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PSYCHIATRY FOR THE LAWYER: COMMON PSYCHIATRIC STATES NOT DUE TO PSYCHOSIS*

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PSYCHOPATHIC PERSONALITY

The Problem of the Psychopathic Personality. Many individuals, although without psychosis, lead ill-balanced, poorly adjusted lives from early childhood. They are atypical people who constitute formidable social problems by virtue of their many faulty attitudes, distorted values and disordered patterns of behavior, the evolution of which depends upon the complex interplay between deeply rooted constitutional tendencies and early environmental influences. Psychiatrists commonly place great emphasis upon basic constitutional defects as chief determinants of the disorder and have accordingly used such terms as "constitutional psychopathic inferiority" or "constitutional psychopathic state" as labels.

Though the inability of these patients to meet the ordinary demands of life often results in a disruption of their education, discordant family life, economic disasters, endless conflicts with the law, and a tragic crippling of their careers, their adaptive failures are not expressed in the form of a recognized psychosis. With respect to their unhappy position in society D. K. Henderson was reminded of Macaulay's commentary on George Fox: "His intellect was in that most unfortunate of all states—too disordered for liberty and not sufficiently disordered for Bedlam."

LEADING CHARACTERISTICS OF THE PSYCHOPATHIC PERSONALITY

Mental Deviations. The mental deviations of people with psychopathic personality are quite characteristic. Such individuals may be unusually bright and gifted. They may reason superbly, exhibit exceptional "savoir faire" and cunning, and on occasion present a charm and grace which is irresistible. They are, however, exceedingly unstable and unpredictable, often utterly unconscionable, lacking in self-control, and wholly unable to conduct their lives in a proper, socially acceptable manner.

Immaturity and Egocentricity. The factor of immaturity is preeminent

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in psychopathic personality. There would appear to be much in common in the behavior of the adult psychopath and that of a very spoiled child. They both display a striking lability (instability) and exaggeration of emotional response. Violent emotional outbursts occur with little provocation. Even very minor thwartings are commonly quite intolerable to them and may be met by them with blind aggression. The terms, patience and philosophical acceptance, simply do not exist in the lexicon of the psychopath. Inhibitory forces are feeble or almost completely lacking. Psychopaths are devoid of self-discipline and seem guided almost exclusively by the "pleasure principle." They are egocentric in the extreme and have an anaesthesia to ordinary social values, a lack of responsiveness to moral and aesthetic standards. They succumb readily to every temptation. Though they possess clear appreciation of the nature, quality and consequences of certain unworthy conduct, and express fervent intention to refrain from it, they frequently fall from grace without a vestige of struggle.

Lack of Sustained Attitudes. Sustained effort on the part of the psychopath is often impossible. Enthusiasms are ill-balanced and short-lived. Moodiness may be extreme. There is a tendency in certain psychopathic individuals to be very cold, unfeeling, and inconsiderate of others.

Arrest of Psychological Development and Adaptation: Analogy to Child. We are told by Ferenczi that every child passes through phases in which he imagines himself to be in a world of magic. The child conceives of the world as existing solely for his own unending enjoyment. He has but to wish, and fulfilment promptly follows. This highly egocentric conception of the world arises out of the complete helplessness of the child whose needs are assiduously supplied by alert, kindly parents.

As the child languishes in his crib, he receives more attention and service than an Oriental potentate. If he bellows, he is comforted. When he is hungry, he is straight-way fed. If he tosses his rattle on the floor, loving hands restore it in a twinkling. The whole world appears to await eagerly his beck and call. His mere wishing seems to exert a powerful, gratifying influence upon his surroundings. As the child develops, however, and comes more and more in contact with harsh reality (*e.g.* other equally egocentric children, etc.) he commences to modify his views, and acquires a somewhat truer perspective of his relative position and importance.

For some, the impacts of reality are cushioned overly long by neurotically protective parents. Others, notably psychopaths, are by nature unable to make a graceful transition, or, indeed, are completely unable to progress to more realistic attitudes and mature points of view.

Walter Lippmann makes some pertinent remarks relative to "the passage into maturity":

"The critical phase of human experience, then, is the passage from childhood to maturity; the critical question is whether childish habits and expectations are to persist or to be transformed. We grow older. But it is by no means certain that we shall grow up. The human character is a complicated thing, and its elements do not necessarily march in step. It is possible to be a sage in some things and a child in others, to be at once precocious and retarded, to be shrewd and foolish, serene and irritable. For some parts of our personalities may well be more mature than others; not infrequently we participate in the enterprises of an adult with the mood and manners of a child."¹

Even in adult life psychopaths still cling to an egocentric, childish "Weltanschauung" which makes it impossible to adjust to the practical demands of mature living. The psychopath who fails to have his way feels as outraged as a child with an empty Christmas stocking. The capacity to compromise, to postpone pleasures, to accept disappointments with philosophic calm, and to manifest genuine consideration, tender regard, loyalty, compassion, and similar socially creditable attitudes is grossly deficient. Such emotionally immature, self-centered psychopathic persons have no community of interest with their fellows, no truly affectionate bonds. They display an increasing estrangement, lack solidarity with the group, and fail to organize their lives according to an accepted system or approved code of living. They exhibit a growing irreverence and contemptuousness for existing standards and laws. Thus many psychopaths lead poorly directed, turbulent, asocial, amoral lives which engender incessant discord.

Immature Psycho-sexual Development. Many with psychopathic personality exhibit marked immaturity with respect to psycho-sexual development. Such drives are frequently quite uninhibited in the psychopath. The assertiveness of the sexual appetites, their nature, the extent of indulgence in them, and the effectiveness of efforts to curb or channel such impulses into modes of expression which are socially acceptable are factors of marked importance in life adjustment. The psychopath with his innate incapacity to organize his life in accord with social forces often fails to make a suitable adult sexual adjustment, and may become a social problem because of the unbridled expression of crude appetites and perversions which are usually repressed and sublimated.

Results of Conflicts with Society: The Schizoid Personality. Continued

¹LIPPMANN, A PREFACE TO MORALS (1929).

conflict with his fellows may cause the psychopath to become increasingly suspicious, resentful, and alien, and lead to a further twisting of his personality. Thus he may become abnormally seclusive, sensitive, and embittered, blame others for his own weakness and short-comings, and see hostility where none actually exists. He may fall back more and more upon phantasy and wishful thinking in dealing with personal problems, or utilize exaggerated physical symptoms as excuses for failures. Psychopaths with these reactions, which in more severe form are familiar in schizophrenia, are usually labelled *schizoid personality*.

