

1925

Loeb-Leopold Case

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Recommended Citation

Hugh T. Patrick, Loeb-Leopold Case, 15 J. Am. Inst. Crim. L. & Criminology 380 (May 1924 to February 1925)

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THE LOEB-LEOPOLD CASE—(Continued)

D. PSYCHIATRISTS CALLED BY THE PROSECUTION

DR. HUGH T. PATRICK

Q. Have you an opinion from the observation and examination as detailed as to whether the defendant, Richard Loeb, was suffering from any mental disease at that time?

A. Yes.

Q. What is that opinion?

A. My opinion is that he showed no evidence of mental disease.

Q. Will you state your reasons for that opinion, Doctor?

A. The reasons for that opinion are these, that unless we assume that every man who commits a deliberate, cold-blooded, planned murder must by that fact be mentally diseased. There was no evidence of any mental disease in any of this communication or in any of the statements the boys made regarding it, or their earlier experiences, there was nothing in the examination, there were no mental obliquities or peculiarities shown, except their lack of appreciation of the enormity of the deed which they had committed.

Q. Now, Doctor, have you an opinion from the observation and examination as detailed, as to whether the defendant, Nathan Leopold, Jr., was suffering from any mental disease at that time?

A. Yes, I have an opinion.

Q. What is that opinion?

A. My opinion is that there was no evidence of mental disease.

Q. And your reasons for that opinion, Doctor?

A. Well, the reasons are just as I have stated. . . .

Q. Now, Doctor, assuming the hypothetical person who on examination disclosed the facts and circumstances that you have mentioned from your examination of Richard Loeb, and add thereto these other facts that have been testified about here—that he is immature in his sexual development, that he still has three baby teeth, and that the growth of hair on the body is scanty, that he only requires to shave twice or three times a week, and that he has had several fainting spells during his life, and that he has tremors of the hands and tongue, enlarged inguinal glands; that he also has dermatographia; that the basal metabolism in one examination on one day averaged minus seventeen

per cent: have you an opinion whether such individual was suffering from any mental disease on May 21, 1924?

A. Yes.

Q. What is that opinion, Doctor?

A. I would answer that the same as I did the other; that I see no evidence of any mental disease. . . .

Q. It has also been testified, Doctor, that this same hypothetical person has had fantasies and that these fantasies nearly always were indulged in after he went to bed and before he went to sleep—this being a period of about a half hour. What would you say as to the effect?

A. Why, I think that is a highly normal procedure. I know that is when I had my fantasies, generally, after going to bed and before I go to sleep. I apprehend there is not anybody with an active mind that does not have fantasies now and then with the things that he is interested in. I would expect any man who has planned to be a lawyer to have fantasies regarding the entering of law, regarding the practice of law. It is well known that golfers have fantasies after they go to bed, and play, of course, very much better than they, as a matter of fact, do. In other words, these fantasies that people have are day dreams, or air castles, or castles in Spain, the more ordinary terms, and that sort of thing is exactly what everybody else, everybody indulges in now and then, and these things naturally take the line of the mental attitude of the individual. If a man has an artistic temperament or ambition, his day dreams go along the line of artistic enjoyment or artistic attainment. If his trend is along architectural lines, then the stream of fantasies is to make architectural discoveries and make a name for himself as an architect. It is a highly normal procedure, some people, of course, indulge in more than others, and it is possible for them to reach an abnormal degree, like any other normal process. But it is natural to have fantasies for thirty minutes before going to sleep. . . .

Q. It is stated, Doctor, of this same hypothetical person that he had extreme interest in planning crime. Do you attach any significance or importance to that?

A. Oh, very great significance. It shows that he had criminal tendencies, that that is what he was interested in.

Q. What would you say, Doctor, as to the fantasies of one who has criminalistic tendencies? What would you expect them to be?

A. I said before that his fantasies would probably be along the line of the thing that his mind is occupied with and the thing that he is interested in. Night before last, before I went to sleep, I had fantasies

of being on the witness stand and some things that might be asked of me and my imaginary answers and so on. I don't think that that sort of thing is to be evaded. If anybody is interested in crime, thinking crime, planning crime, and reading about crime, he naturally has fantasies relating to criminal deeds. . . .

