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SOME INSTITUTIONAL PROBLEMS IN DEALING WITH PSYCHOPATHIC DELINQUENTS¹

KATHARINE BEMENT DAVIS²

This paper will discuss typical cases of psychopathic delinquents solely from the point of view of institutional management.

From time to time we read in the newspapers of investigations conducted by state officials into the management of various institutions for delinquent women. There are usually charges of undue severity and improper punishment, if not of actual cruelty, and the complainants are apt to be inmates themselves who have required severe discipline, or their friends acting for them. Sometimes there is a basis of fact in the complaints. More often there is exaggeration of actual fact, and occasionally the entire story is fabricated. To cite an instance:

In a certain institution a girl who was highly emotional was placed in the garden squad for the sake of the effect of work in the outdoor air. One noon-time she came in in a very excited condition, swearing and calling her officer names. It was customary for the squad to go to their rooms and wash up before dinner. On reaching her room this girl paced up and down, swearing, using obscene language and breathing out threatenings and slaughter against her officer, all of which was easily overheard by the girls in the adjoining rooms, as, unfortunately, the transoms were screened, not shuttered. The head of the house went to the girl and tried to quiet her, but in vain. She therefore telephoned for the superintendent. The superintendent went over, opened the door, and in a perfectly kind tone suggested, "Mary, let us go downstairs to the office and talk things over." At first Mary refused, but finally started downstairs. She was walking side by side with the superintendent, separated by perhaps a foot of space. The superintendent was not touching her in any way. At the turn of the stairway, she suddenly threw herself full length and began to scream in a stifled voice, "She is choking me; I am being choked! Girls! Girls! I am being choked!" Thereupon arose a flutter among the other girls, "Mary is being choked! Oh, dear! Can't somebody stop it?" etc. The superintendent, leaving the girl lying upon the

¹Read before the eleventh annual meeting of the American Institute of Criminal Law and Criminology, in Boston, September 3, 1919.

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stairs, went back to the corridor and said, while the screams still went on: "Girls, you see that Mary is not speaking the truth. I am here and no one is with her." Suppose in this case the superintendent had not returned to the corridor, how could she have disproved any charge against her if the girls had testified that they heard the choking.

The formal investigations of institutions usually reveal the fact that individuals or groups of individuals have so conducted themselves as to make life in the institution almost unbearable. In the effort to bring offenders to terms, as a last resort, severe methods have undoubtedly been used. For example: In institutions which have no special provision for the care of psychopathic or disturbed cases, and where a young woman has insisted on crying and screaming all night, there are numerous instances where severe criticism has been incurred for employing gags. To illustrate, I will use the records of a case cared for in the Psychopathic Hospital connected with the State Reformatory at Bedford Hills. It was difficult enough to handle A in the hospital. What course could have been taken in the ordinary reformatory institution? The case is as follows; we condense from the records:

During the morning H repeated to A some remarks which she alleged had been made by the other girls relative to "the two Jews upstairs." A became very much excited. During the day efforts were made to quiet her. She refused to take nourishment. By evening she had worked herself up to a state of frenzy. The night nurse happened to be one to whom she had taken a dislike. When this nurse went on duty A began to scream, and by ten o'clock the entire house was becoming excited. She thereupon was taken to the isolation room. There she continued to scream in such a way that it could be heard in all parts of the house. She threatened to choke herself during the night. It was decided to give her a cold pack. The other nurses were called. She became much excited and resisted considerably, but quitted down almost immediately after she was in the pack. She developed what was apparently a laryngeal spasm, which seemed to cause her considerable difficulty in breathing, but her lips remained a good color. Her pulse was slow, seventy-eight, and of good quality, though slightly irregular. At intervals, while in the pack, she screamed, especially if she caught sight of the night nurse, or if it were suggested that she have water or milk. She was taken out of the pack in little over an hour. The sheets were removed. She remained rolled up in dry blankets. In spite of the apparent difficulty in breathing it was not noticeable when she was quiet and she did not take forced

breaths. She fell asleep at 11:30. Although she waked at intervals of an hour or so, she slept most of the time until 10 o'clock the next morning. She then was returned to her room and was quiet throughout the day.

In most reformatories there would have been no suitable place for giving the cold pack. Ordinarily there would not have been four nurses to call upon to give it. If it were attempted by inexperienced persons or by too few persons, and the patient resisted, there would be danger of somebody's being hurt. So, if other means failed, and the house was becoming excited, in the ordinary reformatory an attempt might have been made to use a gag.