Classifications of Psychopathic Personality. Psychopathic personality has been subdivided in numerous ways. Perhaps the simplest and most helpful classification is that recently presented by D. K. Henderson in his book, *Psychopathic States*.² He places psychopaths in three major categories: aggressive, inadequate, and creative types respectively.

1. *Aggressive Psychopaths.* Aggressive psychopaths are those in whom episodic acts of unbridled aggression constitute the central problem. Repeated impulsive suicidal attempts are quite often observed in the aggressive psychopaths. Their suicidal acts follow some thwarting or frustration, often of a minor nature. Just as in the case of children they feel outraged beyond all proportion if some whim or desire has to be set aside. They feel aggrieved and are spiteful and so carried away at the moment that the futility and tragedy incident to self-destruction are not appreciated by them. More often than not actual suicide is not consummated because of the impulsiveness and lack of careful planning inherent in the attempt. The suicidal act frequently has the appearance of a dramatic gesture. No protracted depression follows the unsuccessful attempt. The air is cleared by the episode, peace of mind is quickly restored, and there is usually no danger of immediate repetition of violence against themselves.

Aggression toward others usually follows a similar pattern of impulsiveness and unpredictability. In between aggressive, assaultive episodes the psychopathic individual may enjoy intervals of comparative calm and stability. The aggressive psychopath differs from certain others who do violence in that his assaults, whether on himself or others, are not planned or carefully contrived, but are unpremeditated and touched off almost reflexly.

Alcoholics and drug addicts form one variant of the aggressive group. The basic aggressive trends of these intemperate individuals frequently become apparent when inhibitory powers are relaxed under the influence of alcohol or narcotics.

²HENDERSON, *PSYCHOPATHIC STATES* (1939).

Persons with marked sexual deviations constitute a transitional group between the more aggressive psychopaths and those of the passive inadequate type.

2. *Inadequate Psychopaths.* Individuals who fall in the category of inadequate psychopaths seldom perpetrate acts of extreme aggression. Their propensities to commit injury are limited mostly to minor transgressions and infractions such as petty thievery, burglary, swindling, and various deceptions including pathological lying. They are fundamentally passive, shiftless, and unreliable and are given to procrastination. They follow the course of least resistance, and lead an irresponsible, parasitic existence. They are weak-willed, easily influenced, succumb to temptation, are without principles and self-discipline, and fail to organize their daily lives in a manner permitting practical accomplishment. They are helpless in the face of any test requiring initiative, self-reliance, sustained effort, patience, or personal discomfort. The men in this group tend to be ne'er-do-wells, wastrels, nomads, and petty criminals. The women are often prostitutes. If they marry, they are completely unable to manage household affairs and are given to neglect of their children. They are usually quite unabashed by their inadequacies, continually expect aid from others and have no regard for the feelings of those affected by their incompetence.

3. *Creative Psychopaths.* The creative psychopaths are relatively few in number and consist of individuals of genius who have remarkable talents, excell in some special field of endeavor, achieve almost superhuman accomplishment, but at the same time display a contrasting childish emotionality, a singular immaturity of attitudes and reactions, and a failure to bring any organization and pragmatism into their daily living.

Illustrative Cases of Psychopathic Personality

Case 1. A thirty-nine year old veteran of World War I was charged with larceny and sent to a mental hospital for a period of observation prior to the disposition of his case. He had been a politician for many years, and more recently had acquired a civil service position with the Soldier's Relief. Auditors discovered that certain relief funds had evidently been misappropriated by him. When he became aware of his awkward situation, he hastily repaired to a veteran's hospital with complaints of nervousness and many vague physical symptoms. When the warrant for his arrest was issued, he fled across the country and was finally apprehended in a veteran's hospital in California. He denied the crime of which he was accused, and insisted that he had been framed by political enemies.

In the mental hospital he displayed a singularly bland, indifferent attitude toward his legal predicament. He was found to have exceptionally superior intelligence (I.Q. 133). He displayed no signs of clear-cut psychosis. His history was consistent with the diagnosis of psychopathic personality of the aggressive type. Investigation disclosed that he had had convulsions in infancy and was given to nail biting, talking in his sleep, temper tantrums, and stammering during childhood. He had made a very poor adjustment during adult life. He was described as being a "loud-mouthed abusive fellow," assassinating the characters of his political opponents. He had been intemperate, unfaithful to his wife, and had had previous arrests for assault and battery and non-support.

Case 2. A forty-four year old man was arrested on a charge of making threats. He had been discharged from the police force eight years before because of intemperance. Since then he had worked irregularly and had been on public relief a good deal of the time. He had often been arrested for drunkenness and once for neglect of his children. He was given to repeated violent out-bursts of temper and had frequently injured his children seriously while punishing them. He was often very destructive at home, tearing sheets, breaking furniture, and terrorizing the family. His pathological emotionality was characteristic of psychopathic personality (aggressive alcoholic type).

Case 3. A twenty-seven year old woman was arrested for the abandonment of her six-weeks old infant. History obtained during her observation in a mental hospital disclosed that she had married at nineteen after having had an illegitimate child. There was marked marital disharmony. Her husband complained that she ran up bills and managed the household badly. She countered that he was domineering and unfaithful. She became involved with other men and finally deserted him. He obtained a divorce. She proceeded to have two more illegitimate children. She deserted the last infant in an elevated railway station, hoping some kind family would give it a home. During her period of hospital observation she displayed no clear cut psychosis. Her intelligence was in average range (I.Q. 89). She smiled readily, always appeared cheerful. Her emotional reactions were shallow. She displayed no shame and remorse, and was obviously quite anaesthetic to certain fundamental social values. She provides an example of psychopathic personality (inadequate type).

Case 4. A girl of seventeen, reared under conditions of shocking immorality and neglect, hitch-hiked to Texas accepting money from numerous truck drivers in return for sexual intercourse with them. She returned home after

a month and was taken into custody. In consequence of the depravity in her home the girl had been committed to the Division of Child Guardianship and placed in a foster home at the age of nine. She adjusted badly in several foster homes, ran away repeatedly, was impossible to discipline, was restless, defiant, obscene, untruthful, and inordinately preoccupied with the topic of sex. At twelve she was sent to a correctional institution where she again failed to adjust and showed such emotional instability and moodiness that she was twice sent to a mental hospital for study. More recently she had been living with an elder brother who seemed to have a stabilizing influence, but his induction into the army was followed by another outbreak of refractory immoral conduct.

