

**Atypical children : the etiological factors in their production / by S.P. Goodhart.**

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**Publication/Creation**

[New York] : A.R. Elliott, 1913.

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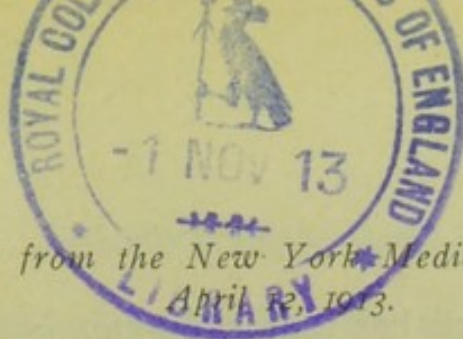
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Reprinted from the *New York Medical Journal* for  
April 12, 1913.

## ATYPICAL CHILDREN.\*

*The Etiological Factors in Their Production.*

BY S. P. GOODHART, M. D.,  
New York.

Statistical records and histories of the truly defective afford us valuable data as to the etiological factors underlying the direct and indirect causes of this class of unfortunates. Reviewing a large number of histories in private practice and in the course of many years of clinical experience, agreeing with practically all other observers, I find that heredity plays an unquestioned rôle; there is the oft emphasized history, either in the direct, or collateral lines, of syphilis, alcohol, one of the many forms of insanity, epilepsy, consanguineous marriage, etc. Indeed, it can no longer be a question of dispute that in those instances of marked mental deficiencies showing themselves in the very early years of life, or later in the juvenile period, on one or both sides the prenatal influence is the dominating factor. While we all admit the importance of heredity, especially in the organic nervous diseases, yet in some cases the influence of environment and education is far greater in the strengthening of the forces of the child than is the case in those of marked physical defect, in which we may also expect to find organic changes in the ideational centres of activity.

The value of studying the needs of so called atypical children will become evident when we consider that among them are found some of the best minds—those that give to the world intellectual, artistic, and moral qualities. Exalted intellectual

\*Read at New York Academy of Medicine, Section in Pediatrics, January 9, 1913.



power in the arts has time and again been found in those atypical beings who have begun life under the cloud of early instability and deviation. These children comprise the great mass of the "misunderstood," and many a life has been thus begun and, through ignorance of its needs, doomed to pitiless drudgery in an atmosphere dark and distasteful. The child loses much; mankind may lose more. These children are often born of neurotic stock and, although endowed with special qualities, are usually deficient in certain practical—what might be said to be elementary features. There is in some a lack of emotional stability; a want of proper self control; perversities in the exercise of the control of the will. Some are not just ordinary children; often they are extraordinary ones. Rarely are they well poised. Sometimes music, again dramatic power, active imagination—often, however, not of the true constructive type—marked mathematical faculties, or the reverse, stand preeminently forth in a mind lacking in the coordinating elementary mental processes. Allow these children to develop in the forced environment of an uncongenial, unsympathetic atmosphere, and the very sweetness from the flower that may blossom in its maturity will turn to acrid vapor in barren soil. To abandon metaphor, we may say that instead of good, useful members of society, these children, if improperly educated and brought up in unsuitable environment, often bring to development the criminal traits that eventually cost themselves and society the price that ignorance and neglect have so often imposed upon us. In adult life, these children find themselves at variance, out of tune with their surroundings. They lose the incentive of life work; their mental attitude is at war with the conditions of life imposed upon them. Eventually, there is forced out another, an incomplete, a weaker personality; a composite perhaps of elements partly atavistic. That child has been robbed of his best inheritance by injudicious education and environment. In the



soil of just such conditions lies the seed that may lead to that sepulchre of early mental life—*dementia præcox*.