DR. HAROLD DOUGLAS SINGER

Q. Now, Doctor, from your observation as detailed by you on Monday, June 2nd, and from your observations of the defendants in court, have you any opinion as to whether or not these defendants are suffering from any mental disease?

A. I cannot answer that question without qualifications, Mr. Smith.

Q. Well, will you qualify it?

A. The answer I would give is that there is nothing in those observations that would indicate mental disease. . . .

Q. Now, Doctor, you have listened to the testimony of all the witnesses for the state and the defense. I will ask you to assume that all the testimony as to the facts, exclusive of all opinion evidence, which was detailed here from the witness stand as applied to Richard Loeb, and to assume that with reference to a hypothetical person, and assume also the observations that you have detailed here both on Monday, June 2, 1924, and in court here, assuming all these as applied to a hypothetical person, have you an opinion as to whether such person was suffering from a mental disease on May 21, 1924. . . .

Q. Have you an opinion?

A. Yes, sir.

Q. What is that opinion, Doctor?

A. That he had no mental disease on that date.

Q. Now, will you state, please, to the Court, Doctor, your reasons for that opinion in that answer?

A. First, of course, the physical development and condition as described. . . .

Then a description is given of a fantasy life. . . . A fantasy life is present to a greater or less extent in all people. . . . Then these fantasies, as described, include a fantasy of himself in the role of a detective, in the role of a great criminal, and in connection with the fantasy of a great criminal there is described the picture of himself in jail being tortured in various ways and exposed to the gaze of people through the bars; that this fantasy evoked a pleasurable feeling and not a feeling of suffering. He said that on some occasions he

acted out some of the features contained in the fantasy, the illustrations being the shadowing of people on the streets and the walking along the streets snapping his fingers as if signalling to members of a gang of which he was the head.

It is stated that from early life he had been in the habit surreptitiously of reading detective stories. It is stated that he had read with special interest of the disposition of Charlie Ross; that he had read the story of Trent, the master criminal, with a great deal of interest.

The history as outlined shows that until the age of fifteen he presented no peculiarities noticeable to the governess who had immediate charge of him. Following the release from the governess, from the control of the governess when he entered the university, he is said to have stated himself that he broke loose and began to drink to excess, that he began to enter on various criminalistic activities of varying degrees which began with lying, along with cheating at cards, and included the theft of automobiles, commission of arson, commission of larcenies and burglary.

It is stated that these were carried on with the idea of getting excitement—I think the word used was that he was getting “a kick” out of them. It is stated that he with his companion planned very many methods of the crime of murder and kidnapping, and worked out the details and carried out the crime.

Other statements with regard to this are to the effect that while on the whole he showed no appreciation, no emotional reaction to this situation, he has expressed at other times a feeling of pity or sorrow for his family and relatives, that he has expressed some feeling of remorse; that during the week preceding the carrying out of the crime he had a desire to withdraw from it, but did not do so because he did not want to appear a quitter to his companion. . . .

I have taken all these facts as testified to into consideration, and in them I see no evidence of any mental disease. . . .

Q. What do you see evidence of, Doctor?

A. I see evidence of clear thinking, planning, carried out over a number of months. I see evidence of definite emotional reactions which belong in the normal mental activity.

Q. Will you go ahead, Doctor, now, and explain that which you desired to, relative to fantasies before, when you were interrupted?

A. Fantasy life is a normal experience and it represents an expression of the instinctive and emotional life of the individual. In order to understand that situation, it is necessary to realize that the emotion or instinct—I am using these more or less as though they were synonymous—is much more primitive than intelligence.