During observation in a mental hospital after her arrest she was irritable, impulsive, unstable, and resentful. She swallowed the handle of a spoon in a dramatic suicidal gesture. (She presents a mixed clinical picture of psychopathic personality, combining elements of inadequacy and aggression.)

Case 5. A married man of forty-one was charged with committing an unnatural act. He had placed his penis in the mouth of a little girl who came into his store to buy candy. He described the victim of his indecent assault as a cute little girl in a white snowsuit who went behind the counter in order to look at some picture books. He alleged that the girl suddenly turned to him and said, "give me some candy free." The word, "free," acted upon him as a trigger which made him extremely passionate. He spoke frankly concerning his crime and told of a life of many abnormal sexual experiences beginning when he was only four. He told of heterosexual relations at seven, masturbation persisting to the present despite marriage at nineteen. He also told of extra-marital relations. He had evidently always been an impulsive, immature, unstable individual. He never stayed at any job long; never got along with his employers, and the calibre of his work was unsatisfactory. He led a more or less nomadic existence. (This individual affords an example of psychopathic personality in which emotional immaturity and marked sexual deviation prevail. He possessed very superior intelligence.)

Etiology and Course of Psychopathic Personality

Constitutional and Environmental Factors. An inadequate constitution is considered to be the fundamental factor in the development of psychopathic personality, but early environmental factors also contribute. The behavior of the psychopath is indicative of an early arrest in development of the emotional life, a decided deficit in the conative functions of the mind. More

definitive knowledge concerning etiology of psychopathic personality is wanting.

Evidences of the disorder usually appear in childhood and extend throughout the life history of the individual. Temper tantrums, enuresis (bed-wetting), nail-biting, night terrors, sleep-walking, and convulsions constitute early indications of the instability and poor integration prevalent in psychopaths. Their adaptation to school life is difficult even despite superior intelligence. Antagonisms and strained relationships in the home are intense, and occupational adjustment is highly inadequate or a complete failure because of poorly sustained effort and enthusiasm, resentment of authority, and absence of self-discipline.

Psychopaths may attain a measure of success in the business of life only if their associates are exceptionally tolerant and protective, stress is minimal, and fate is kind. They are fair-weather sailors who manage to stay afloat and progress only if the sea is smooth, the sails are filled and the vessel heads directly leeward. Unfortunately, such ideal sailing conditions seldom obtain for long.

The psychopath by his repeated gaucheries rapidly antagonizes and alienates those around him so that his environment becomes increasingly forbidding and his maladaptation is progressively aggravated.

The psychopath is powerless to help himself. Each new failure augments his vulnerability and faulty adjustment. It is practically impossible to effect a favorable alteration in his personality. Since he is all but impervious to direct therapeutic approach, any effort to establish him upon a smoother course in life must be directed toward changing his environment so that it is less fraught with complexities, irritating demands, thwartings, friction, and temptations. Relatives may sometimes be coached to be more tolerant and understanding. Wise vocational guidance may enable him to find a job least liable to bring out his worst qualities. Resources in the community may be tapped to foster a greater stability and better balanced program of recreational activity. Careful but unobtrusive supervision may help to deflect or cushion the customary shocks and strains of daily existence. In brief, the treatment of the psychopath consists in pampering him.

On the more hopeful side some seeming psychopaths with extreme immaturity and resultant maladjustment do ultimately become more mature emotionally and gradually develop a reasonable adaptation to their fellows. In such cases, one might use the concept of the retardation rather than arrest of emotional development. In all probability such individuals are victims more of environmental circumstances rather than of fundamental defect.

Aggravation of Psychopathic Personality by Military Service. There has been a tendency on the part of the laity to believe that the refractory, unstable psychopathic individual would respond favorably to a regime of severe discipline such as might be provided by a reformatory or the army. Such experiences, however, are usually anything but salubrious for psychopaths. Military service tends definitely to enhance their disorder. The gruelling, regimented, highly restricted routine of the armed forces invariably galls the intolerant, poorly integrated psychopath. He is simply incapable of accepting the imposition of discipline. After his evanescent childish enthusiasm for the new way of life wears off, he becomes increasingly moody, surly, truculent, explosive, and insubordinate. He is highly undependable and utterly devastating to the morale of his outfit. His impulsiveness and lack of inhibition may cause him to make murderous assaults upon his comrades or to desert. He is liable to be intemperate and succumb to numerous temptations. The propensity of many of these individuals to have immature, perverted sex appetites may lead to depraved, unnatural behavior. Those whose perverted drives are strong but more or less repressed may develop marked anxiety and inner turmoil instead of indulging in overt perversion when they are thrown in such intimate contact with other men.

Surveys recently made by the navy disclose the futility of admitting psychopaths to military service.³ They have had to be discharged in large numbers after short tenure because of utter unsuitability for navy or army life.

A nice issue emerges relative to the problem of compensation for this type of veteran. It has been argued by some that since psychopathic personality is deeply rooted in the constitution, it is evident that the disorder existed prior to service and should, therefore, not be compensable. From our knowledge of the nature of the condition, however, it is apparent that military service, like any other stressful situation, may produce extreme aggravation of the disturbance. Psychopathic personality is but one of many mental disorders conceded to have strong constitutional determinants. Constitutional factors are commonly believed to loom large in most so-called functional mental disorders including the psychoneuroses which, like psychopathic personality, are aggravated by army life or other environmental strain. Psychoneurotic breakdowns sustained in military service are customarily regarded, however, as being compensable. The following quotation from Freud, perhaps the most eminent authority on neuroses, states clearly the great importance placed upon constitutional factors as etiologic agents:

³Stearns and Schwab, *Five-hundred Neuro-psychiatric Casualties at a Naval Hospital* (1943) 34 J. MAINE MED. ASS'N 81-89.

