June 22, 1954
B-11744

THE JOHNS HOPKINS HOSPITAL

Born: 10-23-43 (Age 10 yrs. 8 mo
Patient's name: Benjamin S. Perrick

11329 Dr. Kanner
Dr. Welch
Parents: Bernice and Isadore
Address: 6456 Ardleigh Street, Philadelphia 19, Pa. SERVICE: Child Psychiatry

Psychiatric Examination:

The parents of this 10 year 8 months old Jewish child learned of this psychiatric clinic through the Pennsylvania Association for Retarded Children. The mother is at present secretary of the Philadelphia Branch of this organization. By their visit here today they hope for an evaluation of their son's social and scholastic retardation and recommendations for his future care and training. They have a normal 7 year old daughter and wish to avoid social embarrassment for her which might arise because of her brother's atypical social behavior.

Benjamin showed essentially normal development until he was 2½ years old when a pediatrician in Philadelphia observed a disturbance of coordination. X-rays for bone ossification centers were taken. The parents had to return to North Carolina where the father was stationed in the Navy before the clinical investigation was completed. Subsequently the parents noticed the boy stayed placidly in his play pen and did not demonstrate the progressive activity expected as he grew. After approximately three years he was examined by Dr. Alpers, a neurologist in Philadelphia who informed the parents that they had a retarded child and recommended that he be put in an institution. The parents did not want to do this and were financially unable to place him in the private school suggested. However, Benjamin was enrolled and has attended Dr. Yale's Day School in Philadelphia since the age of 7 years on the suggestion of Dr. Pearson. During his first year there he rolled on the floor, tore up paper and repeatedly ran out of the room. His behavior continued to be bad both in school and at home until the past year when his teacher originated a behavior chart for him. He took whole-heartedly to the idea, enjoyed working for rewards, and has quieted down considerably. Although his school work has shown progressive improvement, his social adjustment has been poor. He has episodes of giggling which he is unable to control. He plays with retarded children his own age and prefers the companionship of children younger than himself. He is impulsive and once he begins an activity (example, tearing paper or school work) he is unable to cease in his actions even though told to stop. He formerly held his fingers in front of his face to look at them but does this less often now since he is usually busy doing something with his hands. Even though the parents felt he knows better, he misuses personal pronouns, calling himself Benjamin or you instead of saying I. For example, he says "You have got to be a good boy". When corrected by his parents, he is able to say, "I will be a good boy." He shows better coordination with his hands than he does with his feet. He is able to do a jigsaw puzzle but shuffles when he walks. He is able to ride a three wheel bicycle but not a two wheel bicycle. From an early age he would answer a question by repeating the question in an affirmative or negative manner. When asked "Do you want water?," he would answer "Do you want water." By training, he is now able to answer most questions with yes or no.

The parents have been impressed by his memory since he was 3 or 4 years old. He was able to pick out phonograph records by sight before he could read. He can remember situations and directions of travel for months after his parents have forgotten them. He can recall the names of actors in a television show but is unable to tell what the show was about. He is adherent to patterns of routine and becomes upset if the pattern is changed. If his father travels by a different route to reach a destination which he knows from a previous experience, he gets upset. He has passed through various periods

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Benjamin Perrick

Psychiatric Examination (Cont'd.)

of preoccupations; i.e. television, fire hydrants, phonograph records, and at present daily talks at great length on the various aspects, that is types and compositions, of fire extinguishers.

For the past several years the parents have noticed that they or some other person will be talking to him but he doesn't seem to hear them and will occasionally interrupt the conversation to make an irrelevant statement such as "I want to see a fire extinguisher". When frustrated, he grits his teeth.

He has attended a special camp for retarded children the past three summers and has to be forced to participate in its activities. He shows a craving for an excessive amount of salt. He has never learned to blow his nose. Although he wets himself during the day until he was 3, he now takes care of his elimination habits himself.

