RECOVERY IN DEMENTIA PRAECOX* 

A Report of 35 Cases

BY H. L. LEVIN, M. D.,
CLINICAL DIRECTOR, BUFFALO STATE HOSPITAL

To quote from Henderson and Gillespie (Second Edition, 1930, p. 220), "...there has been a reversal of opinion in regard to prognosis (in dementia praecox). It is now generally recognized that although a schizophrenic type of disturbance is always most serious, there are certain cases which can, and do, readjust themselves." White (Tenth Edition, 1924, p. 204) gives Krapelin's figures of a recovery rate of 13 per cent in the catatonic type and 8 per cent in the hebephrenic. Rosanoff (Sixth Edition, 1927, p. 117) also quotes Krapelin's experience and we find that his recovery rate in the catatonics has gone up from 13 per cent to 20 per cent. Although the several authors consulted all agree that the catatonic type offers the greatest probability for recovery, their opinions vary considerably with regard to the prognosis in the simple, hebephrenic, and paranoid types. One authority flatly states that the paranoid never recovers, while another tells us that symptomatic guides are of very little help in estimating whether a case is favorable or unfavorable. One gives a long list of omens of bad prognosis, i. e., indifference, systematized delusions, multiplicity of hallucinations, shut in personality, insidious onset, lack of external cause and inadequate emotional reaction. Another authority seems to pin his prognostic faith on the efficiency with which the patient met his difficulties in his pre-psychotic period and on the presence or absence of adequate precipitating factors. It is quite apparent that when one questions the present psychiatric literature for a prognostic sheet anchor he does not receive a clear cut answer.

In this hospital it has been the custom to discharge dementia praecox cases as "recovered" if they met the definition given for "recovery" in the Statistical Guide of the New York State Department of Mental Hygiene and adopted by the U. S. Census Bureau, i. e.—"Recovery indicates the condition of a patient who has

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regained his normal mental health, so that he may be considered as having practically the same mental status as he had previous to the onset of the psychosis." In the recoveries listed below the mental status was evaluated in each case after one year's parole and was based on the reports of the social worker and the findings of the physician to whom the patient reported while on parole. Where there was any doubt as to the patient having regained his prepsychotic mental status, he was discharged as much improved rather than recovered.

Of course the question immediately arises as to the accuracy of diagnosis, and I am entirely willing to concede that right here there is plenty of room for honest differences of opinion. I fully realize that the schizophrenic group cannot as yet be satisfactorily defined and that the essential clinical features of dementia praecox have not as yet been crystalized. I wish to explain however that in arriving at the original diagnosis we made every attempt to comply with the definitions of the various types of dementia praecox as given by Kirby in the Statistical Guide of the Department. Also, at the end of the year's parole, each record was reviewed in the light of the subsequent developments. Some cases originally diagnosed dementia praecox were thus rediagnosed. We found occasionally that what originally impressed us as a schizophrenic psychosis, later proved to be an episode in an alcoholic, or psychopathic personality, or in a mental defective, and the diagnosis was changed accordingly. However, if the case showed a consistent grouping of the usual major symptoms of dementia praecox and there were no serious admixtures to justify changing the diagnosis, or placing the case in the "Undiagnosed" column, the original diagnosis of dementia praecox was allowed to stand.

For the four-year period ending with June 30, 1930, 35 such recovered dementia praecox cases were found. The total of admissions and readmissions of dementia praecox was 592. This gives a recovery rate of 5.9 per cent. Below are given brief reviews of the positive findings in each case.

**Case 1**