"The expectation that we shall be able to cure all neurotic symptoms is, I suspect, derived from the lay belief that neuroses are entirely superfluous things which have no right whatever, to exist. As a matter of fact they are serious, constitutionally determined affections, which are seldom restricted to a few outbreaks, but make themselves felt as a rule over long periods of life, or even throughout its entire extent."⁴

Some Legal Problems Presented by the Psychopathic Personality

The refractory psychopath, whose unbridled, asocial, and amoral conduct leads him to the court room, constitutes an interesting legal challenge. Under the law it is customary to make no allowance for his special mental state. Although he is recognized by psychiatrists as powerless to exert self-control and incapable of profiting by experience, he is regarded from a legal standpoint as being fully responsible for his actions and worthy of punishment for crimes which he has committed.⁵

Should Punishment Fit the Crime or the Person? The issue as to whether punishment should fit the crime or whether it should fit the person becomes acute in the case of the psychopathic criminal. To have the punishment fit the person would not necessarily imply an ill-advised leniency where criminals with psychopathic personality are involved. If the public weal is to be served, many of them should be segregated for protracted periods far in excess of any customary length of sentence for the given crime. Their incarceration should not take place in the ordinary house of correction or prison, for society has little to gain by such management. Ideally, they should be committed to a special research institution where their mental disturbance and maladaptation could be scrutinized scientifically and their ultimate discharge to the community could be determined not by the limitations of a specific length of sentence but by the conservative judgment of specialists such as obtains in the management of the insane. Discharge under such auspices might be quite provisional, and dependent upon such factors as evidence of increased stability, significant changes in the psychopath's former milieu, gratifying adjustment during short trial visits, and his willingness to accept a carefully supervised plan for continuing rehabilitation for some months after dismissal from the institute. The dawning of this

⁴FREUD, NEW INTRODUCTORY LECTURES ON PSYCHO-ANALYSIS (1933) 210.

⁵In determining criminal responsibility courts have been guided largely by the findings in the famed M'Naghten's Case, 10 Clark & Fin. 200 (H. L. 1843), in which the judges contended that in order to acquit an individual of criminal responsibility on grounds of insanity it must be established that through defect of reason from disease of mind he did not know the nature and quality of the act he was doing, or if he did know it, that he did not know he was doing what was wrong. In the case of most psychopaths such defect of reason clearly does not exist.

idea in legal minds is reflected by the ruling of Lord Alness in the case of *Rex v. Savage*:

"... Formerly there were only two classes of prisoner, those who were completely responsible, and those who were completely irresponsible. Our law has now come to recognize in murder cases a third class, those who, while they do not merit the description of being insane, are nevertheless in such a condition as to reduce their act from murder to culpable homicide . . . there must be aberration or weakness of mind; there must be some form of mental unsoundness; there must be a state of mind bordering on, though not amounting to, insanity; there must be a mind so affected that responsibility is diminished from full responsibility to partial responsibility . . . the prisoner in question must only be partially accountable for his actions."⁶

FEEBLEMINDEDNESS

Definition of Feeble-mindedness. Feeble-mindedness is a result of a fundamental defect of the germ plasm or of some acquired destructive factor introduced very early in life such as encephalitis,⁷ syphilis, head-injury, intracranial hemorrhage,⁸ metabolic derangements, malformations, etc. The primary mental disturbance consists of a gross defect in the ability to learn. Mentally defective persons have the utmost difficulty or lack altogether the power to grasp new situations and deal with them effectively. Their faculty of apperception is deficient, they comprehend nothing save the simplest aspects of their experiences and are unable to weave together the material of former experiences into a cohesive fabric and pattern which will aid them in predicting, understanding, or managing new situations. They are limited to very concrete attitudes. Their mental field of vision is so seriously constricted, their powers of abstraction are so feeble, and their emotional life is so primitive that they are quite unable to organize their lives and to bring the ordinary complexities of everyday existence within manageable compass without definite outside help and supervision. In adulthood their emotional responses, general behavior, and intellectual faculties are those of a child because of lack of mental development.

A definition of feeble-mindedness which has had common usage is that which was framed by the Royal College of Physicians and Surgeons of London and adopted by the English Royal Commission on Mental Deficiency, which is as follows:

⁶H. M. Advocate v. Savage, [1923] Sess. Cas. 49, 50 (Scot. Ct. of Jus. 1923); HENDERSON, *PSYCHOPATHIC STATES* (1939) 58.

⁷Encephalitis constitutes an extensive infection of the brain. Many different invading organisms may produce encephalitis.

⁸Bleeding within the cranial cavity.

"A feeble-minded person is one who is incapable, because of mental defect existing from birth or from an early age, (a) of competing on equal terms with his normal fellows; or (b) of managing himself or his affairs with ordinary prudence."

Grades of Feeble-mindedness. There are various grades of feeble-mindedness, roughly classified as (1) the state of utter helplessness of the "idiot" whose mental functioning is comparable to that of an infant or child less than three years of age; (2) the "imbecile" whose mental capacity is like that of a normal child between three and seven years of age; (3) the "moron" whose intellectual capacity corresponds to that of a child between seven and eleven years.

Tests for Determining Feeble-mindedness. Various standard tests are used to measure intelligence. The results of psychometric examinations⁹ are measured in terms of mental age and customarily expressed as a percentage figure (intelligence quotient) derived by dividing the mental age by the chronological age. For the chronological age for adults a somewhat arbitrary figure is used, derived from their assumed average mental age. Various tests and examiners use 14, 15 or 16 as the estimated chronological age for all adults. With 14 considered the average mental age, an intelligence quotient below 75 is indicative of feeble-mindedness, but is by no means the only criterion necessary to make the diagnosis. Psychometric values constitute suggestive data or straws in the wind, so to speak. The maturity of attitudes, the nature of the emotional responses and behavior, and the quality of adjustment in the actual business of living form essential criteria for mental deficiency. Walter E. Fernald spoke of ten points to be considered in the diagnosis of mental deficiency:

- (1) Physical examination;
- (2) family history;
- (3) developmental history;
- (4) school progress;
- (5) examination in school work;
- (6) practical knowledge;
- (7) social history;
- (8) economic efficiency;
- (9) moral reactions;
- (10) psychometric tests.

Characteristics of Mentally Defective Adults. Mentally defective adults tend usually to be cheerful, guileless, friendly people if they are not taxed beyond their capacities. They are impulsive and display the emotional responsiveness of a child. They are easy-going and lack initiative. Their short span of attention, tendency to distractibility, lack of foresight, imagination, and resourcefulness, and their almost total incapacity to handle novel situations, make it necessary for them to have constant, patient supervision if

⁹Tests for measurement of intelligence.

they are to carry out even simple tasks of a first assignment. It is, however, possible to so routinize their activities that they may become quite useful in a modest way without continuous direction. Thus specialized training in good habits and in the performance of simple concrete tasks such as may be ingrained during a period of commitment in a school for mental defectives, is very valuable.