The father, Isadore Perrick, 41 years old, is a C.P.A., employed in Phila. He graduated from New York University magna cum laude. He is healthy except for arthritis (hands show moderate rheumatoid arthritic deformities). He served in the Navy during World War II. He says he is perfectionistic in his work and to a lesser extent at home. He does not profess to be demonstrative in his affection but does feel he is "sort of a sociable fellow".

The mother, Bernice Perrick (Rosenbaum), 34 years old, finished high school and graduated 13th in her class. She attended night school in journalism and then worked successfully as a secretary. They were married 12 years in October Mrs. Perrick states she is perfectionistic - - wanting to accomplish things quickly and do them right. This applies to her organizatio al work in which she is quite active. She is less perfectionistic about her housework. She likes talking to friends on the telephone all day long and states it affords her relief from tension and is a source of emotional stability. Mr. Perrick brings his book work home from the office at night and stays with the children so she can go to meetings. (Both parents show an ease in interpersonal relationships, have a sense of humor and show mature, adult attitudes toward the problem with their son and to life in general).

The paternal grandparents came to this country from Poland. The family lived on the East Side in New York City where the grandfather was a butcher. They were perfectionistic and raised their children likewise, not hesitating to administer chastisement with a strap if the children failed to conform to their ideas of correct behavior. The patient's father is the oldest of 3 siblings. His two sisters are married and have normal children.

The maternal grandparents are living. The grandfather sells automobile insurance. Mrs. Perrick describes her parents as warm-hearted people who like children. She has one brother 6 years younger, who is an optometrist.

There is one sibling, Joan, 7 years old next week, is healthy, going into second grade this fall. Mrs. Perrick describes her as a Suzy Brenn (fire brand), always on the go. When Benjamin does something she doesn't like, she hollers at him, but defends him from being taken advantage of by outsiders - explaining to them that he is "handicapped."

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Benjamin Perrick

Psychiatric Examination (Cont'd.)

Benjamin was born in the Jewish Hospital in Philadelphia on October 23, 1943. The parents were not anxious to have the baby since Mr. Perrick was in the Navy. Since it was her first baby, the mother felt some anxiety. The pregnancy and delivery were normal. Birth weight was 6 pounds 11 ounzes. Both the obstetrician and pediatrician thought the baby was normal at birth. The mother and the baby stayed with her parents for the first year after he was born and then they joined her husband in Elizabeth City, North Carolina where the Navy had stationed him. During the time they lived in North Carolina, the child was taken care of by a doctor who advocated a strict regime by weaning the baby from the bottle at 1 year of age, not picking the baby up when he cried, repeated measurements of physical development, and concern over any deviations. The family's life in the Navy at North Carolina was unsatisfactory; they had no social life, and were lonesome. The baby was very "whiny" and wanted to be with his mother all the time. Until the baby was 2 years old, developmental progress appeared normal. In retrospect, the mother said he sat up at 7 months, teethed at 6 to 7 months but did not walk until he was 18 months old. He was a heavy child. The mother was not concerned about his walking at 18 months because she had been told that she had also not walked until that time. She stated that the baby had learned the alphabet and would say his numbers when he was a year old. When questioned about this, she said it may have been at 15 months. He was toilet trained at 9 months but continued to wet himself during the day until he was 3 years old. He was subject to repeated attacks of tonsillitis with high fever until a T & A was performed at 4 years of age. There is no history of serious illnesses, injuries or operations.

There was no physical examination done at the time of this examination. He is said to be well by the parents. Tests for hearing, previously performed, allegedly showed no evidence of deafness.

