PSYCHOPATHIC CHILDREN, THEIR RECOGNITION AND TREATMENT*

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In the general practice of medicine, the group of children that may be classified as psychopathic, neurotic or those who are constitutionally inferior, form one of the easiest problems of diagnosis, but the most difficult of treatment. As compared with the minor and major forms of mental abnormality of the adult, there is much similarity, but one must always keep in mind the fact that the clinical picture is not so clearly defined, is variable from day to day, depending upon the environmental surroundings, for the child does not have the fixed ideas or the complicated associations with repression so characteristic of adult disorders. The underlying factor is, usually, a defective inheritance plus defective environment and training which results in social maladaptation, for it is through inability to adjust themselves to the family, the school or society at large that they are brought for treatment. Recent studies of child psychology both normal and abnormal have demonstrated the fact that these cases are not the products of divine wrath, prenatal influences or any of the other mysterious agencies by which the laity attempt to explain their shortcomings and mistakes, but rather the result of a neurotic or psychopathic home environment in which the child through associa-

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tions, faulty teaching and discipline, forms abnormal behavior and conduct reactions for which he is not the responsible party.

The analysis and diagnosis must consider as factors the individual, his family and society. Few persons have the opportunity to see and correlate these findings. The family physician, with his knowledge of the intimate affairs of any family, the inheritance, the eccentricities of several generations, the prejudices of any community, who has ushered the individual into the world as well as assisted in the training during the development period, puberty and adolescence, is theoretically the one most fitted for this task. With the present age of specialization in which unfortunately the mental side is too often neglected, there is a growing tendency to emphasize the focal infections in the individual and overlook the more apparent foci of abnormal behavior among those associated with the patient.

In considering the individual, the birth history, the developmental history, peculiarities, their nature and time of onset, intercurrent diseases, traumatic injuries, progress or lack of progress in school, the attitude toward play, work, the family, the teacher, punishment and discipline should all be investigated. One should consider the attitude of all members of the patient's family, the influence exerted by grandmothers, aunts and uncles and the neighbors, for the family are more often at fault than the child. Cleanliness, morality and respect for constituted authority in the home, influence childhood responses. Many times the difficulties are the combination of the whole family group, in which instance we speak of the home situation in which each member may be a contributing factor without their realizing that such is the case. All abnormal emotional states such as antagonism, anger, over-affection, may be traced usually to petty home quarrels that seemed very trivial in the beginning. Society may be at fault because of the neighborhood situation in which the abnormal behavior and maladjustments are the natural consequences of the environment, whether it be poverty, filth, delinquency and crime, or distorted moral situations. These conditions are just as easily found in a small town, although when massed together as in the large cities they are much more apparent. Danger points are the onset of puberty, death, separation of one or both parents, and the starting into school, where the individual for the first time finds that he cannot do as he wishes, but must conform to the rules and regulations of society. The mechanism of childhood responses and reactions is not the same as that of the adult and too often abnormal responses are considered from an adult viewpoint, whereas that was not the reason that initiated the response. A complete physical, neuropsychiatric examination with correlated psychometric tests and additional indicated laboratory examinations should be done routinely in each case. As additional evidence, all possible information as to progress and behavior in school with written reports of the teacher, principal, children's aid societies and the juvenile court, when delinquency is suspected, should be gathered together.

The cases may be grouped into two general classes: First, those with an organic basis or, secondary, to acute toxic states and, lastly, those of a functional nature where the mechanism is
one of disordered behavior reactions, due to lack of training, distorted viewpoints and abnormal environmental states.

The symptomatology of both classes is similar and includes such symptoms as abnormal fears, paranoid states, moods, depressions and elations, hallucinations and delusions of visceral and somatic origin, delinquency and correlated states such as stealing, pathological lying, fighting and destructive tendencies, shyness, feelings of inadequacy, lack of initiative, lack of proper emotional restraint, dreamy states with an over-abundance of imagination, lack of progress or arrest of normal progress in school, bed wetting, confusional states, night terrors and finicky eating. The tendency to become seclusive, to repress normal emotions, the development of a shut-in type of personality are often the forerunners of a dementia praecox state. The diagnosis of mental deficiency does not rule out psychopathy for many observers have noted as high as ten per cent. of these individuals have a coexisting psychosis or psychopathic tendencies. The presence of any of the symptoms named above does not of necessity condemn the individual, but when so grouped together that the behavior and conduct interferes with his own adjustment, or the rights of the community, it is only fair to both that he be considered abnormal and treated accordingly.

