of a mental case is thus rather complicated and can ignore none of the usual clinical methods of examination in the presence of any indications for its use. The time demanded, therefore, in psychiatric work is considerable. In dispensary work time is limited, compromise is inevitable, and therefore the physician goes directly to those factors which experience leads him to consider the crucial factors in the individual case. This does not indicate a tendency to undervalue the rôle played by the simpler mechanisms in some types of mental disorder. It simply means that in certain cases experience has led the physician to lay most stress on the complex activities of the individual, and that it is in this sphere that he expects to find the factors which are open to modification.

To give as concrete as possible a picture of the actual work done in the dispensary, I should like to make a very summary review of 50 consecutive patients who were treated in the
month of January. Of these 50 patients, 13 were children, 7 [153] were adults with marked constitutional mental defects, 16 presented symptoms either of a recognized type of psychoneurosis or of a less well-defined invalidism, 4 were cases of dementia praecox, 5 had organic brain disorder, one had manic-depressive insanity, one patient was an epileptic, 2 were unclassified on the ground of insufficient data for diagnosis, chiefly on account of difficulty of language; in one case the symptoms did not go beyond the limits of a normal depression.

With regard to the cases of organic brain disease, 3 of these patients were taken into the clinic for further study and treatment. The cases of dementia praecox and of manic-depressive insanity were brought to the dispensary for the purpose of diagnosis and an outline of treatment.

The 13 children might be divided into 4 groups:

1. Children so seriously backward in their school progress as to be recognized as abnormal.
2. Children presenting marked defect of character accompanied by pronounced intellectual defect.
3. Children with psychoneurotic symptoms.
4. Children with pronounced speech defect.

With regard to the children with simple intellectual defect, the degree has always been estimated by the Binet-Simon scale. The etiological factors have been gone into and an attempt made to find out how far the defect could be attributed to ante-natal conditions, or to some organic lesion, either at childbirth, or during some infectious disorder of childhood. The family history of some cases has been investigated in a detailed manner by a special worker. The practical question with regard to such children is the extent of the further possible development in the individual case. Is the defect based on any remediable cause, is it only an apparent defect? Thus a child with a refractive error uncorrected, with headache, unable to maintain sustained attention, may fidget, annoy the others, become a source of annoyance to the teacher, get quite out of touch with the authorities, drift into the company of the really bad boys and develop habits impossible later to eradicate. Can the child be expected to become a wage-earning citizen and should its training have that in view,
that is, should its training be along the lines of teaching in the ordinary grades, assuming that the ordinary school curriculum is a reasonable one? Or is the child never going to be a self-supporting social unit, will it always have to be safeguarded against exploitation, against becoming the tool of the unscrupulous, against becoming a disseminator of immorality?

Children with marked mental defect not based on remediable conditions require special training. The aim of this training should be correct conduct and the acquisition of mechanical ability, and not the general concepts of ordinary education. When the constitutional defect is not definitely recognized, the teacher is apt to apply misdirected energy, e.g., to try to teach a boy of 8 or 9 years something which, with his defective equipment equal to that of a boy of 4 or 5 years, he is absolutely unable to grasp. Such children waterlog a class, impede the teaching of the more valuable scholars without conferring any compensatory advantage on the defective child. It is, therefore, important that the child should to a certain extent be standardized and his education have a direct reference to his actual capabilities. A satisfactory training of the child is the best guarantee of the later happiness of the individual. Unless the defect is recognized and proper measures taken, the child is apt to drift into bad company, develop criminal habits, and be a serious draw-back to the community. The danger of the exploitation of the female is obvious.

In many children, the general mental defect is accompanied by a variety of neurotic symptoms, and these children present extremely interesting problems. The psychoneuroses in the adult are only intelligible in the light of the development of the character of the individual, and in the children with neurotic symptoms one has the opportunity of studying at a very early stage developments which throw much light on the disorders of the adult.

The children are difficult to study under dispensary conditions. At first they are shy, uncommunicative, on the defense. Their visits are apt to be at rather long intervals, they are in a peculiar environment which does not elicit their characteristic reactions. Therefore one is frequently almost altogether dependent on the anamnesis. Here the social service depart-
ment is able to give invaluable aid and to furnish a good idea of the actual environment of the child and of the remediable defects which it presents.