Benjamin showed moderate objection to leaving his parents to be interviewed. However, after a short talk with his father outside the door, he entered Dr. Kanner's office. As he was entering the room, the father recommended that he would behave if a firm attitude was taken with him. He walked about the room in a detached manner, showing excessive psychomotor activity and then attempted to leave the room. After repeated firm verbal admonitions to stay in the room, he quieted down. The boy is tall and heavy for his age, showing a body build in which the waist and hip areas are large and out of proportion to the general body configuration. Span of attention was very brief and fleeting. He showed some enjoyment in moving about the room in the swivel chair when it was suggested to him. When sitting, he rocked back and forth. In standing in a stationary position, he kept both feet about a foot apart and swayed back and forth, distributing the weight of his body from one foot to another. Persistent sniffling of his nose was noted. His conversation was coherent but for the most part explosive and occasionally irrelevant. When asked where he lived, he replied Philadelphia. When asked to name some of the 48 states, he named Pennsylvania, Texas, Mexico, England. He was able to spell chemical and dictionary correctly. When given a pencil, he was able to print his name very rapidly in a manner quite immature for his age, holding the pencil with his left hand in an odd, somewhat awkward manner with a peculiar overlapping of the thumb. At times

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Psychiatric Examination (Cont'd.)

he would hold the paper up to his face (approximately 6 inches away), to read what he had been printing. At other times he held his hands in an odd manner so that the thumb was approximated to the index finger. He spontaneously wiped up some water that he had spilled on the dish, with his handkerchief. At one time he suddenly stood up, cupped one hand in front of his mouth and imitated a bugle call.

On the Stanford Binet test administered by Miss Waskowitz, he showed scattered results. He was able to repeat 9 digits (Superior adult level) spell and do fractions with some proficiency but was retarded in other things. Although he based at the 6 year level, it was felt that in view of his scattered responses, the formal test performance was not too reliable.

Summary:

This 10 year 8 month old Jewish child was brought to the clinic from Philadelphia by his parents for evaluation of his social and scholastic retardation and recommendations for his future care and training. The parents are highly intelligent. The father is a CPA, having graduated magna cum Laude from New York University. The mother graduated in the upper rank of her high school class, attended night school in journalism and performed successfully as a secretary before marriage. She is now active in organizational work, holding an officer's position. Both parents, especially the father, are perfectionistic. Benjamin, the first child, was born October 23, 1943, the product of a normal pregnancy and delivery. Progress in development was essentially normal until he was 1½ years old when a pediatrician observed a disturbance of coordination. Subsequently the parents noticed the child stayed placidly in his playpen and did not demonstrate the expected progressive activity as he grew. At approximately 3 years of age he was examined by a neurologist who informed the parents that their son was mentally retarded and recommended institutional care. The parents did not want to put the boy in an institution so he was cared for at home. He was enrolled and has attended the Dr. Yale's Day School for mentally retarded children in Philadelphia since the age of 7 at the suggestion of Dr. Pearson of that city. During the first year in school he rolled on the floor, tore up paper and repeatedly ran out of the room. After the adoption of a behavior chart in which he is awarded for systematized accomplishments, his behavior showed marked improvement. A review of the child's life history with the parents revealed the presence of echolalia, misuse of personal pronouns now partially corrected by teaching, excellent memory for remote events, exceptional rote memory for names of TV actors and musical selections, precise recollection of complex patterns and sequences (travel directions, including streets, turns, house, or establishments passed) with frustration and at times despair when the patterns of routine are changed. He has episodes of uncontrollable giggling. He is unable to play with normal children of his own age, and prefers the companionship of younger children. He has passed through various periods, of long duration, of preoccupation (at present he talks all day long of the various aspects of fire extinguishers - their composition and types). The history reveals a disturbance of gross coordination as opposed to more refined coordination - he cannot ride a bicycle but can ride a tricycle and shuffles when he walks but is able to work jigsaw puzzles with average dexterity.)

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Summary (Cont'd)

Interview of the patient by Dr. Kanner revealed a boy of above average height and weight for his age. Facial physiognomy was intelligent but at the same time gave the impression of detachment and at times tensely anxious when he was restained from leaving the room. When sitting he engaged in to and fro rocking of his body. When standing, the feet were kept apart, the weight of the body alternately borne on one foot and then the other. Span of attention was short. Conversatiom going on in the room elicited no apparent interest. The Stanford Binet test showed scattered results. Although he based at the 6 year level, it was felt in view of his scattered performance, the formal test performance was not too reliable.