Feebleminded individuals are usually highly credulous and suggestible. They are easily influenced and yield readily to temptation. Because of these weaknesses, as well as poor foresight and judgment, they sometimes become the dupes of more clever, unscrupulous people who use them as tools in the furtherance of criminal undertakings. Larceny is a crime frequently committed by mentally defective individuals. Sex crimes, some associated with violent assault, are outstanding causes for the arrest of feebleminded persons. Other common reasons for their apprehension are impulsive, assaultive behavior, arson, vagrancy, trespassing, begging, and idle and disorderly conduct.

Special Legal Problems in Respect to Mentally Defective Delinquents. Mentally defective delinquents raise special legal problems with respect to their responsibility and to the most suitable disposition of their cases. In Massachusetts, there are definite statutory provisions dealing with this type of criminal.¹⁰ In substance the legal provisions are as follows:

“At any time prior to the final disposition of a case in which the court might commit an offender to the state prison, the reformatory for women, any jail or house of correction, the Massachusetts reformatory, the state farm, the industrial school for boys . . . for any offence not punishable by death or imprisonment for life, a district attorney, probation officer or officer of the department of correction, public welfare or mental diseases may file in court an application for the commitment of the defendant in such a case to a department for defective delinquents established under sections one hundred and seventeen and one hundred and twenty-four . . . established by the governor and council under authority of said sections. On the filing of such an application the court may continue the original case from time to time to await disposition thereof. If, on a hearing on an application for commitment as a defective delinquent, the court finds the defendant to be mentally defective and, after examination into his record, character and personality, that he has shown himself to be an habitual delinquent or shows tendencies towards becoming such and that such delinquency is or may become a menace to the public, and that he is not a proper subject for the schools for the feebleminded or for commitment as an insane person, the court shall make and record a finding to the effect that the defendant is a

¹⁰MASS. GEN. LAWS (1932) c. 123, § 117.

defective delinquent and may commit him to such a department for defective delinquents according to his age and sex, as hereinafter provided. . . .”

A separate Massachusetts statute,¹¹ dealing with the parole and discharge of mentally defective delinquents by the court, provides as follows:

“Any person may apply at any time to the justice of the district court in whose jurisdiction a department for defective delinquents . . . is located, for the discharge of any inmate of said department. A hearing shall thereupon be held, of which notice shall be given to the applicant and to the person in charge of the institution where the inmate is confined. If after the hearing the justice shall find that it is probable that the inmate can be allowed to be at large without serious injury to himself, or damage or injury or annoyance to others, he may order the person having custody of said inmate to parole him. Further action on the application for the inmate’s discharge shall be suspended for one year from the date of his parole. If, at any time, prior to the expiration of said year, the justice of the court where the application was filed shall be satisfied that the best interests of said inmate, or the public, require the recall of the inmate from parole, he may authorize the person having custody of the inmate to so recall him. If any application is denied, a new application shall not be made within one year after the date of the order denying the previous application. If at the end of said year the justice shall find that said inmate can be allowed to be permanently at large without serious injury to himself, or damage or injury or annoyance to others, he may order the person having custody of said inmate to discharge him. . . .”

Possibility of Rehabilitating Mentally Defective Delinquents. It should be borne in mind that certain behavior disorders or delinquencies in mentally defective individuals are not necessarily as deeply ingrained or habitual and unalterable as they would seem, but are more or less an immediate result of unwholesome environmental influences. Such amoral and asocial patterns of conduct may at times be favorably modified and the individual salvaged by his removal to a more suitable milieu such as an adequate foster home or special training school for the feeble-minded. Ideally, those mental defectives, whose refractory or delinquent conduct seems motivated by strong situational elements, and who appear to present a reasonable chance of improvement under a systematic program of guidance and rehabilitation, should first be given a trial period in a special training school before a decision is reached to consign them permanently to a colony organized mainly for their segregation as hopeless, useless, dangerous persons.

¹¹MASS. GEN. LAWS (1932) c. 123, § 119.

Importance of Favorable Environment to Mentally Defective Individuals. Mentally defective individuals, like psychopaths, are fair-weather sailors. They do not do badly if their environment is kindly, understanding, and protective and not fraught with undue temptation or other pitfalls. The imposition of relatively minor stress may be extremely upsetting to imbeciles or morons. They are always in need of much guidance, sympathetic attention, and affection. They must have a firm foundation on which to stand. Should the family reject them, or become cruel or indifferent, delinquency or profound anxiety are almost sure to take possession of them. Acute panics or episodes of frightening hallucinations may grip frustrated or insecure mental defectives. Some feeble-minded persons develop acute schizophrenic-like turmoil states; others develop manic reactions or a serious deep-seated disorganization of thinking, emotions, and behavior which takes on the character of *hebephrenic dementia praecox* with progressive deterioration (Prop-Hebephrenie).

Some, sheltered by watchful, devoted parents may adjust well to life in the community until they reach middle life, and show the first signs of psychosis only after the death or illness of the parents has necessitated the breaking up of the home and their removal to the custody of less sympathetic relatives.

Conflicts of Mental Defectives with the Law: Case Histories. The following cases, picked at random from the files of patients recently sent by criminal courts to a mental hospital for periods of observation are illustrations of mentally defective delinquents:

Case 1. A nineteen year old Portugese woman who had been twice arrested for larceny within the past year was again apprehended on a similar charge. She was married to an unsavory moron who had also had serious conflicts with the law. Her husband had forced her to beg on the street every day. Her recent arrest occurred after she had obtained money from priests under false pretenses. Earlier she had stolen groceries and a watch. She had been sexually promiscuous.

Her early home life had been quite unwholesome. Her parents returned to Portugal when she was small and left her in the care of a disinterested aunt. She only reached the sixth grade in school and then quit at the age of sixteen years. She displayed no psychotic symptoms but psychometric tests disclosed that she was mentally defective—a moron with an intelligence quotient of 63 using 14 as the divisor in its computation.

Case 2. A woman of thirty, who had been mentally retarded since an attack of pneumonia in infancy, was arrested for the neglect of her minor

children. Her early home situation was bad. Her mother was highly neurotic and her father separated from her mother when the subject was a child eight years of age. She managed to finish grammar school, but was a poor scholar. She was married at twenty-three, against her mother's will to a crook. Her husband had spent most of their married life behind bars and she was forced to live with her nagging mother who kept saying, "I told you so." More recently the mother was taken away to a hospital because of an incurable illness, and the patient was left to fend for herself. She became increasingly discouraged and depressed, and went out often to carouse with dubious friends, leaving her small children alone in the house. Her extreme moodiness and general inadequacy prevented her from caring for the children properly when she was at home. Twice before she had been arrested. On the occasion of her earlier arrests she had been mixed up with her husband's evil doing. He was a professional burglar and influenced her to help him in his nefarious business. Her intelligence quotient was found to be 66.