The following cases illustrate types of children dealt with:

Jan. 9, 1914. E. C. D., a boy of 7, is getting along very well at school, but during the last year has presented evidence of unstable equilibrium. The boy has bad dreams, and he has recently been stealing. The aunt considers that these symptoms came on after an operation for hernia last year, but the boy already had some difficulty with his instinctive life even before that. He had already been masturbating for about one year and he wet the bed until the age of six.

Remarks.—The case illustrates the frequent occurrence of fears and bad dreams in association with difficulties in the sexual life. It shows the importance of these fears as evidence of the advisability of helping the child in the sphere where help is apt to be refused. Scolding and punishment are apt merely to increase the tendency of the children to deal in a blind and evasive way with troubles which are almost inevitable in the course of development. The relation of stealing to the other difficulties of the patient has not been traced, but it is a symptom which must not be accepted as an irreducible defect of character, but as something which may be further analyzed and modified. It may be possible to help this boy by some educative talks and thus prevent the further development of an evasive way of dealing with his personal difficulties.

Jan. 17, 1914. A. A., a boy of 8½ years, had been pilfering for four or five months. The father dragged the boy to the clinic on the chance that the doctors might remove something from the boy's brain. At the consultation the boy was absolutely uncommunicative and frank relationships were not established. The father, disappointed at the impossibility of an operation, did not think it worth while to bring the boy back to the clinic. The social service worker made a home visit. She found that after each episode of pilfering, the boy was not punished physically, but was threatened and scolded to such purpose that for two or three days he was panic-stricken and in tears. The case presents a problem of very great importance, and the endeavor will be made to try and get into friendly relationship with the boy to see whether the stealing can be understood more clearly.

Jan. 9, 1914. C. E. D., a boy of 9½, whose mental age is 7½ years. The mental retardation is here due not to faulty environment
or to a poor education, but to actual disease of the nervous system. The boy was a seven months child, had spasms at 18 months, frequent screaming spells until 5 years, and later, occasional attacks of a convulsive nature.

Remarks.—This case is one of a very large group of children who are brought to the dispensary, with a history of convulsive phenomena at some period of childhood. In some cases the disorder is in relation to more or less coarse damage to the brain, which appears to have been caused either by prenatal influences, difficulties of child-birth, or infective disorders in infancy. In other cases the patient presents no neurological symptoms except the convulsions, and the etiological factors are very obscure. From the point of view of treatment, these patients are of course very disappointing. They form an interesting material of study, for our knowledge of convulsive phenomena and the underlying conditions is extremely meagre.

Jan. 12, 1914. J. B., a boy of 14, during the winter of 1912-1913 began to stay in the house and made only desultory attempts to play or read. He showed a marked change of disposition and was quarrelsome with the other children. He would sit about in the house, fidgeting in his chair, smiling without cause. He became careless in his dress and as to personal cleanliness. At the same time he showed a compensatory fastidiousness with regard to eating. He would wash his dishes over and over before eating. He would refuse to eat things, saying that they were not clean. He was easily frightened, especially at night.

Remarks.—The case is evidently a rather serious one. The symptoms have no doubt to be partly understood in relation to the habit of masturbation, which had been learned from association with a gang of bad boys. The father spoke freely to the boy about it, but as a matter of fact the boy is rather afraid of his father.

Two cases may be referred to who have been coming to the dispensary for a considerable time:

May 24, 1913. M. S. is a queer, jerky little girl of 7 who is extremely fidgety, jumps about the room in a somewhat odd manner, is at times inattentive, asks questions as if she were rather stupid, and is apt to pretend that she does not know the nature of the place, the occupation of the doctor, etc. What is especially characteristic of this patient is her incessant asking of questions, many
of which have quite obvious answers. Although the patient makes a superficial impression of being stupid, she is of normal intellectual level and her teacher finds her quite bright at school.