Dr. Kanner informed the parents that, although their son showed a scattered response on the psychological testing, and a superior adult level in the test for recall of digits, he based at the 6 year level, was functionally retarded and very sick emotionally. He explained that the boy is an autistic child or a child who is self centered, withdrawn, and unable to relate to other people in a socially acceptable way. He described other autistic children he has studied who, although unquestionably endowed with good cognitive potentialities, like their son showed the same social disability characteristics he possesses. The child is now psychotic and will become increasingly difficult to handle. His behavior will probably make his younger sister uneasy and be a source of social embarrassment for her. It is felt that the boy's emotional disorder has progress to such a degree that he would not now be responsive to psychotherapy. He recommended that the boy continue in Dr. Yale's school which has done a great deal for him to teach him the things he has learned. However, in the best interests of the patient and his sister, he should be placed in a good state hospital, the Norristown State Hospital in their district, if possible, when he is elligible for admission. The only other alternative would be to place him in a "dog patch community" with a good natured family who are not concerned with social amenities and with whom the parents would know somebody kind was looking after him.

Dr. Kanner further advised the parents that the correct diagnosis now of autism does not represent a sense of finality. He felt they might benefit from contact with the League for Emotionally Disturbed Children in New York City and learn how other parents with autistic children are handling their problems. The parents said they would keep in contact with Dr. Kanner on their son's progress.

DUE TO THE FRAGILE CONDITION,
THE ORIGINAL HAS BEEN PLACED
IN THE OVERFLOW CHART.

Case No. 42253

Name Benjamin Steven Perrick

Date Admitted: December 13, 1955

Date Presented at Staff: September 9, 1959, by Dr. Cahan

Present at Staff: Doctors deRivas, Cahan, Aydin, DeCotiis, Brashear, McGuire, Niklewski, McGrath, Hume, Stennis, Adickes, Troshinsky, Lyons, Parrish, Turner, Bickel, Smith, Hostetter, Truitt, Beitenman, Adams, Kellon, Jaeger, Cahn, Glowacki, Byron, Kremens, Noyes.
Psychology Department: Doctors Lipton, Goldman
Social Service: Mrs. Greve

Interview:

Dr. deRivas: Sit here, Benjamin. Good morning. "Fine." I understand you've been going to a day camp. "Yeah." Tell us what you do there. "Go boating." What else? "Fishing." Do you like it? "Yes." How many boys are there? "A lot of boys." A lot of boys? How Many? Two or ten, or twenty? "Twenty." Twenty. How long have you been here, Benjie? "For all along." Do you know how many years? "Five years, a long time." A long time, yes. Do you know this man? (pause) Do you know him? "Yes." What's his name? "I don't know." You don't know his name. Do you know what kind of a hospital this is? "Medical-Surgical Building." Medical-Surgical Building, not quite. Medical Office Building. "Yes." What's the building you're in? "Building 51." What kind of a building is that? "It's a ward, alot of patients are in there." Alot of patients. What's the matter with the patients? "They're sick." Yes, what's the matter with them? "They hit you." Do you know what ails them, why they hit you? "Cause you're bad." I see. Do you have to hit them back? "No." Who is your doctor in Building 51? "Dr. Field." Uh-hum. Benjie, who visits you here? "Mommy." Does she come every week? "Yes." What do you do when she visits? "Go home play records." What do you do, I didn't hear that? "Go home and play records." Go home and play your records. Why did you have to come to the hospital? "I like it." You like it here? "Yes." Better than home? "Yes." Can you keep still if you want to? "Yes." Yes you can. What was the matter at home that you wanted to go to a hospital? "Cause sick." I see, you were sick? "Yes." Remember how you were sick? Remember how you were sick, what was the matter with you? "The virus." Uh-huh, and what did the virus do to you? Where did it make you sick? "In the pain." It gave you pain? "Yes." Can you read? "Yes." Dr. Cahan would like you to read this. "Clothier Top Choice for Cup Captain." Right. Can you read a little bit more of the article? Down here. "Forest Hills, N. Y., Sept. 8. Perry Jones convinced all - that - intends his decision to return as Davis Cup - his successor has gotten underway. The field - William J. Clothier, a handsome Philadelphia bachelor." Yes. Now what

Interview: (continued)

does that mean? "Choice Captain." That's right, was Choice Captain. Where did you learn how to read? "School." Here? "Yes." Or before you came Here? "Before I came here." Before you came. All right, Benjie, thank you very much for coming in.