Case 3. A negro lad of seventeen was arrested for setting a fire in a church. He had been before the court earlier for breaking glass. His family, realizing his dangerous propensities, had tried for many months to keep him locked in the kitchen but occasionally he would escape.

Psychometric tests disclosed that he was an imbecile with an I.Q. of 33. He had a paralysis of his left arm and leg which evidently resulted from a birth injury. The latter no doubt was the cause of his mental deficiency.

Case 4. A boy of fifteen handled the genitals of a five year old girl on several occasions in the basement of his home. He was an illegitimate child brought up by fairly kindly disposed foster parents. He had been attending special class at school. Because of marked temper tantrums he was examined in an out-patient psychiatric clinic a year before. At that time he told of having dizzy spells which were suggestive of epilepsy. Electroencephalographic findings tended to substantiate this and regular doses of luminal were prescribed for his epileptic disturbance with little real effect upon his behavior. His intelligence quotient was 66.

ALCOHOLISM

Etiology of Chronic Alcoholism. It is still obscure why an individual becomes addicted to alcohol. Why some people are able to exercise moderation and others are powerless to remain temperate is a problem requiring much more elucidation. Continued intemperance would appear in some to stem from constitutional factors—a concept which has led to the statement

that some people may be said to be alcoholic before they have ever touched a drop of liquor. That is, they possess a specific innate vulnerability or susceptibility of such magnitude and impelling nature that they are sure to take inexorably to drink if the stresses and exigencies of life become too great. Some of these vulnerable people are fortunate enough to go through life without encountering sufficient obstacles or difficulties to precipitate inebriety. Many others of this susceptible group, because of some stress will be swirled down into a maelstrom of predestined alcoholism.

The stresses which precipitate the pattern of intemperance may be many and varied. At times the stresses are mainly environmental or situational, perhaps of an entirely fortuitous nature, but the fact that man does much to engender or shape the seemingly accidental misfortunes and outer stresses which he experiences should not be overlooked. A child, for example, may be pampered by very solicitous over-protective parents, but there is usually something quite definite within the child that responds to such inordinate solicitude, something about him that strongly fosters the over-protective attitude that the parents display.

The majority of obstacles which people encounter in life do not arise from outside, but spring from within themselves. Our greatest stresses and difficulties accrue from conflict between discordant forces in our own natures. Inner struggles occur on the one hand between repressed, crude, unacceptable, instinctive drives, often of sexual or aggressive character, and those forces of the personality on the other hand which are in accord with social demands. The individual is more or less unaware of the conflict between these contrasting inner forces, but with intensification of the struggle he may experience inner distress-marked feelings of anxiety, guilt, inferiority, or depression, and his adjustment to the outer world becomes seriously restricted and crippled. In the maladjustments of alcoholics, psychopaths, and psychoneurotics the factor of immaturity or the retardation of progressive development and maturation of their attitudes and emotional reactions may especially hamper adjustment and foster increased intensity of conflict.

In response, then, to environmental difficulties or inner tensions, or both, the vulnerable individual may turn to liquor for salvation. Anxiety, feelings of inferiority, guilt, depression, etc. are, to be sure, often narcotized by alcoholic indulgence, but the helpfulness of the alcohol is short-lived and gained at the price of far greater distress in the end. Alcoholic intemperance is usually followed by a period of profound remorse, an augmentation of former distress, and additional complexities and difficulties in adjustment to the

environment. Drunkenness in causing loss of job, dignity, and usefulness as well as alienation of friends and family brings about an ever-increasing adaptive failure and a growing craving for further dissipation. The individual's satisfactions in life, his relationships with his fellows, and his productive capacities deteriorate with the speed and scope of geometric progression. He is powerless to break the vicious downward spiral which often ends in dereliction and insanity.

Rehabilitation of the Chronic Alcoholic

Futility of Imprisonment. As in the case of the psychopath, imprisonment does not provide a suitable solution to the alcoholic's problem, nor has psychiatry devised a brilliantly effective system of management of the disorder. Perhaps psychiatrists succeed in helping about twenty-five per cent of their alcoholic patients to a somewhat better adaptation.

Requisites of a Sound Rehabilitation Program. The chronic inebriate who comes for help or treatment often has reached a point at which he has ruined his reputation, estranged his fellows, lost his self respect and confidence. Failure has bred failure, and his discouragement has become acute. His rehabilitation requires patient, painstaking labor. The available resources in the patient's community must be discovered and mobilized for his aid. His family's tolerance, sympathy, and cooperation must be enlisted. The patient must be reestablished in some useful work under tolerant, understanding auspices which will give him a new feeling of independence and a sense of accomplishment. His responsibilities must not be greater than he can bear, for new failures should be assiduously avoided. He must once more have a chance to experience progress and success, even though his first successes are necessarily small, for just as failure breeds failure, there is much truth in the companion maxim that "nothing succeeds like success."

Influence of the Physician. The physician with his special interest and understanding provides a firmer foundation upon which the patient may stand. The patient is given an opportunity to ventilate his problems and to make a systematic review of his personality. He may conceivably be re-oriented, bring his problems into clear focus, gain confidence, and draw inspiration. He may be influenced by a certain loyalty to his physician. The inspiration which he draws from the physician is perhaps the greatest single factor conducive to the success of his treatment. There is no indication that alcoholic patients are better managed by a rigid psycho-analytical technique. An essential combination for gratifying therapeutic results in the case of the chronic alcoholic would appear to be a sincere desire on the

patient's part for help, and an especially zealous physician with a talent to inspire.

Not infrequently one finds lay individuals whose zeal and gifts of personal appeal and influence have greater effect upon the alcoholic than the techniques of the scientifically trained physician. The psychiatrist, Forel, was fascinated by the observation that a certain rather simple cobbler had much greater success in salvaging alcoholics than he and his professional colleagues at Burghölzli. What stood out was that the cobbler was a very earnest, sincere, man who had successfully cured himself. Forel decided that he and his staff would have to practice what they preached by becoming abstinent if they were to have any rapport and influence with the inebriates whom they tried to help.