Remarks.—To understand the underlying forces and the mechanism of such a disorder is a difficult and tedious task, and is not made any easier by the infrequency of the visits to the dispensary. It is important to take this eager questioning of the child seriously, and to find out what are the main questions and what is the curiosity which thus expresses itself so indirectly. In this case the social service worker has visited the home regularly for a period of three months, and has been fortunate in establishing a very frank relationship. She has enabled the physician to understand the repressive atmosphere in which this child has been brought up and which put a strict taboo on many of the simple questions of the child. The mother expressed doubt to the social service worker as to whether she had done right in omitting to punish her 2½-year-old child, who had made some reference to his sister being in the toilet. The father was disturbed at the possibility of the patient being taught folk dances. “Is it necessary to ruin her soul in order to save her body?” The social worker has done what was possible in the way of advising the parents in matters of training and in the regulation of the habits of the child. She also conferred with the school teacher. The child was also taken into the Harriet Lane Home for a short period of observation.

May 21, 1913. W. S., a difficult boy of 12½ years, inattentive at school, unruly and bad-tempered at home, destructive and fond of teasing animals and children. The environment, however, was probably partly the cause of the boy’s difficulties. The father punished the boy severely for every misdemeanor. After school hours he was obliged to study Hebrew with his father and had little time for amusement. The mental age of the boy was that of a child of 11 years. In school he was often punished, and on this account he disliked his teacher.

Remarks.—In this case a careful review of the whole situation with the parents was of great benefit and the boy reports to the dispensary regularly. The social service worker has obtained the intelligent cooperation of the family in the carrying out of the doctor’s instructions as to a consistent home training. She has held monthly conferences with the school teacher.
whose latest report is that the patient's progress and general attitude are excellent. The boy has been brought into touch with a boy's club and gymnasium, where he is doing good work.

The social service department has also done a great deal for W. B., a boy of 11, who reports regularly at the dispensary. For some years he has shown choreiform movements. He is rather erratic in his behavior, fastidious in his food, disturbed in his sleep, afraid to sleep away from his parents. The boy was taught masturbation by comrades and treated improperly by an adult. For this latter episode he received a thrashing from his grandmother, which probably was the extent of the child's education as to how to deal with one of the most fundamental factors in his life. The combination of the symptoms in this case is a very common one, sleeplessness, disturbing dreams, fears, bed-wetting, masturbation.

Remarks.—In this case obviously the whole education of the child was at fault. The capriciousness of the child's eating and the irregularity of his hours were merely partial expressions of the result of a thoroughly faulty education. To deal with such a situation an efficient social service department is absolutely necessary. The worker has visited the family regularly, has instructed the parents in detail as to hygiene, has secured dental care for the patient, has given him a vacation in the country, has arranged for his admittance to the ungraded class and has talked with the principal and teacher as to his special needs.

Sixteen cases were grouped together, which presented either recognized types of psychoneurosis such as hysteria, or rather vague and ill-defined types of invalidism. It is not easy under dispensary conditions to do justice to such patients. The treatment involves the re-education of the patient, a tedious and difficult task.

The following cases may illustrate the problems presented by this group of patients:

Jan. 22, 1914. S. B., a young woman of 26, for several years had complained of a variety of symptoms, headache, hot flushes, burning sensations in her stomach, dizziness, sleeplessness, occasional nausea and vomiting. Apart from these symptoms, she said that she was quite happy, in fact the happiest woman on earth; this, notwithstanding the fact, later admitted, that she did not love
her husband and still hankered after an old sweetheart whom she had discarded four years previously. The patient had been treated for several months. At first the symptoms were attributed to a hypothetical hyperthyroidism, but later it was concluded that all the symptoms were of psychogenic origin.

Remarks.—In such a case it is possible to let the patient understand much more clearly the relation of the symptoms to the underlying difficulties in her life. One still, however, has to face the unfortunate situation which the patient has created by marrying her husband on grounds of prudence, where her feelings were altogether with another man. Such a situation is a very important factor in perpetuating psychoneurotic symptoms once they are established.

Jan. 17, 1914. N. E. H., a young woman of 23, had recently passed through a brief semi-delirious episode, but now presented only a vague nervousness with surface cheerfulness and conventional smile. In this case, too, the problem was to educate the patient in regard to those factors which had been dealt with very evasively, the semi-delirious episode itself being the disguised expression of factors repressed from her conscious life.

