

Fall 1932

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Recommended Citation

Louis A. Schwartz, Scientific Treatment of Juvenile Delinquency, 23 Am. Inst. Crim. L. & Criminology 454 (1932-1933)

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SCIENTIFIC TREATMENT OF JUVENILE DELINQUENCY

LOUIS A. SCHWARTZ¹

It is obvious that one should approach this very broad field with some feeling of trepidation, in view of the vast number of problems, the many theoretical aspects, and the divergent points of view involved. The causes of juvenile delinquency are obviously manifold. Dr. William Healy has given comprehensive insight into the subject of emotional conflict in the youthful offender. Cyril Burt in England has described the social forces operating on the child who becomes delinquent. Such a child is no different in his individual make-up as a rule from the ordinary "problem child" in the home, except in the case of the repeated offender who has been exposed to continued anti-social influences. In fact where social pathology surrounds the child as a part of his everyday experience, his acceptance of a delinquent career is only to be expected. It is difficult, where the environment is unfavorable and a social disease obvious, for a child to avoid accepting delinquent experiences as a matter of course as a part of his routine life. The youthful offender differs in those cases in which anti-social attitudes have developed as the result of lack of understanding of his problem and because of severe repressive measures forced upon the child by the environment.

The first delinquency, truancy, *e. g.*, should be regarded with a degree of objectivity and with the aim that the resulting treatment involved should be constructive rather than punitive. At times it is easier to resort to punitive methods in the case of a first offender because one frequently cannot dissociate attitudes regarding a point of view which is essentially pessimistic, especially in view of a large number of cases seen at the Juvenile Court and the tremendous caseload of the average probation officer. From the mental hygiene standpoint the erring child should be given the benefit of a complete study involving a determination of his physical make-up, his inter-family relationships, his social milieu, and finally the picture should be rounded out by a psychological and psychiatric examination. It is interesting to note the definite stand taken by the American Bar Association for the establishment of

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psychiatric clinics not only in conjunction with Juvenile Courts but also in the adult criminal courts. Only with this information can one be in a reasonable position to start a rational scientific treatment plan which is constructive and aimed at understanding the "total situation." The delinquent child, unfortunately, even after having been given a very careful diagnostic study, often returns to the old pernicious influences, so that the constructive program which had been planned for him as the result of the findings of the various examinations is often of no avail. After repeated offenses, then, he is perhaps incarcerated as a recidivist. He later finds it too difficult to adjust, even if individual treatment has been successful, when he has to return to an area high in delinquency rate and where the social pressure is too severe for him to withstand the temptations imposed upon him by members of his group. The point of view mentioned enables one to have a scientific attitude which is definitely different from the "common sense" point of view that one encounters so frequently. According to Dr. Healy, the "common sense attitude" regards the crime and its severity as the vital starting point, while the scientific approach regards the study of the individual as the basis for rendering judgment. It is the offender himself, then, rather than the offense which determines the steps to be taken in treatment.

There are certain unique problems in the field of delinquency which should be determined. Preceding the onset of delinquent behavior there usually has been a history of overt experience in the home, and there seem to be evidences of maladjustment. When the child breaks away from the home and becomes independent, the delinquent behavior may represent an effort at emancipation. Running away often represents a retaliation to a harsh, non-understanding parent. This is especially true where there has been school failure and the child has received no sympathetic understanding so that he is insecure in his relationships both at home and at school.

The unique problems in the field of juvenile delinquency tend to be social. This creates severe problems from the treatment standpoint because they not only involve understanding of the problems of the family in their relations one to another, but they carry over to the attitudes of teachers, social agencies, court workers, recreational centers, etc., who have come into contact with the child and family. There seems to be a relatively high percentage of truancy as the first step toward delinquency. It therefore becomes a phase of treatment and prevention to study the school situation in order to deter-

mine whether or not the school experience satisfies the emotional needs of the child, and to interpret this experience to the child in terms of the thwarting or repression carried over from the home. Gang activity apparently gives a great deal of satisfaction, compensating for the deficiency of emotional satisfaction in the home or at school. Participation in gang life for the sake of recognition and achievement often is the result of personality defects which prevent the child from receiving socially acceptable experiences. Whether the personality defect be primarily or secondarily developed, as the result of a harsh and antagonistic environment, is not clear in some cases. Poverty with its secondary satellites of physical handicaps due to malnutrition, etc., are added factors which in their wide aspects are largely community problems and should be treated as such.