There is no sharp line of demarcation between the normal individual, and with the changeable symptomatology observed in children they may often appear normal one day and psychopathic the next, one examination is not sufficient to establish a diagnosis in the difficult cases.

A study of eight hundred neuropsychiatric cases, including one hundred and fifty children by means of specialized tests made by the writer at the Washington University Medical School Dispensary has shown the need of individualization of the patient. As a working basis no attempt has been made to classify, card index or diagnose the cases except along broad general lines for the mechanism and formation of reactions is the approach that has been most helpful in designating the nature of the treatment, instead of treating the diagnosis as is so often the case. The clinical picture may be likened to the alphabet which is composed of numerous symbols which, when gathered together, form words, and words in turn sentences by which we express our ideas. The individual grouping may be changed in innumerable ways. The child's personality is composed of numerous factors, such as antagonism, fear, hate, memory, judgment, etc. Behavior reactions are the result of the combination of factors. Environment tends to classify the behavior reactions into groups. The combination of groups is the clinical picture and expresses the ability or inability of the adult to adjust and adapt himself to circumstances.

The cases with an organic basis are essentially pediatric problems and are not unlike the ordinary cases with only the addition of a superimposed mental picture. Examples of this group are deficient cerebral development, Little's disease, traumatic head injuries, juvenile paraplegia, congenital syphilis, states secondary to endocrine disorders and disturbed metabolism, including diabetes, acute toxic states such as are seen in chorea, encephalitis lethargica and the acute
infectious diseases. The degree of mental derangement depends largely upon the severity of the disease, but many cases are the result of abnormal behavior reactions also, so that just because an organic basis has been found, we should not overlook the fact that in children the underlying mechanism and psychology is not as complex, hence many times overlooked or placed aside as being unworthy of consideration. The treatment of cases with an organic basis should be directed to the treatment of the underlying disease. During convalescence, however, every possible assistance should be given to aid the child in readapting himself, whether it be sending him to the country to regain physical strength, for fatigue tends to lack of concentration and lack of concentration to feelings of inferiority and inability to make up the work lost in school, or to overcoming the abnormal relationship to the family for each sick child is a spoiled and petted individual and this is not conclusive to a proper mental attitude.

The second group of cases whose maladjustment is the result of so-called functional causes, the majority of which can be eradicated if we have the means to work with and if we proceed in a rational manner. Malbehavior may be of varying degrees and the causative factor obscure; more often the result of a combination of circumstances acting over a long period of time, which suddenly can no longer be controlled, breaks forth to cause the individual's family to seek advice. Individual childhood reactions are not isolated changes, such as where the injury is the result of a pathological alteration of tissue, and not dependent upon any other factor to make the clinical picture as in pneumonia or a fractured leg, but a complex mechanism with as many variations in interpretation and diagnosis as there are observers. To illustrate: A child of eight years was brought into the clinic for observation. As he sat upon the bench, he displayed the usual amount of interest in his surroundings, was in no way ill-behaved and minded well the social worker who brought him. During the psychometric examination he displayed excellent co-operation, concentration and judgment as well as ability on the form boards and other performance tests; memory was below the average, processes of reasoning in keeping with intellectual ability, but his associations were such that one received the impression that his playmates were not of the proper kind. The workers of the clinic were of the impression that he was a perfect angel. Mental age level was nine years. The appearance of his aunt was the cause of a violent outbreak and fit of temper, for he started to yell at the top of his voice, lay on the floor and refused to get up until after the promise of an ice cream cone. On being taken into the room for a physical examination he grew very sullen and refused to allow the doctors to examine him in any way, would not talk and cried when touched. The report from the teacher stated that he would not work, was lazy, inclined to tease the other child and was one of the most troublesome cases that she had had for some time. The neighbors refused to allow their children to play with him for he was rough and killed the little chickens by picking them up and squeezing them to death in his hands. He enjoyed beating animals merely to hear them cry. Among play-
mates he was a coward, so far as the boys his own age were concerned, but a bully among those younger when he thought that he was capable of whipping them. His desire was to grow up and go out West and be a cowboy. There was a history of masturbation as well as sexual irregularities with the little girls and boys of the neighborhood. When occasion offered he stole money from his aunt and articles from the neighboring grocery store, but it required a great deal of watching to detect these acts. His seven brothers and sisters all impressed his wrong doings whenever opportunity offered so that he slipped away from home to the seclusion of a neighboring barn. Once after being chased from barn he sought to get even with the owner by setting it on fire. The neighborhood regarded him as a little devil. He drank coffee, slept in a room with the windows closed, and retired late usually, after having witnessed some thrilling movie which caused him to pass a restless night. The father had deserted the mother of this child, and as the mother had led an irregular life as a prostitute, the children had been removed by court decree.