While I do not as a rule like similes because they are liable to be misunderstood sometimes, I am going to use a simile here to indicate the relation between the emotional life and the intelligence. I would compare the emotion to the steam that works the steam engine; that is, the driving force or power. Whereas the body and the intelligence as a whole represent the machinery through which that steam operates and does its work. Every living thing has certain instinctive reactions, not necessarily conscious. The simplest forms of life that we know react to certain situations in a certain way, and that reaction is an effort on the part of living matter to maintain itself alive. Man, like other forms of living matter—and here it is necessary to consider that we are speaking of man as a whole, as a living thing, as a unit—is subject to instincts like all other forms of life. This instinctive or emotional drive is present in every person. Man lives, however, in a social way. . . . Because of that social method of living, it has become necessary for each individual to modify the primitive instinctive ways of behaving that he is endowed with. These instincts include such matters as appetites, longings and desires which are not something that a person thinks out in any sense at all, but are inherent in him because he is alive; and when the appetites and desires of an individual man interfere with his relations with other people, it is necessary that they be modified in their expression, and this is rendered possible through the development of what we speak of as the intelligence of the individual. It is a part of the machinery through which these others work.

The fantasy life of an individual represents the striving of certain longings or appetites for expression, being prohibited by the social conditions under which he lives, more or less. The fantasy life therefore represents the dreaming of his longings as being fulfilled. It is a way of meeting desires which is permissible in society because it will not lead to difficulties. Perhaps a simple way of expressing that same thought is that which is given in the cartoon that appears in one of the papers quite frequently, called "Our Secret Ambition."

These fantasies represent our longings which for some reason cannot be expressed without meeting with difficulties in life, so that the fantasy life is a perfectly normal and sometimes a very valuable and important matter of dealing with longings that cannot be expressed openly. They do not represent in any sense a disease which is introduced into the mind. The particular form which they take, the particular figures in the pictures that appear in the fantasy depend largely on the accidental experiences of the individual. They represent al-

ways an effort to satisfy that individual; I would say they put him in the forefront.

In these fantasies that are described by Richard Loeb, he is in every instance the central figure; he is accomplishing something which represents an instinctive longing for excitement, a longing which in the primitive state is expressed openly by hunting, by making forays and raids on other tribes, on other peoples; and the fantasy life is only an expression of just exactly that instinctive longing, and is in no sense a diseased condition which had entered in. The fantasy life becomes pathological or diseased only when the individual loses the appreciation of the difference between fantasy and reality.

Richard Loeb's fantasy life is described as occurring during the half hour before he went to sleep, after he went to bed. The statement is made in one place that he could snap out of it at any time. The games of shadowing that are described represent the same effort to express these longings for excitement which are contained in the fantasy.

I would like to emphasize in this connection the fact that during his earlier life, the earlier years of his life, Richard Loeb was apparently under a governess who regulated everything that he did, and more or less interfered with his associating with other boys, and developed a play-life, a game-life, which would of itself satisfy this search for excitement. One of the features in our life to which I think sufficient importance is not attached is that it is just as important to play as to work.

In the descriptions which are given of his life, Richard Loeb is pictured—at any rate, during some of the early years, for instance, in Charlevoix, as being left to play with his younger brother. Competitive excitement is not possible in the ordinary way of games under those circumstances. Instead, he attempts to reach the same result by developing these games which do give a possibility for excitement and competition.

I therefore look upon that development of the fantasy life as a perfectly natural outcome of the manner in which the earlier years had been spent, and not as an evidence in any way of any mental disease.

Q. Something has been said here about a paranoid personality. What is meant by a paranoid personality?

A. In the first place, a paranoid personality is not a disease.

Q. What is it, Doctor?

A. It describes a certain kind of individual who tends to react to the situations in life in a certain way. It describes a person who is

essentially egocentric. By egocentric I mean a person who tends to interpret all the things that happen in his surroundings as if they applied to himself. It is not the same thing as selfishness. Such a person—there are many such persons in every community, probably many in this court room— . . . is inclined to be suspicious of the motives and meanings of what others say and do around him.

He is the sort of person who goes around with a chip on his shoulder, expecting that someone is going to knock it off. He is more or less suspicious; tries to read a meaning into things, a meaning that would relate to himself. With this he is usually intensely, more or less intensely, selfish, arrogant, and desires to impose his own thoughts on other people.

Such a condition is entirely compatible with normal mental health.