Religious Influences and Mutual Aid. The inspiration furnished by religion is sometimes quite helpful to certain alcoholics who have something in them which responds to the spiritual aid which the church provides. "Alcoholics Anonymous" offer special advantage to the inebriate who seek their help in that it is an organization in which there is a brotherhood of struggling individuals with common frailty, pledged to mutual efforts.

Special Treatment Techniques. Certain special treatment techniques depend upon the operation of conditioned reflexes. Alcoholics are given nauseating drugs which produce vomiting immediately after ingesting liquor, thus establishing a definite association between liquor and painful nausea in the patient's mind. The principle of the conditioned reflex has been exploited in varying forms in the treatment of alcoholics. In Russia attempts were made to condition the alcoholic against liquor by seating him in a specially constructed electric chair and giving him a painful faradic jolt with each attempt to imbibe. It is reported as a result of this treatment that many a dreary Cossack clutches the seat of his trousers and leaps high in the air at the mere sight of a vodka advertisement. The enthusiasm of physicians, however, who are exponents of the conditioned reflex type of treatment for alcoholics is probably not wholly justified. In fact all of the various treatments have about the same minimal success in establishing cures.

Delirium Tremens

Clinical Description. Delirium tremens, as the name implies, is a delirious state associated with tremor. It occurs only in persons who have used alcohol to excess for long periods of time. The condition may develop quite suddenly or may be ushered in after a period of a few days during which certain prodromal (premonitory) symptoms give warning of its approach. Increasing

tremulousness, jumpiness, apprehension, excessive sweating, frightening dreams, insomnia, loss of appetite, constipation, and weakness are signs which herald its approach. If in this prodromal stage sleep is somehow procured, actual delirium may be prevented. If sleep is not obtained, and if bodily nutrition continues to be quite inadequate, full fledged delirium overtakes the individual.

Whereas delirium tremens is a direct outgrowth of chronic over-indulgence in alcohol, it is sometimes precipitated in chronic alcoholics by severe accidents, surgical operations, infections, or possibly by abrupt abstinence.

Delirium tremens, like other delirious conditions, is characterized by a clouded, confused mental state with impaired apperception, disorientation, fleeting attention, hallucinations, restlessness, weakness, and fear. Fear is often extremely intense and is accompanied by very marked tremulousness and sweating. The hallucinations are almost entirely visual and consist characteristically of visions of animals such as rats, snakes, dogs, monkeys, etc. Sometimes the animals are less prosaic, being strange, threatening creatures difficult to describe. Little men three or four inches high (Lilliputian hallucinations) are sometimes visualized. Such little fellows often appear to make faces, mock, jeer, and spit at the patient. They are disposed to be very unpleasant little creatures, scampering over the bed-sheets to perpetrate all sorts of trickery and annoyance. Some patients imagine they see smoke or fire, or evil men lurking or darting in the shadows. The effect of these visions upon the patient is usually one of producing utter terror. He may be over-active to the point of exhausting himself in efforts to dodge or flee from the many seeming dangers that surround him.

Many of the morbid experiences of these patients are more properly classified as illusions rather than hallucinations although the latter are undoubtedly numerous.

At times the delirium tremens patient in response to hallucinations carries out activities which relate to his accustomed job (occupational delirium). A lobster fisherman on the ward may row his dory; a cabman may sit in bed and go through the pantomime of driving his car, etc.

Duration of an Episode of Delirium Tremens. Delirium tremens, happily, is usually a short-lived illness. It generally abates in two or three days, and very seldom persists for more than a week. Usually the patient's mind clears rapidly after a good night's sleep.

Treatment and Mortality. It must be borne in mind that delirium tremens patients are extremely sick, vulnerable people. The mortality of the illness was as high as twenty or thirty per cent in earlier times. Modern treatment,

however, has reduced the mortality rate to one or two per cent. Excellent nursing care is life-saving. The management of the disorder consists of supportive treatment. Promotion of adequate sleep is the first essential. Care should be exercised to see that the patient is not unduly exposed to cold. He must not be permitted to exhaust himself; he must be kept well hydrated and his nutritional and eliminatory needs must be given prompt consideration.

In virtue of their frightened, muddled state, delirious patients are prone to misinterpret the actions of those who try to help them, placing sinister significance upon their well-intended efforts. To avoid producing unnecessary panic in the patient and to gain his cooperation, it is well to explain to him in painstaking, repetitious detail each new step in his nursing care. Patients with delirium are very suggestible. It is possible to get them to see things which do not exist just through simple suggestion. It is likewise possible to exert considerable favorable influence upon them by suggestive means. Thus a delirium tremens patient, unable to sleep because he suffered the hallucination that rain was falling on him, was lulled quickly to slumber by a resourceful nurse who raised an umbrella over him. Repeated comforting and reassurance have an important place in the management of any delirious individual.

Complications of Delirium Tremens. There are a number of serious complications prone to occur in the course of delirium tremens which are largely responsible for the high mortality of the disorder. Severe infections such as pneumonia, erysipelas,¹² cellulitis,¹³ septicaemia,¹⁴ etc. develop readily in the weak, highly susceptible patient with delirium tremens. Sudden appearance of fever has always been regarded with profound alarm in these cases because of the grave significance of any infectious complication. The recent introduction of the sulfa-drugs and penicillin has effectively lowered the mortality which formerly resulted from this complication.

Intracranial hemorrhage, especially subdural hematoma,¹⁵ constitutes a relatively frequent complication in delirium tremens patients because of a marked tendency for such individuals to sustain head injuries and a special propensity for them to bleed more readily than normal people. Signs of inordinate drowsiness in the setting of delirium tremens progressing to somnolence and coma are indicative of subdural hematoma.¹⁶ Prompt surgi-

¹²Erysipelas is, an acute inflammatory condition of the skin and subcutaneous tissues due to a haemolytic streptococcus.

¹³Cellulitis is a diffuse inflammatory condition of cellular tissue which is disposed below the skin and between muscle layers.

¹⁴Septicaemia is a blood stream infection.

¹⁵A hemorrhagic collection of blood underneath the dura mater or outer brain covering.

cal intervention is an absolute necessity in the management of such a complication.

Some degree of vitamin deficiency is practically always present in chronic alcoholism and is likely to be especially evident in delirium tremens patients. Some alcoholic individuals recover from an acute delirium only to remain for months in a pitiful state of confusion, disorientation, and extreme defect of retentive memory as a consequence of widespread brain damage resulting from avitaminosis (*Korsakow's psychosis*).

