

ANOMALIES OF GROWTH IN A GROUP OF CHILDREN EXHIBITING PSYCHOTIC FEATURES *

G. B. SIMON

Consultant Psychiatrist, Lea Castle Hospital, Kidderminster

Psychotic features in childhood have, in recent years, attracted a great deal of attention but without, regrettably, any great benefit accruing to the patients themselves. Kanner (1965) accounts for this state of affairs by "the scarcity of facts which leads to much groping and more or less emotionally tinted clinging to cherished opinions about the concept itself, the aetiology and various therapeutic procedures".

The facts available are admirably presented by Rutter (1965) who, after an eight-year follow-up of 63 cases, comes to the conclusion that it is not primarily caused by psychogenic factors, "which play only a secondary role in its development". On the outcome of treatment, Escalona (1948), analysing results at the Menninger Clinic, states that psychotherapy, whether in the expressive or suppressive form, is not successful in maintaining lasting relief. Intensive study into the outcome suggests that the prognosis is "Fair or Good" in about a quarter to one third of the children afflicted and, furthermore, that this is not generally affected by the method of treatment used, though an anxiety-free and stimulating environment is beneficial. (Eisenberg, 1957).

Mainly as a result of the work of Creak *et al* (1961) and the nine diagnostic criteria suggested by them, a clinical syndrome has come to be more widely recognized, though we are still in complete ignorance of its cause. As Kanner suggests, it probably includes a "cluster of conditions at present which will be separated into smaller clinical entities as more facts become known".

The present study followed an earlier work by Simon and Gillies (1964) in which a group of children, all showing psychotic features, were found to be below their normal peers for height, weight and skeletal age. In the present work, they are compared for the same measurements with their siblings. A more extensive study into endocrine function was also undertaken in an attempt to explain this retardation. This is reported elsewhere and will only be referred to here.

Subjects and Investigations

The patients consisted of 34 children, all in-patients of Smith Hospital, Henley-on-Thames. This is a hospital primarily for children diagnosed as Psychotic (O'Gorman, 1958). 62 out of 82 of their siblings were measured under identical conditions. (The 20 siblings not included were not available at the time of the investigation). The normal standards used for the height, weight and skeletal age are those by Tanner and Whitehouse (1959) and (1962). Results on the two groups for height, weight and skeletal age are set out in the table below:—

Percentile Distribution	Patients (34)				Expected Distribution	Siblings (62)		Skeletal Age
	Expected Distribution	Ht.	Wt.	Skeletal Age		Ht.	Wt.	
Above 75th	9	6	5	2	15	27	37	15
26-74th	17	15	12	12	31	22	16	37
10-24th	5	4	9	7	10	5	2	6
Below 10th	3	9	8	13	6	8	7	4

* Based on a paper read to the Midland Society for Mental Subnormality—November, 1965.

The siblings did not show the deviation seen in the patients and were not significantly different from those expected in a group of normal children of comparable age.

Retardation below the 10th Percentile was distributed as follows:—

				<i>Patients</i>	<i>Siblings</i>
Ht.	Wt.	SA	—	5	1 *
Ht.	Wt.		—	3	6
Ht.	SA		—	1	1
SA			—	7	2

* This child also showed psychotic features and severe mental retardation but had remained at home.

Discussion

The work reported here was undertaken in the belief that intellectual malfunction as impervious to environmental influence as that shown by psychotic children, must be accompanied by some basic anatomical or physiological disturbance. This view is neither recent nor original. Among others, Fish (1960) reported several clinical anomalies in the development of "schizophrenic children" but, as Ernst and Berta Scharer (1963) point out, "subsequent investigators have either neglected to check these findings or, like the transformation of frogs into princes, they no longer occur".

A significant number of the patients were retarded below the 10th percentile for height, weight and skeletal age, but no uniformity of retardation was found. In a subsequent investigation on the same patients, half were reported to be sensitive to Insulin (Simon and Tarnoky, 1966). Once again, no single pattern of reaction was applicable to all.

In the majority of the children reported on here, no physical abnormality had previously been suspected. A familial pattern of growth remained a possibility but was excluded by a study of the siblings. Although no conclusions on aetiology can be drawn from these results, they do suggest that physical investigations should not be omitted if factual information on these children is to be complete and of any value.

An evaluation of psychosis in childhood is singularly difficult; among the reasons for this are the small number involved in most studies, their heterogeneity, the selection of subjects, which is usually dependent on the situation of the hospital and circumstances of the family and, lastly, the omission of certain aspects of the patient. Finally, if a truly objective appraisal is ever to be achieved, we must avoid a too common happening, which Kanner describes as "placing the therapeutic cart before the diagnostic horse and, more often than not, leaving the horse out altogether!"

Summary

Investigations carried out on a group of psychotic children are described. The findings suggest that organic abnormalities are often present in these children, though they may not be obvious on superficial examination. The importance of complete investigations on these children is stressed on account of the absence, so far, of an aetiology and the heterogeneous nature of the condition.

Acknowledgements

I would like to thank Dr. Gerald O'Gorman for his encouragement and permission to study his patients, and the nursing staff of Smith Hospital, Henley-on-Thames, for their assistance and patience throughout my work there.

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