The redemption of these young human beings, born with abnormal potential forces within an unstable brain; housing, as it were, a mind not poised for adaptation to the demands of routine work, is of the highest order of pedagogic interest. It aims at the deliverance of those who in literature and art may finally stand among the foremost. The genius of the world belongs to this unstable type. They need special care and attention during the delicate years of developmental life. There is not so much of interest in that large class of truly defective, the best of whom can only be raised to a mediocre degree of social activity and for whom the State has liberally provided.

The influence of the experiences of the early years of life upon the development of the various forms of neuroses later, although long conceded, has been emphasized within the last decade by the methods of psychoanalysis. This form of investigation and cure was originally introduced by Freud and has in later years been modified by Jung and others. Freud announced that the sudden so called "nervous breakdowns" of neurotic individuals, especially those who showed instability in their early years of life, were due to shocks, or sexual experiences in early child life; and that these experiences, always occurring in the highly organized, neurotic child, were suppressed and forced into the subconscious realm of mental activity and for the time forgotten. Lingering in that undermental life, they were ready, years later, to form the nucleus around which functional neuroses might at any time burst forth under unusual strain in the life of the individual.

Later investigation shows that these experiences of child life need not be of a sexual order; but that any form of mental injury, or suppressed disagreeable experience attended by strong emotional re-



action, may suddenly emerge and be the basis for severe psychic disturbances. In the atypical, or exceptional child, we see a parallel in that borderland of psychic uncertainty wavering between the normal and abnormal and represented by cases in adult life of the various obsessions, *folie de doute*, psychasthenia, etc. We are familiar with that vast multitude hovering between limitation of the normal and the borderland of recognizable mental alienation. In just these neurotic individuals, the mental imagery of juvenile life occurs and is particularly prone to take on a sexual complex, as has been shown in morbidly affectionate and erotic children.

This emotion is likely to associate itself in the case of male children with the mother, and with the father in female. Sublimation, or turning the energy of sexual impulses into channels of productive activity, must be begun early in the child's life. No matter whether or not we consider the process of inversion—that is to say, the sexual desire of one for its own sex—entirely of a congenital nature and hence, in a sense, fatalistic; or whether we assume that it is purely acquired; or whether we accept the possibility of educational influences upon its trend; we must be alive to the necessity of carefully observing evidences of the tendency to inversion in children. I personally believe that there are bisexual elements in all, and that the development of the invert is frequently due to some one, or perhaps repeated sexual experience, such as seduction, early masturbatory indulgences among children of the same sex, etc. Sublimation develops the will of the child, especially in overcoming obstacles. The necessity for this is emphasized by our knowledge of the etiology of what is psychologically known as regression, a term meaning the turning back of the energy of the individual to the primitive, the juvenile habits of thought and action; thus at a critical moment of adult life, the early habits become of immense importance in their bear-



ing upon the form and depth of the neurosis. It occurs in the later life of the neurotic when, confronted by what appears to be an unsurmountable obstacle, there is a renunciation; effort is abandoned, and the psychic energy becomes anchored to its juvenile fantasies.

Imagery, which plays such a rôle among the children of unstable psychic nervous organization, should be discouraged and an effort made to turn their interests into the materially productive. The tendency of imaginative children to become self centered, and thence have their perceptions aroused by autoerogenous stimuli of a sexual nature, should be combated. If allowed automatic repetition, complexes form, the perversities adhere to the subconscious and, in time of regression in later life, become active fantasies around which the neurosis develops. If the energy—that is the ambitions—becomes thus anchored, this anchorage must be lifted, and the energy will develop and ripen with maturing years and properly adapt itself to environment.

The morbid affection for the parent of these children, sometimes with sexual taint, at other times of a more esthetic, higher emotional nature, must be carefully guarded against. The parents must be instructed as to the danger of nurturing it, for frequently it finds a ready response, this manifestation not being understood as the symptom of a morbid fancy. This does not occur among normal children, for, associated with these desires, in the neurotic, as a rule, are other features of affective instability. These children are frequently day dreamers; live a fanciful existence, and their psychology is sometimes identified with later serious psychic aberration. Their energy, often of a very unstable but impulsive character, should be directed toward its discharge in the practical and material things of life, and their daily work carefully supervised so that it may gradually assume the nature of the average individual of corresponding years.