Alcoholic Hallucinosiis

Clinical Description. Alcoholic hallucinosis, which develops in the wake of chronic inebriety, is characterized by vivid auditory hallucinations occurring in the setting of an otherwise clear mind. Patients with this disorder are well oriented and alert, but they are plagued by imaginary voices which often seem so realistic to them that they may make extensive effort to discover the source of these distressing auditory phenomena. As a rule the voices are exceedingly unpleasant and frightening. They usually possess a decided threatening and accusatory quality. They charge the patient with outrageous immoral behavior, call him vile names (especially abusive homosexual terms), and threaten to perpetrate horrible assaults upon him. As a consequence of such hallucinatory experiences, the patient may be seized with panic and cower in his house or flee to the nearest police station for protection. Such patients may procure weapons or barricade themselves. Under such circumstances their behaviour is highly unpredictable and may prove very dangerous to any unwitting person who should chance to be in the vicinity. Patients in the throes of auditory hallucinosis at times develop such a frenzy of fear, and such utter desperation, that they find suicide preferable to the constant bombardment of vilification and threats inherent in the disorder. They may feel a sense of no small comfort in contemplation of the idea that they can foil their persecutors by self destruction.

Illustrative Case of Alcoholic Hallucinosiis. An actual incident at sea will afford some idea of the attitude of many who suffer from alcoholic hallucinosis. The captain of a Boston-bound transatlantic liner was attracted by a far speck in the ocean off the starboard bow. From a distance the object seemed most likely to be a playful porpoise. The vessel was about three-hundred miles from port. As the liner drew nearer to the object, the captain was astounded to see that it was a man splashing about in the white-caps, evidently in great delight. Rescue efforts were immediately instituted, but the lone swimmer violently resisted all attempts to haul him aboard. He

protested indignantly against being molested, and insisted upon being left in peace to pursue his nautatorial activities. He had to be removed from the ocean forcibly. The explanation of his exceptional behavior became more clear when he related his previous difficulties.

Some time before, he had entered upon a season of dissipation in which he had consumed a large amount of liquor. He had boarded an outward bound vessel, and, shortly thereafter, commenced to suffer an acute auditory hallucinosis. The content of the hallucinations was of such threatening and terrifying nature that he felt no choice remained save to jump overboard. He dropped into the sea surreptitiously. The boat steamed on with no one aware of what he had done. The voices faded as the boat disappeared from his view and his mental relief was tremendous. He was an excellent swimmer, the water was warm, the weather propitious. He had enjoyed a blessed respite of some three or more hours before being discovered.

Clinical Course of Alcoholic Hallucinosis. The course of the disorder is quite variable and difficult to predict. Most patients lose their frightening hallucinations within a week or two after they stop their alcoholic indulgence, especially if they are given the advantage of hospital care where effective supportive measures may be facilitated such as the administration of proper sedatives, the promotion of elimination, the establishment of adequate diet with the introduction of copious supplies of vitamins, etc.

In some patients disturbing auditory hallucinations may persist for months; a few remain victims of the disorder for the rest of their lives.

It is a curious fact that at times patients with hallucinosis lose their symptoms the instant they enter the hospital or some similar protective environment. In the hospital they may remain free from all mental disturbance for many days and appear to be completely recovered only to resume their morbid auditory experiences as soon as they return to the community. The utmost caution must, therefore, be exercised in relation to discharging such symptom-free individuals from the hospital.

Role of Alcohol in Etiology of Auditory Hallucinosis. The importance of the role in alcohol in producing auditory hallucinosis is not altogether established. Whereas the illness customarily develops in an alcoholic setting, certain patients may develop a typical hallucinosis without ever indulging in liquor. The fact that the content of the imaginary voices almost invariably deals with accusations and threats with perverted sexual content suggests that patients with this disorder possess atypical ill-balanced personalities with repressed, intense homosexual conflict. The homosexual components and other perverted drives, which constitute troubling unconscious forces in

their nature, manifest themselves in dissociated disguised form as alien threatening voices. It may be that the chronic inebriety in most of these patients is not so much a primary etiological agent, but is rather a concomitant symptom expressive of profound underlying tension engendered by fundamental psychological conflict.

Korsakow's Psychosis

Etiology. Korsakow's psychosis is a manifestation of marked avitaminosis. It develops as a result of extensive nerve cell damage from faulty nutrition presumably due to a deficiency in the body, especially of the B₁ or thiamine element of the vitamin group. Those who take alcohol to excess require a greater amount of thiamine in order to take care of their metabolic needs. There is some reason to believe that alcohol reduces the body's ability to utilize vitamins. It may be that the effectiveness of the vitamin is directly hampered or destroyed by the alcohol. In addition, chronic alcoholics usually have poor appetites as a result of chronic gastritis and hence eat and assimilate less food, the natural source of vitamin. For these reasons avitaminosis always looms as an important complication in alcoholism, and Korsakow's psychosis so frequently occurs in an alcoholic setting that it commonly has been considered under the heading of alcoholic psychoses. It must be borne in mind, however, that Korsakow's psychosis may develop in many other settings where gross nutritional disturbances are present such as obtains, for example, in typhoid fever, disorders associated with pregnancy, etc.

Clinical Description. The Korsakow syndrome consists primarily of disorientation, defect in retentive memory and compensatory confabulation.¹⁶ There may be mild euphoria,¹⁷ inappropriate jocularity, emotional lability, decreased attention span, lack of initiative, defective insight, and deterioration of social habits. Although such patients are confused, they seldom experience hallucinations. There is usually some involvement of the peripheral nerves giving rise to motor weakness, muscle atrophy, especially of the lower extremities, and various losses of sensation as well as paresthesias.¹⁸ Some may suffer great pain or other discomfort in the extremities or may

¹⁶Compensatory confabulation is a phenomenon observed in patients with marked memory defect. It consists of attempts on their part to fill in the gaps in their memory by the invention of fanciful tales.

¹⁷Euphoria is a feeling of marked well-being.

¹⁸Morbid or perverted sensations such as feelings of numbness, tingling, crawling, etc.

be markedly crippled or bed-ridden as the result of neuritis¹⁹ of the motor and sensory peripheral nerves.

Treatment and Prognosis. Intensive vitamin therapy may be helpful but usually so much permanent damage has occurred prior to treatment that only a fraction of the nerve and brain function may be restored even under the most favorable circumstances.

¹⁹A toxic or infectious condition of the peripheral nerves.