BLEULER observed that stereotypy in schizophrenia was a psychological symptom and conformed to Freudian ideas of symptom-formation. Since then, a good deal has appeared in the literature about language in schizophrenia but relatively little has been written about stereotypy beyond the statement by some authors that language includes all other ways of communication—gestures, postures, facial expression, etc.1 Too often in case records, the patient’s behavior is described by the very undescriptive terms “mann eristic and stereotyped” and lightly dismissed as part of his psychotic picture without any attempt to elucidate its significance in terms of the patient and his previous experience. The following case, observed in an army hospital overseas, is presented because, in it, one is able to see very clearly the significance of the stereotypic movements.

This 26-year-old air corps staff sergeant was admitted to the 96th General Hospital in March, 1945. His admission note recorded that he was heavily sedated, that his manner was silly and that he had to be restrained. He had a minor laceration on his lip.

His previous hospital records noted merely that he had been hospitalized originally for gastro-intestinal symptoms during combat missions and had been returned to duty with a recommendation for ground duty only. He was readmitted a few days later, when he was described as uncooperative and incoherent. He had to be restrained and said he had been called a coward and was to be forced to fly. He said further “they” had asked him to kill himself and that someone wanted to kill him. He refused to eat, gave approximate answers and showed repetitive movements. He showed regressive phenomena such as sucking movements of the mouth, retaining urine, kissing the wall, etc. He was diagnosed dementia praecox, type unqualified, and transferred to the 96th General Hospital.

The day after admission to that hospital, it was noted that there was crepitation of the tissues of the neck. Medical, surgical and eye, ear, nose and throat consultations were obtained, and the pa-
tient was transferred to the medical ward for better care and further study. No history was obtainable. He was restless and had to be continuously restrained. The eye, ear, nose and throat examination was negative, and the chest X-ray was negative, aside from showing a bilateral subcutaneous emphysema in the shoulders and cervical regions, more extensive on the left. In about six days, the emphysema subsided, and it was felt that the probable cause was some injury to the trachea or larynx at the previous hospital, suffered either in the course of tube-feeding or in restraining the patient.

While the patient was still undergoing medical treatment, Maj. William Needles was called in psychiatric consultation to see the man and offer suggestions. His attention was immediately attracted by a series of interesting movements, which had been dismissed in the man's previous record with the single statement, "There were repetitive movements and some stereotypy." Major Needles made the following note: "Patient found lying in bed, feet in restraint; going through the following sort of behavior. He held his hands together in an attitude of prayer, then abducted the fourth and fifth fingers of both hands, separated his hands until only the tips of the fingers were in contact and gazed through the aperture thus formed. At other times he gazed off into space as if hallucinating. He was silent for the most part and there was no spontaneous speech or response to questions. However, on one occasion he addressed the examiner as 'sir' and spoke of both of us belonging to humanity and going forward. At another time he murmured something about 'evermore, evermore, without cease.'

"His body was constantly or almost constantly engaged in rhythmic movements of one sort or another. At times these were reminiscent of coital movements with the formation of an arc de cercle, a look of ecstasy, labored respiration, followed by relaxation, sometimes the appearance of a look of pain on his face as though he were about to cry.

"At other times the rhythmic movements involved the hands, especially the right. The right hand was generally more active than the left; at times it assumed the obstetrical posture. At times the left little finger was extremely abducted. Another mannerism consisted of crossing the upper limbs so that the left hand caressed