Formulation by Dr. Cahan:

In the formulation of January 1956, I stated that there was insufficient information regarding his early formative years to establish any definite formulation as to dynamics. I think that some more years of experience have shown me that we never get much more - as a matter of fact this was an unusually complete history - and that particularly where the sourceeof information is also occasionally, or also thought to be the source of pathology that there is going to be difficulty in getting an accurate evaluation of what actually goes into the individual's illness. If for the time being we suppose that mental deficiency was not a constitutional problem, that this perhaps developed later, or that he was retarded in the sense of not being able to advance, this child became sick at the age of about 18 months which is quite early; and yet the indications are definitely there. His development up to the time of his admission here was principally a physical development. He seemed to have no super ego and practically no ego at that time. It is possible that under the more or less accepting environment that he has had here for 3 years that he has been able to develop some amount of ego, certainly very little. There has definitely been an improvement in his ability. He could not even talk coherently at the last staff and here he talked quite coherently and was even able to read, somewhat less coherently, but perhaps somewhat understandably.

The diagnosis, I think, of course, should remain the same. As far as to the actual existence of mental deficiency, he seems to some extent to fit in with the idiot savant referred to - usually these were young mathematical geniuses who"burn themselves out" in their early twenties, and usually died with an acute schizophrenic illness - not necessarily a death from the schizophrenia. There have been records of children who could sit alongside a railroad track and add the numbers of the boxcars as they went by and arrive at an accurate total after a string of cars had gone by. He is able to break the test limits on one particular item so that the mental deficiency is an unusual type - if it is a mental deficiency - and evidence exists in other schizophrenic patients that the schizophrenia can interfere with the functioning of intelligence and also perhaps interfere with the development so that the schizophrenia starting at the age of 18 months may have interfered with the aspects of this child's intelligence leaving some holes for it to develop through and keeping the rest of it quite far down.

The patient's mother and father fit precisely into the description of a common type of parentage for childhood schizophrenia as described by Dr. Noyes, with the father and also sometimes the mother being

Formulation: (continued)

professional people, somewhat cold, and quite intelligent. The mother here certainly went along without any objection with a pathologically strict schedule - pathological for the time - because such a schedule used to be more or less advocated by pediatricians some years ago, maybe about 30 years ago. It certainly had not been advocated 20 years ago or 15 years ago when this child was growing up. Also the way in which the rigid schedule is applied is - probably depends more on the mother than upon the strictness with which the schedule is created by the physician. The patient's father seems to have been physically absent and perhaps not able to be strong enough at home to override the mother's self-admitted emotional instability, and later on when he was home. The second child, the daughter, seems to have had a much more normal development.

I think that Benjamin's prognosis is hopeless. At the time of his admission certain members of the staff were somewhat enthusiastic about the direct analysis approach. Certainly over a period of some months this did not show any dramatic results, and It's questionable whether - even if it had been applied by John Rosen himself - it would have had any more. This child was at that time and still is extremely limited in the materials with which he has to work, the ego strength; and I think that managing him on a behavior basis as they have been doing successfully in Building 51 is as much as can be offered to him.

Dr. Lipton:

I agree with Dr. Cahan. I think another discordant part of the picture is his learning the alphabet at a year and a half - this is ridiculous considering the functioning ability that we can measure now. I do think though from the tests of the functioning ability that it places him in a defective range. However, this just tells us what he does. I don't think it really tells us what his basic potential is, and I agree completely with the recommendation.