This case will show the interrelationship of hereditary, physical and environmental factors, and the need of a carefully worked out survey of all the aspects. What can we do for a case such as this which upon casual observation seems hopeless? First, we should change his habits by having him go to bed early, forbid the coffee and allow him to go to only personally selected movies. The boy could never progress in the neighborhood so that he should be removed, placed in another family, preferably where there are no children, and in the country where the numerous temptations of city life are as far removed as possible. The evasions and lack of correct sexual knowledge should be explained so that there is nothing mysterious, taking care to see that the moral side is not overemphasized so that repressions are set up. Much of the former dislike and inattention in school can be overcome by instilling a desire to make something of himself by helping him to cultivate better habits of adaptation to the problems of life, a respect for constituted authority, and a desire to live in the present rather than in the past or future. In this case there has been improvement, but it is too early to promise a complete transformation of a devil into an angel in the short space of a few months. Too many are content to merely transfer the individual to a new environment and let the environment do the rest and when poor results follow blame the system. One should remember that children learn through associations and habit, but habits, especially those which call for effort and concentration, are not easily changed, sometimes months pass before improvement is noticed. There are many lessons to be learned from the study of a single case. Just because a child does not get along well in school is no criterion of his mental state for, as in this case, the boy, although he did not study, was able to maintain his grades, in fact, the intelligence tests showed that he was above the average. Repeated examinations have demonstrated that the majority of these psychopathic and neurotic individuals are above the average mental level, and it is this superiority that many times causes them to get into trouble, for they hear, notice, as well
as read things which they do not understand and the perverted viewpoint thus obtained results in abnormal behavior reactions. The abnormally bright child should be cause for as much study as the mentally deficient and this type is too often neglected. Many of the valedictorians of classes later in life have mental breakdowns and not a few develop psychoses, among which dementia praecox predominates. If dementia praecox, as many believe, has its onset as the result of disturbed behavior reactions in childhood with repression and the mental picture of the dreamy type of individual who has always built air castles, lived in a world all his own without the restrictions and difficulties that characterize life as usually found, who is hypersensitive, resents criticism and retreats rather than meets difficult situations, who puts off to the future things which should be done today, and then concocts elaborate excuses in which the blame is placed on someone else, it behooves us to watch the formation and, when possible, correct abnormal reactions in the beginning rather than when once formed.

Another potent cause of mental trouble is a lack of proper sense of dependence, the individual being too dependant or not enough so. The case mentioned before portrays the dangers of lack of dependence, whether it be in so far as the family, society or in something higher in the form of religion. Puberty is one of the danger points to be noted in this connection, for he begins to realize that there is something also to life besides having a good time and his mind ponders as to just how he can best spend his life. His interests begin to be heterosexual, and the formation of attachments to members of his family may, later in life, be the cause of much mental anguish. Children are very suggestible and react according to the home influence. Those brought up in the company of neurasthenic parents early in life develop the train of symptoms that are so well known. They early learn that it is a most easy way of meeting disagreeable situations such as staying home from school under the pretext of having a headache when the lessons have not been learned. Unfortunately, all children are not of the same mental make up, for there is every degree of variation of the phlegmatic type to the high irritable sensitive nervous system and too often the doctor, the teacher and the parent try to treat them all the same without considering that statements made to one would cause no outbreak, but to another would precipitate a mental depression that it would take months to overcome. The modern school is many times responsible, for it too often tries to make those whose qualifications are the poorer rush to keep up with the brighter. Other times it is in forcing bright pupils to do more than they should with the promise of honors or prizes which are soon forgotten after graduation. If there is no abnormal inheritance or neurotic tendencies, the child probably gets along all right, but too often this is the onset of behavior changes.