There is the assumption that the state should be responsible for the health, well-being, and happiness of its individuals. "The broken home," as the result of the separation of the parents either by divorce or death, produces insecurity in the child and prevents him from receiving the emotional satisfaction derived by the presence of both parents in the home and to develop a mature sense of family responsibility in later adult life. A father-person is necessary during those vulnerable periods before puberty when standards, ideals and masculine identifications are necessary in developing the boy's personality. A sense of personal property rights and money values can develop only where the parents are able to cope with these problems in a mature way themselves. An aim of probation, then, should be to provide the child with that type of constructive supervision that he lacks in his relationship with his parents. One cannot dissociate the home experience from that of the outside world. The child carries over attitudes from the parents to other adults whether they be teachers, probation officer, or what not. As the result of a constructive program suggested by the probation officer the boy should be able to return to a situation whereby he has no need or desire to go back to the deleterious influences, because another outlet has been opened for him which is both satisfying and suited to his individual needs. Unfortunately, institutionalization at times tends to be the easiest way to deal with the case. There are examples, however, which are so menacing to themselves and to society that incarceration becomes a necessity. There has been a tendency to use the detention home as a dumping ground by the police who believe that a child is better off under enforced restriction than back in his own home or in a temporary foster home.

As soon as the child can increase his sense of individual usefulness by utilizing his inherent capacities, he derives satisfaction and increases the possibilities of conscious control of his desires. Frequently the delinquent flies into situations, is resourceful, impulsive, and creates situations unconsciously which block his every effort at adjustment. Often there are cases of delinquency in children of borderline intelligence who show a marked disparity between mechanical ability and intellect. The treatment plan for cases of this type should utilize this mechanical ability and reduce the boy's sense of failure in intellectual achievement. Efforts should be made to recognize individual differences which are at times so unique that problems result by their very differences. One often finds in the boy of the withdrawn temperament certain artistic abilities for which he has been taunted by others in his grade. This acts as a vicious circle in which he withdraws further and becomes more seclusive. Not uncommonly boys ask to be whipped or punished in some physical way as a result of their misdeeds. This absolves them from a sense of guilt because they think they have paid the price. In some cases there is a deep-seated sense of guilt as the result of early sex traumata. Consequently the child is unconsciously in trouble in order to be punished. These children frequently blame themselves, are self-accusatory, yet withal are hopelessly unable to avoid getting into further difficulty.

Many other problems are created by the fact that institutions for non-delinquent children are becoming more selective in the children who are picked for admission. Children are rejected on the basis of some physical impairment. As a result many of these become further problems because of continued deprivations. This is especially true in cases not immediately accepted by institutions for the feeble-minded where there is a long waiting list. As a result the child is allowed to remain in his own home and become a menace, especially when the resources of the community cannot cope with him. Feeble-minded adolescent girls frequently become the victims of sex offenses during the long interval pending placement after commitment to a state training institution. Certain studies seem to indicate a relationship between the incidence of delinquency and the frequency of children of borderline intelligence.

Bureaus of registration for the feeble-minded, similar to the Massachusetts system should be developed to enable the child to start out earlier on a more constructive program without waiting for the inevitable three or four years of school failure, which

result in inadequacy and conflict. By this method of registration the child can be placed in a school adapted to his needs. Because of the exigency of present economic conditions, the argument is frequently utilized that such a constructive program is too expensive for the community. It has been suggested with the present low tax returns that it is impossible to provide and finance an adequate staff and the resources necessary to cope with the severe problems. It is questionable whether or not in the long run it will be cheaper for the community to provide for such constructive treatment than to allow the present methods to continue. Indeed, with many cities facing bankruptcy, with the almost certain possibility of the discontinuation of schools one month before the end of the school year, with the cessation of recreational facilities, and finally with the emphasis upon relief programs providing for the necessities of life only, it is at this time most necessary that those agencies offering resources for the keeping up of morale be maintained without curtailment. It should be possible to use the existing agencies to a maximum degree in a cooperative way which will be of a great benefit to the community without the added cost of a further staff. It seems unfortunate that bricks and mortar, as represented by buildings, should be the emphasis rather than providing for a well-trained personnel.