Q. It is not in any way a mental disease, is it, Doctor?

A. No, sir.

Q. What is meant by split personality?

A. A split personality is the condition where certain experiences in the life of the individual are pushed out of consciousness, or what we might say forgotten, but which remain without becoming conscious and have an influence on the way in which the person behaves. I imagine that everybody has more or less splitting in personality; and a sort of illustration of what I mean by that is this: That most of us at various times find ourselves unable to recall or bring into consciousness something which we are thoroughly familiar with. For some reason, or by some means, that particular experience which we forget or cannot recall when we want it is split off, and stays outside of consciousness. It has an effect on our outward behavior, in that it would seem odd to the onlooker that you cannot remember that particular thing.

Those are generally small items, I mean in most people, not covering a very wide range of his experience, and therefore they do not interfere with his conduct to any very great extent. Sometimes, however, much larger regions of experience are incapable of being recalled, or are split off. Forgetting, as a matter of fact, is a very important part of our mental life. It is a natural physiological thing, to forget things which are unpleasant. That is one of the ways in which time heals various unfortunate experiences. Sometimes they are forgotten very quickly, because of the nature of their unpleasantness. I think that covers more or less the point.

Q. Doctor, is the calcification of the pineal gland significant of mental disease?

A. No, sir.

Q. Will you give your reason for why you answer that way?

A. I would say, first of all, the pineal gland is one of which we probably know less than of any other gland in the body. The pineal gland in the very large proportion of all brains that I have examined does contain sand. It is not a true calcification, as a rule. The pineal gland, when examined early in childhood, probably six or eight years of age, always shows signs of degeneration; and, in fact, examinations of the body, of this pineal body when made after childhood, fail to reveal any gland tissue at all. The occurrence of calcification is only a further stage of degeneration, which makes no difference; the gland had already degenerated long before—if there was a gland in the first place, and we are not sure about that. . . .

DR. ARCHIBALD CHURCH

Q. Have you an opinion, Doctor, from the observation and examination as to whether the defendant, Richard Loeb, was suffering from any mental disease on that day at that time? . . .

A. I have an opinion.

Q. What is that opinion, Doctor?

A. That there was no mental disease of any character.

Q. Will you state your reasons for that opinion?

A. The young men were entirely oriented. . . .

Q. Now, Doctor, assume a hypothetical person who upon examination disclosed the facts and circumstances that you gained from your examination of Richard Loeb and add thereto these other facts that have been testified to here, . . . have you an opinion whether such an individual, Doctor, was suffering from any mental disease on May 21st, 1924?

A. I have.

Q. What is that opinion?

A. The opinion is that there was no mental disease.

Q. And will you give your reasons, please? . . .

A. Those additional facts have very little significance except as relates to the fantasies. The fantasies are day dreams. Everybody has them; everybody knows they are dreams. They are interesting as to character and conduct, but they do not compel conduct nor do they exclude it. Those additional facts would imply a slowly growing criminal character, but would not furnish the basis for an opinion that there is any mental disease in that individual. . . .

DR. WILLIAM O. KROHN

Q. Doctor, in what light would you consider the opportunities for the examination and observation that you made in the state's attorney's office on June 1, 1924?

A. I consider them very excellent opportunities for an examination of the mental condition. In certain respects they were ideal, in other respects not so good. By being excellent I mean they were excellent because the state of mind of these two defendants at the time of the examination on Sunday afternoon—they were stripped bare of all pretense, there was no posing; whatever they said and did was done spontaneously and without any studied effort, without any defense reaction having as yet presented itself. It gave the opportunity that we seek in examining in all mental cases, the examining of a person in their most natural state of mind, just as when we are called to examine in business as to his mental condition we like to take him at the most natural period, instead of having him brought to an office just for an examination. In those respects the opportunities for learning the mental condition of these defendants was ideal.

Q. As a result of your examination, Doctor, have you an opinion as to whether the defendant, Richard Loeb, was suffering from any mental disease on May 21, 1924?

A. I have, yes, sir, an opinion.

Q. What is that opinion?

A. In my opinion as a result of that examination he was not suffering from any mental disease, either functional or structural, on May 21, 1924, or on the date I examined him.