One cannot in a paper of this length more than touch on a few examples of abnormal conduct and can only suggest the way in which each case is approached. In summarizing the diag-
nosis of abnormal children individualization is the keynote to success, in which the home situation, the environment, the inheritance, the physical and psychiatric examination all play a definite part.

The treatment should be preventive whenever possible. Children should be taught to express their emotions, to concentrate upon the work at hand, in other words, play while they play and work while they work. They should be taught to assume a normal attitude toward religion, difficulties of any description, whether they be at home, at school, present, past or future. Orderly habits as well as associations and thoughts are conducive to mental health. Dependence in so far as is necessary to obtain the proper spirit of co-operation and much needed advice, but the individual child should not be encouraged by any parent just to obtain sympathy over the most trivial of injuries. Repression of ideas, especially along sexual lines, should be guarded against and no parent or physician can ignore the child that comes to him for information, no matter if it seems to be perfectly simple for the habit of being turned aside is usually the forerunner of repression, and later abnormal behavior.

Whenever an abnormal mental state has developed, one should seek the cause for it may be varied and lie in the most unexpected and unexplainable places so no stone should be left unturned.

DISCUSSION

Dr. Frank Parsons Norbury, Springfield: This paper represents an advance, I think, in the special functions and duties of the physician in reference to his community. In other words, it is an endeavor to enter a wedge into the community in reference to special problems of mental hygiene. It is the problem in mental hygiene of the child and an effort to meet the factors of circumstance and environment with which he seems to be out of adjustment. You all know that every year there are many hundreds of little fellows who have their tonsils removed and are brought to the physician because of abnormal conduct with the hope that this will be the outlet of the problem in which he finds himself. There is scarcely a week that I do not see these cases, and they are found in all kinds of homes. In homes where social conditions should be the best these problems are often the most difficult with which we have to deal. The paper emphasizes to me the community problems with child hygiene. When I was connected with the State service we tried to maintain clinics to meet these special problems as they occur in the public schools and juvenile courts. These problems are with you always. I feel that Dr. Smith has contributed a very valuable paper to this society because a medical society should take the lead in these problems. It should not be left wholly to the social agencies, of which we have so many. It is a social problem, of course, but the physician should deal with the social problems in the community, and the social conditions under which we live. This paper should stimulate interest in these conditions.

Dr. Charles F. Read, Dunning: I wish to emphasize what Dr. Norbury has said about this being the sort of paper that should be brought before the general practitioner. The general practitioner sees these children in the community and is naturally the first to be consulted concerning their behavior. He often- times will recognize irregularities in conduct and behavior in the child even before the parent thinks of consulting him in the matter.

Another point which should be emphasized is the fact that misbehavior in children does not rest entirely upon an intellectual basis. That is, a child may be fully developed mentally and yet misbehave, because there is an abnormal component of emotion or
of interest, as we often speak of it. That is, the child's interest is directed along improper lines by faulty education and psychic trauma during his childhood, and he develops a bad character along one line or another.

Another point is that the child who is studious, well behaved, but not a "good mixer," seclusive, sensitive, a day dreamer and all that, may be more in need of attention than the ordinary bad boy or mischievous girl. Such a child needs a change in environment and interests as much as many other more obvious cases. Our teachers need instruction along this line, as do the parents. It is all a part of the great movement of mental hygiene and deserves the thoughtful attention of the whole medical profession.

Dr. Groves B. Smith (closing): I wish to thank Dr. Norbury and Dr. Read for bringing out the mental hygiene aspect of the work. I did not have time to bring it out, but it is the keynote to the proper solution, and if adequate attention is paid to it instead of allowing these children to grow up into psychopathic individuals or those with neurotic tendencies, these abnormal states may be prevented.