The parental situation is largely a factor in producing maladjustment, and since the seeds of personality are sowed early, many emotional relationships are determinants of later behavior. Juvenile conditioning, then, undoubtedly plays a role. The unrest of present family life has been described as an added factor. One of the most important factors of unrest in terms of this family life is the tendency toward urbanization. Often emotional difficulties ensue in individuals who cannot adjust under the stress involved in moving from a less congested home area to the crowded city. Many social problems result from the migration of people who could get along very nicely in a simpler type of environment, but who instead move to the industrial areas in the hope of gaining factory employment. Attitudes toward life are individual and are dependent on the background and home training. This is especially marked in cases of foreign-born parents who come to the United States in order to have an opportunity for development. Often the child of such a family tends to break away early from the restrictions of the parents who have been governed by their own early childhood training. As a result of the lack of correlation of outlook between the child and the parents, problems ensue. On occasion these children are un-

willing to accept the intolerant parental authority, feeling that the parents are hostile and do not understand their point of view or the more modern trend toward self-expression. Often parents have remnants of their own rigorous training and repression from their own childhood so that their attitudes toward life are governed by ideas laid down during a period less complex and largely simplified.

As a result of the mechanization of industry, human values in the individual are frequently lost sight of. This intensifies the lack of satisfaction which the parent has and prevents an objectivity in the home as a result. Emphasis on materialistic advantages with little direction of energy along creative lines has been a primary factor in disorganization, especially in times of economic stress. Discontentment and the frustration of experiences outside the home become reflected into the intimate family relationships and affect the members indirectly. Thus it is that the "atmosphere" of the home becomes surcharged from this carry-over of the personal bitterness and turbulent feelings which originated at the place of employment or at some social gathering. In the intimate association of family life each individual not only reacts to the immediate problem but does so in the light of his past experiences. Therefore, one can see how impossible it would be to treat the delinquent without taking into consideration the other members of his family.

In England before 1850, social work was concerned with the economic phases of life. Mary E. Richmond in her book "Social Diagnosis"² states that the treatment then looked to repression of unnecessary demands on public funds rather than to the release of energy, regeneration of character, multiplication of health opportunities, training, etc. At present the power of self-help and mutual aid is the goal. The emphasis then shifted to the individual by knowledge of his character and his total experience in terms of his background and development. What is meant is not the knowledge that a man is alcoholic or a woman is dishonest, but instead the reasons for this behavior are the problems to be considered. It involves the knowledge of what the individual's hopes, ambitions, feelings, scheme of life, and frustrations have been. As a result of reform, then, the newer methods of social treatment were adopted, dealing with better housing conditions, with the prevention and diagnosis of tuberculosis, the care and training of the feeble-minded, child labor reform, the recreation movement, mental hygiene, etc.

²"Social Diagnosis" by Mary E. Richmond. Publication of the Russell Sage Foundation.

In 1899 representatives of the children's agencies and social settlements in Chicago were able to secure the passage of a juvenile court law, combining the ideas of probation, separate hearings, and the assignment of cases before a judge especially qualified in dealing with problems of children. In other words, the first juvenile court was organized. Judge Harvey Baker of the Boston Juvenile Court described the type of judge qualified to hear these cases. He believed in order to pass judgment on a child it would be necessary to understand the child's developmental history, his social environment, his physical condition, and his inner feelings. It is important to have this information in order to interpret the causation of the behavior and effect a cure. Judge Baker recognized that stealing was a symptom and not a disease. Necessarily, then, the juvenile court judge had to realize the distinct contribution of authentic and interpreted social fact. It is necessary to reconstruct a picture of the child because isolated facts and fragmentary information are in and of themselves not significant. Richmond concludes with the following:

"Social evidence has the advantage over legal evidence in that it includes facts of high probative value. Without this, social case work would not be possible, since the problem of orientation of the family or individual is far more complex than the single question as to whether or not the defendant is to be penalized. Accumulative evidence, therefore, is the goal; as for example in the problem of feeble-mindedness where a detailed description of the developmental history is necessary. In the juvenile court, legal evidence is to be supplemented by social evidence. The method of gathering the evidence has an influence on the child and has just as much value as the material itself. Therefore, an investigation should be inspired not by the ambition to run down a convicted criminal, but by the desire to learn the best way to overcome the child's difficulties."