Or, again, charges are made that corporal punishment has been inflicted. In a reformatory institution without a resident physician who was also a psychiatrist, without appliances for hydrotherapy, and without an isolated silence room or disciplinary building, this happened:

S was a young woman who would be recognized by experts as possessing decided psychopathic traits. She had been for some time previous to her commitment to a state reformatory an inmate of a New York City institution, where she had proved a very highly disturbing element. She was absolutely intolerant of correction or even suggestion as to her conduct. One day, on the campus at recreation time, some suggestion was made by the officer in charge as to the impropriety of certain actions. Possibly the officer was injudicious in her language, but the result of a few sentences was that S sprang at the officer, grabbed her by the hair and began to shake her. Naturally the other girls screamed. The superintendent, seeing the trouble from her office window, ran to the rescue and took hold of S. The unexpected grasp from the rear caused S to let go her hold on the officer. She turned on the superintendent, shrieking out, "Don't you dare lay a finger on me!" The superintendent replied, "Let us go into the house." This S refused, saying, "If you try to take me I shall report you to the State Board of Charities and you will be dismissed. I got Miss M. dismissed from the last institution I was in." The superintendent replied that not only would she take her into the house, but when she got her there she would spank her. This she did, in the presence of the resident physician and several other officers, punishment being administered in the good old-fashioned way with the slipper. The case was immediately reported by the superintendent to the State Board of Charities, who reprimanded her without having

anything constructive to suggest as to what might have been done under the circumstances.

Again, where a woman of this type is found impossible in relation to the other inmates and there is an isolated room in the institution, she may be kept there for periods which increase in length with the frequency of the punishment. The findings of committees of investigation, coming as a rule from men who have had no personal experience in dealing with women of this type, may often be summed up: "The management ought not to have done what they did." Recommendations may be made of a change in management, but no attempt is made to say just how individual cases can be met.

What is the trouble with our institutions? Are superintendents and members of their staffs naturally cruel and do they inflict punishment unnecessarily or for the pleasure of doing it? It would seem that the disciplinary difficulties which bring about this kind of unpleasant publicity come from a combination of three factors: First, the lack of scientific training in dealing with cases of genuine mental disturbance on the part of the heads of some of our women's institutions; second, the lack of equipment and a properly trained staff for handling such cases in the ordinary routine of a reformatory; and, third, and primarily, the fact that these institutions are the dumping ground for a great many kinds of women, the only common denominator being violation of the law. To illustrate:

In the Eighteenth Annual Report of the New York State Reformatory for Women are printed the reports of the psychologist and of the director of the Psychopathic Hospital of the Laboratory of Social Hygiene. The director of the Laboratory reports that on the basis of psychological diagnosis, 26.8% of all the cases committed during the year were sufficiently feeble-minded to justify a recommendation of custodial care. The classification was made on a basis of, first, consideration for performance in mental examination; second, reference to the social history; third, the total impression made on the examiner. In the report from the Psychopathic Hospital, the following classes of cases were described: Two cases transferred to the Matteawan Hospital diagnosed as allied to dementia præcox and allied to manic-depressive psychoses respectively; cases treated in the hospital, manic-depressive temperament and neuroses, including pathological lying and stealing; epilepsy with hysteroid manifestations; neuro-syphilis; alcoholic deterioration; psychopathic personality with a varied assortment of traits, including paranoid tendencies; aggressive sex manifestations, excited and even assaultive behavior when whim

of the moment was not obtained—all having manifested similar traits since childhood. In addition to these two distinct groups of abnormalities were the young women of normal mentality, who amounted to less than half the population.

A long observation of the behavior of women committed to reformatory institutions leads to the conclusion that while most persons who are so feeble-minded as to stand in need of permanent custodial care are not desirable inmates of an institution intended to fit delinquent women to return to society, with few exceptions they are not so detrimental to the good order of the institution as are the type of cases listed in the report of the director of the Psychopathic Hospital. It is a safe proposition to assert that a very high percentage of disciplinary difficulties come from attempting to take care of women of pronounced psychopathic tendencies in the midst of a group who must be treated as normal individuals if the reformatory purposes of the institution are to be accomplished. Many of this type of case are to be found among the recidivists, those whom repeated experiences in institutions have failed to improve, possibly through lack of understanding of the fundamental difficulties.

An excellent illustration of the type of young woman with a long institutional record who is a difficult disciplinary problem is E. J. She was committed to the New York State Reformatory for possessing narcotics. Her police record in New York City showed ten fingerprints. These were for disorderly conduct, grand larceny, possessing narcotics, soliciting and carrying drugs into the Tombs Prison. She was twice fined, three times discharged and served four terms in the City Workhouse. She had previously served one term in the House of the Good Shepherd in Scranton, Pa. At the time of her commitment she was twenty-five years old. It was difficult to verify her early history. Her father was still living, a man of seventy, in San Diego, California. Her mother, whose birthplace was in France, died in 1905. She was the third of a family of four children. One older sister died of tuberculosis. An older sister and a younger brother are both respectable members of society. When she was fifteen and a half years old she ran away from home and traveled as a chorus girl. At seventeen she began her career as a prostitute. A year later she came to New York City with a man whom she had met in a sporting house in Atlantic City and with whom she lived off and on until her commitment to Bedford. He has a criminal record. On her examination on admission she volunteered the information that she took men to the so-called creep-houses for purposes of robbery. She had used

drugs for years and had taken three cures before coming to Bedford. She took a fourth cure after admission to the institution.