The atypical neurotic type must be distinguished from the more self controlled child, the one who has himself well in hand; has especially vivid imagination, but of a highly constructive type, with a mild—not constant—tendency to day dreaming, a fondness for solitude and reflection; extremely sensitive; apparently timid. This child requires great delicacy in handling. He is liable, under unsuitable environment, and especially under suppression of his innate qualities, to develop into the truly neurotic.

It has always seemed to me that our routine pedagogical schemes were entirely unsuited to the education of the atypical child. In practical school work, he is found to be frequently deficient, but usually shows some special aptitude. I believe that in many instances this aptitude should be further developed, special attention being given to its fostering. It is in some instances absolutely impossible to educate these children according to the curriculum of our regular school system; an effort to do so often places them in the category of the seriously deficient, rapidly depleting their energy in fruitless effort, and bringing about an internal conflict due to their own rebellion against what is to them most difficult and distasteful. The brilliancy, along certain lines, of some of these children warrants devoting more time to their special qualifications.

The suggestibility of these neurotic, high strung children of unstable affective organization invites regression in later life and demands great care in not allowing their emotions to become unduly awakened. Let us not forget that the basic radical of the true juvenile psychosis is an internal strife—an inadequacy in the reasoning faculties and judgment; that of psychasthenia, extreme emotionalism; of the neurasthenic, rapid fatigue. I have found by psychoanalysis that later in life morbid fears not infrequently find their inception in sad experiences associated with a high degree of



emotion. For instance, a horror of death can often be traced to the impressions in childhood of the funeral ceremony, the house of mourning, the memory of all the highly emotional features of that period of stress and suffering. This has frequently helped to aggravate a neurosis in sensitive children. I have been able to bring the emotional complex out of the subconscious by stimulating the olfactory centre; that is, by allowing the patient, while in the hypnoidal state, to smell a tuberose, a flower so common at funerals. The morbid horror of being buried alive; the night terrors frequently associated with this apprehension, can often be traced to the early experiences and the unnatural reality given to the appearance of the dead. The fear of the dark, sometimes hereditary, of some of these children, should not be harshly disregarded. Gentle persuasion and a large measure of intelligence will often prevent a development of a fear neurosis later in life.

It must be remembered that the hypnoidal state is not a state of hypnosis; the patient is entirely conscious, though in a condition of mental passivity.

Adequate psychological pedagogy, adapted to the individual, can be applied as are orthopedics and gymnastics to physical inefficiencies. Psychological clinics are needed, with social workers; their function would be both scientific and practical, devoted to restoring the abnormal to as near the normal as possible for that particular child. The clinic would study and alleviate mental and moral deflections and give pedagogical advice and could be made a great philanthropic institution, as trained medical psychopedagogues would often detect the mind of the predement or of the paranoiac. Psychoanalytical studies of to-day are revealing the intimate relationship between the mental operations in various forms of functional psychoneuroses. We observe that within wide limits there can be grouped together a variety of symptoms revealing close rela-



tionship in juvenile life, eventually developing into serious forms of mental aberration; or, modified by adaptive psychological educational methods, pass over into normal activity.

The years of puberty particularly and, in a lesser degree, of adolescence are fraught with great danger to psychic life. These are the years when medicopedagogic advice can be of most service. Imagination, at the time of puberty, becomes heightened in neurotic children. Those who have ever been introspective become more so, and the mental play becomes more active. Illusion, the result of day dreaming, becomes varied and unrestrained. This habit of imagery becomes more insistent and, as in the psychology of dementia præcox, the horizon of productive mental activity more circumscribed. The child may delight in the illusory life, made up of complexes that by repetition take form and root; later, perhaps, to become the nucleus of true paranoid entities.