The original purpose of the juvenile court was to remove children from the deleterious influence of the adult offenders. There is one type of case, however, in which commonly the child is still very unfortunately influenced by contacts in the adult court. This is in the type of cases in which a female minor child is plaintiff in a sex offense case against an adult. The judiciary and criminal courts as a rule find these cases unwelcome. The prosecuting attorneys likewise find this group of cases undesirable because the possibility of conviction is not great, especially if it is only the child's word against the defendant's in the absence of a witness. The percentage of convictions is small. The child is made to retell her sordid story many times. The morbid interest of the undesirable court hangers on is stimulated. There are frequent mistrials and jury disagree-

ments. Finally, after telling her story many times, she becomes somewhat callous and can recite her lurid tale to the jury without any emotional display. One woman on a jury expressed herself in this way: She stated before she saw the child that the defendant was guilty. As soon as she heard the callous story she "Just knew that such a tale could not be true, because the girl looked so hard-boiled and told her tale without crying or emotional disturbance." The child had repeated the story several times before to policewomen, court workers, and to a previous jury in the preceding trial which ended in disagreement. This case will be cited in some detail as follows, since it is a striking illustration of the points made.

IDENTIFYING DATA: M. J. C. (Children's Aid Society records under name of B. M.), age 11 years, and 10 months; was the illegitimate child of white, Protestant parents. At the age of 4½ months she was placed for adoption in the home of Mr. and Mrs. R. C. Patient is tall and well-developed for her age; her long, black curls, arrogant expression, and self-conscious mannerisms give her an air of sophistication, beneath which she is actually very infantile. In accordance with the order of the Juvenile Court (by whom the case was referred to the Clinic for Juvenile Research) she has been placed in a very superior foster home. The adoptive father is deceased and the mother is working.

DELINQUENCIES AND PRESENT PROBLEMS

Court Record. 3-3-31 patient brought into court on charge of sex delinquency with C. M., a man of about sixty. Under a guise of a friend of the family, he met the patient in July, 1930, and won the confidence of the mother, who was ignorant that he was having sex relations with the patient. The first intercourse took place in August, 1930. The patient says sex relations continued for only a month but she was with Mr. M. several times a week until the police investigation in February, 1931.

The school reported that she had a "boy friend" who was an old man; she truanted to meet him and he gave her clothing and gifts. Her school work was increasingly unsatisfactory, as she day-dreamed and never volunteered to recite.

The mother had never considered the patient a problem until now, although she is willful and babyish. She reports capricious appetite, nail biting, and licking her fingers.

The foster mother reported that she was disorderly, lacking in personal cleanliness, must be constantly watched, is infatuated with older boys, and untruthful.

Other problems revealed were: over-development, show off behavior, exaggerated interest in boys, fantastic tales, and ignorance about the fact that she is adopted.

Patient's own story: Patient's responses were immature. She stated her ambition was to go West and become a cowboy. Admitted stealing

from a five and ten cent store with a girl friend just for the excitement. Fabricated and told fantastic yarns. Very much sophisticated. Described amorous activities between adoptive mother and boarder, and the cruelty of the adoptive father to the mother, stating that the father "beat up" the mother. Patient described acquaintanceship and sex relationship with the sixty year old man she met in Waterworks Park, and told of the gifts and attentions he gave her. These activities described with little embarrassment or guilt feeling. Expressed a number of interests in terms of wanting to be a boy. Showed resentment toward authority and school placement. Conflicted about death of sister for which she thinks she is responsible. Feels that "only two men out of every million" do not have sex motives behind their actions.

PHYSICAL FINDINGS: The history revealed chicken pox (5), measles (7), scarlet fever (8)—none serious and no sequelae. Only minor accidents. The school reports bad tonsils and mouth breathing as far back as 1928.