Q. Will you give your reasons?

A. Yes, sir. In the first place, if we take each of the mental processes in groups, as we used to call them, faculties, sensations first, there was not any evidence or any indication of any defect of sense; eyes, ears, all of the senses were working normally.

With reference to memory, there was disclosed a remarkable health and integrity of memory. The fact that this person could recite his fake or alibi story of his movements on the 21st of May and recite it on June 1, could recall his state of mind when he was deciding to tell the true story, that he could recall in detail the planning that had ensued from November on until May 21—from the November prior; the fact that he could give, not only the details of the plan, but details of the purchase of the different articles used in the homicide, of the place where each had been secured, who had secured them; there was no question about memory being in any way defective or deficient.

With reference to judgment or comparison, comparative worth of conduct or judgment of values, judgment of situations, this man gave samples of having a power of judgment and comparison that in no wise was interfered with. In placing himself on the front seat of the car, in his argument that the natural thing would be for him to open the front door and for the boy to get in there, he showed that he was weighing different events and making judgments as to worth or value.

With these instances in mind of his judgment, as exercised in his recital, we know that the same judgment, the same faculty of mind makes judgment as to other things, as moral conditions, as to different operations, so that in these things, that he disclosed so many instances of relative judgment, shows that he has not the diseased mind that affects judgment.

The logical sequence of the entire story as it was related and the catching up of each thread when broken by discussion—the other party interrupting, the other party to the homicide interrupting—picking up the thread of argument, using illustrations for the purpose of enforcing the point concerning which he made appeal to the audience, the logical sequence that is rare to find in its excellence and continuity of relationship.

Furthermore, the stream of thought flowed without any interruption or any break from within. There was not a single remark made that was beside the point. The answer to every question was responsive, there was no irresponsive answer to any question.

There was obtained evidence that the man I have described, and I assume with reference to this answer to this question, was perfectly oriented as to time, as to place, and as to his social relations, his regardfulness for the way in which it would affect his family, showed that he considered those relations to his family.

The reasoning not only was evidenced by the logical processes in which he gathered inductively certain instances and grouped them so as to bring forth a conclusion by inductive processes, but he gave evidence that he could reason by deduction. Not only that, there was excellence of attention. There was no diverting of his attention from the subject in hand during any part of the discussion.

In fact, you take each and all of the mental faculties or groups of mental activities as we discuss them and with reference to no one was there any single evidence of any defect, any disorder, any lack of development or any disease, and by disease I mean functional as well as structural.

Q. As a result of your examination on that date have you an opinion as to whether Nathan Leopold, Jr., was suffering from any mental disease on May 21, 1924?

A. I have an opinion, yes, sir.

Q. Will you state that opinion, please.

A. In my opinion he was not suffering from any mental disease.

Q. Will you state your reasons for that, Doctor?

A. The reasons would be the same, with different instances.

Q. Now, Doctor, you have been present in court during the hearing of all the testimony offered by the state and the defense from the very beginning of this case at the request of the state's attorney, have you not?

A. I have, yes, sir.

Q. Have you observed the defendants, Richard Loeb and Nathan Leopold, Jr., while here in the court room?

A. I have, yes, sir.

Q. What have you observed?

A. I observed that there were none of the modifications of movement that come with certain mental disorders; none of the lead-pipe, slow, resisting movements that come with certain conditions that are known as mental disorders; that the gait and the station showed freedom and ease; that the attitude in sitting, there was no staring, no gazing fixedly, none of the positions that are characteristic of certain mental diseases.

I found in these conditions certain indicative evidence that would show that they did not have certain special mental disorders.

Q. From your observations, both on Monday, June 1, and from your observation of the defendants in court, have you an opinion as to whether they are suffering from any mental disease?

A. I have.

Q. What is that opinion?

A. That they are not suffering from any mental disease.

Q. Will you state your reasons for that opinion?

A. I have already stated them. I would simply say there was nothing in the observation in court but what tends to confirm the reasons I have already given with reference to the previous situation.