The later psychology of Bleuler, Jung, and others has brought the morbid psychological features of the true juvenile psychoses into close relationship etiologically with the atypical features of early child life. The exaggerations of the normal psychological perceptive and apperceptive processes, or the persistence of those that should be modified or assimilated by experience and development of the intellect, bring us close to the question of how far psychological pedagogy can save the child. A careful examination along scientific lines is necessary to differentiate the needs of a particular case. I emphasize psychological—I should rather say medicopedagogical—psychoanalytical would be even more accurate. It is not sufficient to examine these cases of atypical children from the neurological and physical standpoint alone; we may find practically nothing that indicates deviation from the normal. I do not by any means concede that in all cases of atypical children, careful examination—either of neurological or physical character—re-



veals some evidence of the mental astigmatism. Of course I believe that mannerisms, certain slight but suggestive peculiarities of gait or posture, the manner of response, a slight so called habit spasm, perhaps a tic, if present, at once arouse our suspicion and direct attention to the neurotic element. To the trained observer, there is an indefinable something that gives him the impression that a neurotic soil lies within the psychic region of certain children. However, where there is nothing to be determined by the most careful physical and neurological examination, psychological methods of examination often reveal a deep seated defect in the psychic makeup of the child. There seems to be, in a figurative sense, a mental "color blindness" limited to some special feature of psychic activity. In some children, for example, there appears a striking disparity between judgment and memory; or again there is manifest a lack of proper emotional response; there may be a want of imaginative power; or, as is more often the case, an over-imaginative tendency as a result of unmodified, or uncontrolled projected mental visualization, or unreal mental representation, soon crowding out the reality and developing unfruitful imagery. There follows lack or loss of concentrative power. Out of this state of perverted mental activity there may gradually emerge the element from which is built up that form of mental deterioration, often ending in final decay, known as precocious dementia. The vast importance of immediately correcting these early psychic perversions becomes manifest. The histories of a large number of abnormal children—subnormal, or atypical, as we may choose to classify them—are replete with illustrations.

There is a class of children which has been described by various writers, some cases of which have doubtless come under your observation, which are of psychopathic constitution, and, as a rule, have a hereditary taint. Intellectually, they may be up to the average, although there is often an in-



tense emotionalism. They suffer from seizures of an epileptoid nature; the earmarks, however, of the true epilepsy are wanting. There is a psychic deterioration; no rapid mental decay such as is common to epileptics from the thirteenth to the twentieth year. The seizures are episodic, often brought on by long mental strain, attended with emotional excitement. The attacks are rarely of the *grand mal* order and usually of the nature of psychic equivalents. There may be unconsciousness, vertigo, periods of hallucinatory confusion, so called *Dämmerzustände*. These patients not infrequently show moral obliquity and unsettled mental states. The attacks occur usually in the first decade. They may occur just once, or may recur for years, without, however, psychic deterioration. Unless the proper adjustment is made in their environment and education, their later life shows the various deflections of the psychasthenic.

Hall has well expressed the situation when he says: "There are two missing links indispensable to a full acquaintance with the many forms of precocious mental decay; first and chiefly, knowledge of the actual changes during the stage of puberty, and later adolescence, which go on within the limits of sanity. This age has often been characterized as that of mental and moral inebriation and of psychic madness, and from many studies of its phenomena, I am convinced that nearly all of its symptoms can be paralleled in the inner and outer life of youth who do not lapse toward the terminal imbecility, but develop to sane and efficient maturity."

In an interesting article on what he speaks of as "*predementia præcox*," Jelliffe has set forth the need of pedagogic prophylaxis, as he expresses it, for the prevention of the later development into real psychoses of symptoms that present themselves in pregnant form in juvenile life; symptoms suggestive of later serious psychic manifestations.