Patient was five feet tall and twenty-eight pounds heavier than average for her age. Secondary sex characteristics definitely established. Pes equinus especially of the left foot. Reflexes hyperactive. Vision left eye, eight over ten; right eye six over ten minus seven; pupils markedly dilated; right disc pale. Chronic otitis media of the left ear. Several carious teeth. Tonsils large, cryptic, and infected. Submaxillary adenitis; mouth breather. Otherwise negative.

MENTAL FINDINGS

Psychological

Previous examinations: Group tests given in school 9-11-25, age 6, C-Y
2-11-27, age 8, D-C

Present examinations: Stanford-Binet (4-6-31) C. A. 11-7; M. A.
10-11; I. Q. 95

Porteus Maze	M. A. 10-0
Healy P. C. II.....	M. A. 8-9
Knox Cubes	M. A. 9-0
Ferguson Formboards	M. A. 9-10
New Stanford Achievement—Average Edu- cational age 10-2, Grade 4-3.	

Summary: Cooperative, considerable affectation, "cock-sure" attitude. Memory work poor, but good language usage, planning ability, and ability to interpret and generalize from concrete situations.

School reports show she entered kindergarten at five and has attended nine different schools. She repeated 3-A and 4-B. Most of her grades have been twos and threes with a few fours and a number of ones in music and drawing. Her February report showed five fours. Her work has improved since placement in the foster home.

Personality characteristics:

As found by psychiatrist: self-satisfied, opinionated, infantile in emotional development, plays for attention, can

be reasoned with, irritable, fabricator, sympathetic, sensitive, good-natured, a poser.

As found by psychologist: cooperative, affected, and "cocksure."

As found by school: quiet, "not unhappy," bored, a day-dreamer, never volunteers, unusually "boy conscious," good-natured, well-behaved.

As found by mother (in a statement spontaneously brought to the clinic): is affectionate; responds to praise, stubborn if unfairly treated; not good at finishing anything; has will power and determination if rightly directed; is jealous, her feelings are easily hurt but she attempts to cover this by bravado; loyal; loves animals and birds; is fond of flowers and music, and likes to dance and sing. She was jealous of mother's attention to her own baby.

The foster mother in spite of the problem listed said she is unselfish and likeable.

Others considered the patient sophisticated and affected, but attractive when she forgets to pose.

THE FAMILY AND ITS EVOLUTION

Background: Own parents. Nothing is known of the patient's own parents except that the father (an automobile mechanic) was born in D. and the mother in C. There was no physical or mental defect in either parent. They were engaged when patient was conceived; although the father promised to marry the mother even after the patient's birth, he married another woman. The mother found she could not support herself and the patient so released her for adoption.

The adoptive parents (Source—adoptive mother). The father was the older of two siblings. When the grandfather died the father (16) left high school to go to work, and he always felt that this was unjust. He appears to have had no deep attachment for his mother or his sister. L., sister, who is ten years his junior, has never been well. She lives in D. and is now divorcing her husband. The father worked in a coal office; as a soft drink manufacturer; and for the Postal Telegraph Company. He was fond of music, played the piano by ear, and for a time played the drums in a burlesque show. After an attack of lethargic encephalitis (1925) he suffered a personality change; he was no longer "fairly good-natured" but nervous, irritable, and often verged on violence to the extent that the mother and patient were afraid of him. H. Hospital informed the bank where he worked that it was not safe to retain him as a guard. He died December, 1929, of a repeated attack of pneumonia. Although not anxious to adopt a child, he became very fond of the patient and was indulgent toward her. He often took her to amusement parks and shows.

The mother was the older of two siblings. She feels that both the grandmother and the great grandmother were too strict, and unjust in

their discipline, and therefore she should be more lenient with her daughter. Her childhood was reasonably happy but for the fear of the grandfather when he drank, and her deep feeling of difference resulting from the grandmother's divorcing him when she was eleven. At that time the great grandparents took her and her brother, and the mother's only deep attachment was for the great grandfather. She had little interest in school and after the tenth grade went to work in a telephone office. Since the father's death she has been employed as proof reader, making \$12 to \$17 a week. She always wanted a child and after being married seven years with no pregnancy, she adopted the patient. Ten years later she gave birth to a daughter in spite of a large fibroid uterine tumor discovered during the pregnancy and removed after delivery. The baby had a cerebral hemorrhage but recovered and lived to the age of ten weeks when she died of pneumonia. The patient's trouble has reconciled the mother to losing the baby. She is deeply attached to the patient. She looks upon her as a baby but gives her privileges for which she is too immature. She does not consider the child delinquent but merely misled. She has little control of her and yields to her wheedling. Although reluctant to send the patient to a foster home, she has been cooperative with the clinic and the foster parents. The mother presents a good appearance and is rather intelligent but is ineffectual and extremely gullible.