Jan. 28, 1914. B. K. M., a clergyman of 46, several months previously had had an attack of quasi-unconsciousness, since when he had complained of excessive fatigue. Nineteen years previously he had had a nervous attack which his physicians said bordered on St. Vitus' Dance. The very fact that he had become a clergyman was to a certain extent a compensation for difficulties not squarely met. He had given up another occupation to enter the ministry, and one year later he had the involuntary movements referred to above. In the third year of the ministry he had a worse break-down. Nine years later he had an attack of shortness of breath, palpitation, marked anxiety, disturbing dreams of the nature of nightmare.

Remarks.—Even in a single interview it was possible to see in outline the mechanism of the disorder, and to put this before the patient. The amount of insight thus acquired by the patient along with the reassurances given him seemed to be decidedly helpful. Such a case, however, requires rather prolonged treatment, and the patient did not live in Baltimore. The case was gone over with the family physician who accompanied him, and the patient was recommended to go over with his physician in very much greater detail the main points which had been only partly reviewed during the consultation.
The following cases represent a type very familiar in dispensary work, so familiar as to have lost much of its interest for many physicians. Although familiar with these cases, we are, however, far from understanding them and they present problems of very great psychiatric interest.

Jan. 20, 1914. H. G. is a very typical example of this group of patients. She is a woman of 39, very unhappily married, who says that she is tortured by her husband, that he makes her sick, that she only wishes to live for her children. The patient complains of a variety of somatic symptoms, pain in the head, tightness in the chest, pain in the abdomen, but a thorough physical examination reveals nothing to account for her bodily symptoms.

Remarks.—The patient's invalidism appeared to be in close relation to her general unhappy situation. She had, however, not reacted with the special symptoms of a hysteria nor another psychoneurosis. This type of invalidism is partly intelligible as a reaction to the definite situation; to a certain extent it affords protection from the demands of the environment and brings in certain immunities and privileges. It might best be described as a "situation-neurosis." The importance of the formulation in this term is that we keep before us the practical problem of seeing whether after all the situation may not be advantageously modified, so that we do not confine ourselves absolutely to dealing with the patient as an isolated unit. At the same time it is important to encourage the patient to face frankly the difficulties of the situation and to realize the presence of internal obstacles of which she was previously ignorant. We thus try to improve the adjustment of the patient at whatever point we find available for modification. It is probable that in this case the patient had never in her life reached a satisfactory level of independent activity. As a child she had been wrapped up in her mother, and after the death of her mother she said that she had cried a whole year. The analysis of the development of her character and of the circumstances which led to her unsatisfactory marriage would probably have thrown some light on the later development of invalidism, which after all represented a rather childish type of reaction.

Jan. 27, 1914. A. A., a Hebrew woman of 38, complained fluently and continuously of innumerable pains. She clamored for sympa-
She knew that the hospital doctors could not help her, but she could not stay away from them. Whenever she was taken into a hospital, her condition changed entirely and she was well in a couple of days, but she relapsed after her discharge. In this case the same problems are brought up as in the previous one.

Jan. 16, 1914. J. B., a woman of 40, after some trouble with her neighbors, became nervous, sleepless and suffered from headaches. Her complaints found little sympathy with her husband who had been nagging her ever since her marriage 17 years ago. She had been in one hospital, but left after one week, as she was disgusted with the treatment.

Remarks.—In this case we see how an illiterate woman, unhappy with her husband, in the face of additional difficulties in life, falls back on a variety of mild complaints which relieve her of some of her responsibility and throw it on society. It is very difficult in an illiterate patient of this type to do much in the way of getting her to understand the true nature of the trouble, as an inferior adaptation to the actual situation. It is difficult enough with an educated woman of the same age.

It is interesting to notice the percentage of Russian Hebrews in this group. This type of disorder is probably closely related to the racial character and to the special difficulties in the life of immigrants of this class.

The above very summary review may serve to indicate the actual problems dealt with in the dispensary; these problems are not only of great psychiatric interest, but touch many vital interests of the community. They raise important social and educational issues, and it is hoped that even where in the individual case little can be done, the thorough study of the disorder in its complete setting may contribute data of value in relation to the mental hygiene of the community.