Writers of such ability as Jung, Ricklin, and Bleuler show clearly from their studies that many



of the symptoms of dementia præcox are really evolved perversion of the activity of normal juvenile life. Indeed, if we follow out the bizarre and kaleidoscopic variations of the psychic life of neurotic, and sometimes even of normal children, we can see the parallelism in the psychological phenomena between that within the borderland of the normal mind and those juvenile forms of alienation.

In any case under observation, a careful history, ancestral and personal, is necessary from the first; a painstaking and, if essential, repeated observations of the child; psychoanalytical methods sometimes to bring out the nucleus of the psychological effect. Personally, I find the Binet tests of general value only; they are doubtless useful in schools and institutions to determine the psychological error. However, I find other methods necessary. The Binet tests do not enable me to reach the child's true emotional sphere, nor can I reach conclusions as to the psychic equivalent between judgment, memory, and emotion. While it is true that the moral development of a child is largely a matter of education, some cases seem lacking in the general groundwork, the inherent basic principles necessary for the normal development of the moral side of man. These children are really moral imbeciles. With them, wrong doing, sometimes committed with what seems diabolical viciousness, is analogous in its initiative to the impulses of the kleptomaniac and of the pyromaniac. In this class, though there be intellectual efficiency, the influence of environment and teaching is small.

For example, I have a case; a boy of eight years, precocious for his ability in most appropriate extemporaneous speaking. He has an engaging manner, an attractive personality, and is physically well developed. He is, however, willful, being difficult to manage because of this condition and also because of his desire to play only in the imaginative sphere. He does not interest himself with material things and does not enjoy the games and the usual



interests of the average boy of his years. He absolutely cannot learn to spell correctly; on examination, I found that he could not associate the sound of the letter and syllable, and the defect amounted to a psychological obliquity. He was profoundly lacking in concentrative power except when the distractions of visual impressions were removed. Peripheral stimuli interfered with his apperceptive powers. This child had gone to school for two years laboring under the severe strain incident to his psychic deviation. Appropriate methods for adaptation by a qualified teacher have brought improvement.

I have another case which is likewise illustrative. The latter demonstrates the oft observed fact that in some children, in whom there is partial want of motor adaptation, usually of organic origin and resulting in abnormal movements of the body with or without parallel want of proper speech coordination, we see a corresponding psychic incoordination resulting in impulsive and imperative concepts disturbing mental equilibrium. I could give many illustrative histories if time permitted.

It is surprising to find how frequently we meet with true paranoid psychological elements in neurotic children. A careful analysis of their psychology reveals much that needs active corrective measures. A large percentage of mental cases show indications in early life. Even that chronic form of congenital disease, doubtless an original psychosis, paranoia—that is, chronic, delusional insanity—proclaims its coming in the early life of the individual. There are eccentricity and peculiar deviation from the standard of conduct which are characteristic of the future mental delusions. Even here, early training, the cultivation of self restraint in a properly adapted environment, will develop such qualities as will enable the patient to exercise inhibitory impulses holding sway over morbid ideation. The atypical child is just the one in whom, if hereditary predisposition prevails, we see



the making of the different forms of mental disease. In this mental subsoil lies the nutriment for the development of true mental aberration in later life. From this material the great criminal class, the cranks, the harmless, and the homicidal often take origin. When we consider that over a quarter of a million of our population are insane and that it seems that the number is increasing; that our case histories of the various forms of atypical, exceptional, and abnormal children unequivocally show alcoholism, syphilis, epilepsy, and various forms of insanity as an ancestral taint; when we further consider that a very large percentage of the mental aberrations of later life signal their approach by mental deflection, or anomalies in early life—we must awaken to the need of a greater activity along lines of prophylaxis.