Home conditions: Marital relations between the parents were never satisfactory. They had known each other since their early teens but the mother refused the father's attentions until her engagement to a second cousin had been broken because of blood relationship; she married the father on the rebound. Sex relations were utterly distasteful to her, but she thinks the father was "better than most men about it" when she refused to have intercourse. She thinks her very indifference may account for the father's fidelity. Toward the end of his life the mother feared him so she and the patient lived away from him, later going to her brother's home in N. Y. for several months. She shows no indication of grief over his death.

The home has been unstable. Since the patient started school she has attended nine different schools. Economically they have been fairly comfortable and have received no relief except hospital care during the father's illness. As they have always lived in apartments, the patient has had no place to play and has depended on going to parks, amusement parks, and the movies for entertainment. The maternal great grandmother, grandmother and step-grandfather have at times lived with the family, but apparently have not complicated the marital situation or discipline. After the father's death, H. D., a Greek, who had lived with the family during the father's life had a room in the apartment with the mother and patient where he slept in the daytime. He asked the mother to marry him but she refused because the patient did not want a Greek father. It has been reported that the mother is the man's common law wife. The mother is living with the paternal aunt since the patient was placed in a foster home.

THE PATIENT: Her developmental history is negative. There were no feeding difficulties nor serious illnesses. Catamenia was established shortly before she was eleven; she rebelled against it as unfair but wants people to know when she is menstruating. Her habits have been irregular. She stayed up late because of fear of the dark and because of the parents' inability or unwillingness to secure obedience. Her food fads served as an attention getting device, and no doubt were the result of having money to spend for candy and ice cream between meals. She is very fond of coffee but drinks a great deal of milk. She refuses to keep herself clean, is disorderly, and irresponsible.

Experiences: The patient met C. M. in a park and accepted him as a friend of her deceased father. He went to the home frequently, said he would like to adopt her if he were situated so he could, and asked the mother to permit him to do for the child as if she were his own. He called her "the babe" and assumed a protective attitude toward her. When he suggested intercourse, the patient did not know what he meant. After an explanation she said it did not sound very nice, but he assured her that it was all right as the mother did it with the roomer. Later he told her she would get into trouble if she told her mother. She did not appear to object to the sex relation, although she says, "It hurt a little sometimes." She never told of her experiences to anyone, and admitted it only after a physical examination revealed a broken hymen. At Mr. M.'s preliminary hearing she was "just a scared little girl"; in the Juvenile Court she was at first evasive; at the M. trial in Records Court she was calm, matter-of-fact, and the jury considered her "brazen" and refused to send a man to prison "for a girl like that."

ANALYSIS OF THE FACTS ASSEMBLED

Direct causations

1. Education of the child in sex activities by a man of sixty whom patient thought was a friend of her father's.
2. Precocious physical development with the establishment of older adolescent interests.
3. Faulty supervision of the child by irresponsible, thoughtless mother who was away from the home in order to earn money.
4. Overindulgence of the child by mother who is conflicted about her own childhood restrictions. This attitude was furthered by death of her own baby and the deprivation of her husband later.
5. Frequent changes in habitat due to changes in position and ill health of the father.
6. Poor example of the mother by having a male roomer living with them under crowded conditions after the death of the father.
7. Faulty and incomplete sex instruction by the mother.

Interpretation from a dynamic standpoint

1. Patient is conflicted about death of her baby sister. Patient believes that the sister died as a result of the faulty care she subjected her to.
2. The establishment of a guilt feeling as the result of three trials

in court. For the first time she seems to realize the conventional attitude toward her experience.