Dr. Goldman:

I agree too with Dr. Cahan. In this particular case it is almost impossible to differentiate which came first - the schizophrenia or what is as Dr. Lipton points out, a level of functioning. It may be as Dr. Cahan suggests that what we see now in his ability to function intellectually is severe limitation due to the imposition of the psychotic super structure. It may be equally true that - and probably is - there is interrelationship between a psychotogenic background provided by the parents and also limited

Dr. Goldman: (continued)

intellectual abilities at birth. This is impossible at this time to assess since the level of functioning is so low. I found no evidence of more profound intellectual potential, but they may have been there three and a half years ago or some time ago and just is not apparent at this time due to either factor. Certainly the outlook is very poor.

Dr. Aydin:

I agree.

Dr. DeCotiis:

I agree with Dr. Cahan. I think he's fixated at the oral level. He's never been above that level. Still isn't.

Dr. Brashear:

I agree with Dr. Cahan. I think descriptively on the basis of the history this fits more a classic description of childhood schizophrenia which was described by Bradley in 1941, in which he feels - in fact he first defined it - that a child had to have a normal period of at least a year or so and then develop a psychosis. If we can accept the history of this boy that showed a change in the 18th month to third year... (this apparently is the critical time of the Oedipal problems at this time) so that descriptively he does fit the classical description of childhood schizophrenia.

Drs. McGuire, Niklewski, McGrath, Hume, Stennis, Adickes, Troshinsky, Lyons, Parrish, Turner, Bickel, Smith, Hostetter, Truitt, Beitenman, Adams, Kellon, Jaeger, Cahn, Glowacki, Byron:

All agree with Dr. Cahan.

Dr. Kremens:

I also agree. I feel that the problem is one of childhood schizophrenia. I guess in many ways there is no convincing evidence that the child was not originally a mentally defective but clinically this is quite an autistic child. I think that as far as I could hear when you were testing his reading ability, he was reading correctly, is that right? Dr. deRivas: Well I couldn't tell exactly myself but he seemed to be reading most of the words. The headline was precise. Dr. Kremens: That is what I thought. That and some of the other irregularities in a sense with the digits and what not lead me to presume that he had a higher endowment than we see, that the deterioration we see was on a functional basis. While this may catagorize it, it doesn't really help anything but as to the prognosis, I think that the prognosis is just as poor as if he were defective on any organic basis. The only thing we can do is try to provide some sort of management for him.

Case No. 42253

Name Benjamin Steven Perrick

Dr. Noyes:

Dr. Cahan says as described by me, but my only acquaintance with it is through Kanner. Incidentally at the time Bradley was writing on childhood schizophrenia, Kanner had not then described the autistic child. Bradley did most of his writing in the early 1930's. Well, I agree with childhood schizophrenia, but I think we can build up some story for the autistic child. After all, the autism Kanner wrote about is probably childhood schizophrenia. As Dr. Cahan pointed out, his mother brought him up by the book very rigidly, the father wasn't there. The father was a Certified Public Accountant; and one wonders if he didn't have the personality of a Certified Public Accountant, all the meticulousness and so on, and that he too may have contributed to the autistic development of the child. There have been a good many autistic features in this apparent intelligence in some respects. Of course, I can hardly believe that he knew his alphabet at a year and a half - I guess that was wishful thinking by his mother, although there was not much at that time to suggest that he was mentally defective. Of course, Kanner and some of his men have followed up these case histories afterwards and few have improved, not very many. The prognosis is usually pretty bad and in this case I think it's absolutely bad. I don't think anything can be done.

Dr. deRivas:

Well, I certainly have very little to add except that as a matter of contrast I think that Benjamin when he was younger was much more difficult to control. He was a real problem in management and those of us who knew him wondered what would happen to this boy when he would grow up and become an adolescent and be even more difficult with his bulky body to control than a small child. This didn't materialize. Actually he's more conforming, if you call this conformity, than he was when he was little, so that his hospitalization has served some function - I don't know, he is a chronically ill patient who will not make an adjustment anywhere except in a hospital.

Diagnosis:

Schizophrenic reaction, childhood type.

Recommendations:

Continued hospitalization.

JS