In spite of the fact that I hold that heredity, both in physical and in mental disease, is a powerful factor—man probably does not enter the world with an unalterable fate of tuberculosis, or of mental deficiencies; but this tendency lies within him. Alcoholism, syphilis, tuberculosis, epilepsy, etc., may appear in our progeny as a most varied group of physical and mental stigmata; psychopathic tendencies, present in one's ancestral strain, may descend upon the offspring. Unsuccessful have been the attempts to reduce to mathematical accuracy direct and indirect heritage. Mendel's law can be applied only in a restricted way to the human race, although it has reached a remarkable degree of accuracy in the lower animals. Nevertheless we are gradually getting nearer to some of the regularities of transmission in heredity.

I believe that psychoanalysis and the Mendelian law of heredity are the most important achievements of science within recent years. Psychoanalysis gives us a method for the study of subconscious activity, a phase of mental operation that exerts a tremendous influence upon the conscious activity of the individual. Psychoanalysis and its



methods of reeducation for the complex, unstable mind show the remarkable influence of subconscious activity. In evolution the subconscious mind antedates the objective—the truly conscious, or organic mind of man—by eons of time. The subjective mind in animals seems to be identical in its operation to the subconscious mind of man. It is transmitted from one to another in both animals and in man, and it would seem that many of the obscure problems of inheritance are to be accounted for by this means of transmission. In man, superimposed upon the intuition, induction, and emotions of the subconscious, is reason.

As has been said: "Knowledge is acquired first as an inheritance and secondly by education, or training of our conscious mind which exerts an influence over our subconscious mind and inherited powers." I would emphasize the great importance of mental material accompanied by strong emotional complex which has been acquired and relegated to the subconscious in early life. Psychoanalysis has shown us how strong is the working of the subconscious in its influence upon the development of character and deportment.

Unfortunately, as our methods improve for the betterment of those afflicted with nervous diseases, as well as with other hereditary diseases, such as tuberculosis, etc., so, too, the total hereditary influence is increased, since the afflicted ones survive longer and in larger numbers. "The vicious seed," as Dr. Charles Dennison, speaking of tuberculosis, has so ably said, "is not destroyed, but preserved to be again mixed with the good." The lay conscience must be awakened by the dissemination of knowledge on certain subjects. Particularly, the young man must know what syphilis means; how easily it is acquired; how frightful are its results. He must realize that its consequences are delayed sometimes beyond one or more generations.

I have no sympathy with the man who says syphilis is curable. No one knows whether in any par-



ticular case a cure is, or is not effected. Blood examinations, treatment by the newly discovered salvarsan, etc., do not warrant us in saying whether or not the disease is eradicated. Case histories, carefully taken, will show that this scourge is at the seat, sometimes very remotely, of the various disorders that affect the human brain and mind. We who have carefully studied ancestral and personal histories in a very large number of cases of defectives in and out of institutions, find syphilis a very prominent factor in etiology. Young people and parents must look forward to the results of a marriage in which, on one or both sides, there is direct or indirect mental derangement, syphilis, or alcoholic history. The contracting parties must feel that each is sealing the fate, by reason of the inexorable laws of heredity, of unborn offspring. Of the utmost importance to a human being is the selection of his ancestry. This is delegated to his parents, and if they fail in observing natural laws that in a measure give them option in the matter, they are responsible for the result.

As to consanguinity, it seems that the character of the stock is the important factor. The presence of neuropathic tendencies in one or both parents, especially if there is similarity in the character of the neurosis, means almost invariably neurosis in the offspring in definite measure. Even a consanguineous marriage between those of good stock results as a rule in high class offspring. But when neurosis is introduced, the progeny suffers far more than in indifferent mating. There is in this a logical suggestion of high prophylactic value.

I do not agree with the learned New York jurist, Judge Foster, who asserts that sterilization of the criminal—he might better have said the unfit—is the cure for crime. In my opinion, you must go far back of the individual who is already afflicted.

Individual conscience must awaken, and public sentiment crystallize so that general laws of mental hygiene will be enacted and carried out under



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the supervision of competent scientists, and then we may eventually hope to be relieved of the awful burden of caring for the mental and physical anomalies.

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