3. Severe conflict in the mother because of libidinal deprivations in her childhood, the fact that she married a man whom she did not love and who later suffered a personality change as a result of encephalitis, made for overprotection and infantilization of the patient by the mother.
4. Sex conflict of the mother prevented adequate dealing with the patient's sex problem and giving her proper sex instructions.

OBJECTIVES OF TREATMENT

Medical

1. Tonsillectomy and adenoidectomy.
2. Treatment of nose condition.
3. Dental care and encouragement in oral hygiene.
4. Refraction.
5. Advise restricted carbohydrate diet for obesity.

Psychological

1. Utilize ability to write fantastic tales.
2. Training in spelling.
3. Seashore music test to determine musical ability.

Social

1. Continued foster home placement with sufficient interpretation of behavior not to menace the other children in the home.
2. A satisfactory father substitute to overcome her aversion to men.
3. Wholesome relations with boys in the home.
4. Work with the school in an effort to individualize patient's experiences to gain social approval: e. g., in dramatics and athletics.
5. Music or dancing might be encouraged.
6. Encouragement in tutoring by foster mother.
7. Eliminate all of Mr. M.'s gifts because of the erotic phantasies they stimulate.
8. Regular appointments of worker with the mother to overcome her sense of failure and prepare her for future contacts with the patient.
9. In view of the economic problems and immature attitude of the mother, placing the patient with her is not advisable unless she finds a satisfying marriage.
10. Advise that H., mother's roomer, discontinue his visits to the foster home to avoid unpleasantness with the foster parents.
11. Continued contacts with foster parents.

Psychiatric

1. Overcome antagonism of patient to the clinic.
2. Psychiatrist to act as father-substitute.
3. Specific problems to be dealt with:
 - a. guilt over sex experience.
 - b. guilt over dead half sister.
 - c. acceptance of conventions and standards. Examiner be-

lieves this necessary because of the lack of ideals and development of super-ego, court experience, and attention given to sex experience.

- d. ideas of reference (men flirting in cars, seeing Mr. M., foster father's kissing her, etc.), which may have a factual basis.
4. Having patient compose stories and draw pictures to gain insight into ideation.
5. Problem is largely dependent on developing rapport with patient.

Before commenting on any solution of this very difficult problem, one may speculate as to the possibility of a more fundamental deficiency in law school curricula. Would it not be advisable to inaugurate at least fundamental courses in the law school to enable the prospective lawyer to understand his clients, to have sufficient insight into fellow human beings to assist him in the delicate art of interpreting their behavior? It would seem advisable also to have fundamental courses in social-psychiatry to enable him to understand the operation of social forces upon the individual. Finally it is highly desirable to have some training in mental hygiene, not in any elaborate form but at least in the fundamentals. It is interesting to note the studies made in certain cases of bankruptcy in which a relatively high percentage seemed to be the result of personality defects and maladjustments of the individual, rather than as the result of external factors. In the type of case mentioned, would it not seem advisable to lay less stress on the conviction of the guilty one and more upon determining what constructive measures should be utilized to overcome the severe traumata that the child has suffered? Unfortunately, at present it is impossible to obtain a psychiatric examination of a defendant in a felony case before conviction. If a special provision could be made in this type of case there would be less disagreement in the jury, saving the community from paying court costs, salaries of juries, as well as shedding light on the reliability of the defendant's testimony. Frequently these offenses occur in men beyond middle age who are undergoing senile mental changes, or who are suffering from exacerbation of apparent sexual virility as a result of organic mental conditions.

In juvenile delinquency the family is the focus of attention, inasmuch as any prophylactic work must concern itself with the unadjusted child in the family and with those factors which are fundamental in the production of maladjustment. The hope of the future, then, is concerned with the problem of prevention—not only by minimizing family disorganization but by education of juvenile court

workers; by permitting the law student to acquire deeper insight into the motivation of behavior; by the utilization of the resources of the community affecting the child, such as the school, recreation center, etc.; and by establishment of legislative procedures providing the resources which will enable the judge in the juvenile court to have an adequate analysis of the child's physical condition, insight into his intellectual possibilities, an account of his home and neighborhood, an evaluation and understanding of the personality of the child and the child's attitudes, so that he may be in a position to pass scientific judgment on the problem before him. Then, for the first time, we will have an adequate program for adult crime prevention.