The remarkable thing about this case is that in spite of these years of irregular living and the use of drugs, the record which she gave on her psychological examination is the highest ever made in this laboratory.

The statement of the psychologist is as follows:

By the Yerkes-Bridges scale she made ninety-nine points out of a possible hundred. The one point on which she failed was trivial. Her coefficient of mental ability is one hundred and thirteen. In the Stanford-Binet Revision she passed all of the adult tests; in the Wooley series, was above the median in all tests. Is clearly of superior ability. Has a remarkable memory, which she says is less good than formerly on account of the use of drugs. Could do anything she wanted to do as far as mental ability goes.

The resident physician, on her examination at entrance, obtained a record which included description of operations for abscesses caused from hyperdermic injections; a story of three abortions; the use of alcohol. The following is from her record:

At the staff discussion the head of the Reception House stated that the girl asked her to be placed where she could not be near other girls in her work. The head felt that she should be carefully watched. There was no indication, however, after thirty-three days of observation, of psychopathic condition. Began to gain in weight soon after her admission. She developed qualities of leadership, but did not always exercise them in the right direction. She complained of inability to sleep. She felt that the officers were against her. Refused to attend the occupational classes, but consented to take lessons in stenography and typewriting. She showed good ability, but little perseverance. Prolonged baths were given her to induce sleep, but with very little success. She became depressed and made threats of suicide. Broke out crying and screaming upon the slightest interference with her wishes. She was transferred to the Psychopathic Hospital for observation, with her own consent, although at first she objected.

It was learned after her admission to the hospital that she had boasted that if she were taken there she would act in such a manner as to make it necessary to transfer her to the "rough house" (meaning the disciplinary house). She said that when she was in the "penitentiary" it had taken several men to hold her, and that there was no one in the hospital who could do anything with her.

In the hospital she continued to sleep poorly; insisted on keeping her lights burning on the plea that she was afraid. Apparently had some insight into her own condition. She remarked to a nurse that she "would kill whoever told the doctor about 'seeing things,'" as she considered this a sign of "being crazy." She became quarrelsome with other patients. Repeatedly spoke of her views regarding "squealing on people." She did not consider it wrong to kill a person who had done so. She began to have difficulty in retaining her food, particularly when she was displeased about anything. After constant treatment in the hospital for over three months, the case became so acute that it was decided to commit her to the State Hospital for the Criminal Insane at Matteawan (the only hospital for the insane to which transfers from the State Reformatory can be made). Remarks on the commitment paper were as follows: "Increasing depression with numerous threats of suicide; inability to control herself. Strong feeling that she is different from what she was formerly. Inability to concentrate thought. Marked insomnia with apprehensiveness at night and probably hallucinations. Marked tendencies as to persecution and frequent outbursts of excitement."

During the early part of her stay at Matteawan she gave a very troublesome disciplinary record. At the end of fifteen months she was returned to the reformatory as improved. She was kept in the reformatory only a few weeks, or until the expiration of her sentence in August, 1919. She was then discharged to the care of her married sister, who lives on Long Island.

On her admission to the hospital the physician in charge made the following entry in regard to her attitude toward her own past life: "She knows that she has done wrong, but at the same time she states that she will return to the man with whom she had been living after her sentence has expired. She is reminded that possibly he would not be true to her during her absence from New York. She says this does not make any difference to her. She feels that she can win him back. She does not feel that she has done wrong in carrying drugs to anyone who wants them. (One of her commitments was for carrying drugs to a prisoner in the Tombs.) She feels that anyone who wants drugs should have them. Admits that it may be better to do without them, but thinks it is impossible, after one has once acquired the habit. As to her stealing from men, she feels that 'it served them right.' She speaks with a good deal of self-satisfaction of the fact that she can take a pocketbook from a man, empty it and

return it to his pocket while talking to him. She spontaneously adds that she 'never deceives those who trust her!'

Unless her hospital experience has changed this attitude of mind, there is very little hope of her making good in the community. Note that it was only after eight months in the reformatory that symptoms justified a judicial commitment as insane. Without the facilities for treatment which the hospital afforded, the difficulty of dealing with such a case as this in the ordinary routine of a reformatory institution is self-evident.

In contrast to this case there is that of E. N. This girl is twenty-two years old and was committed to the reformatory for petty larceny. She was unmarried. So far as records go, she had never been sexually irregular, but she had a long career of thievery. She had served two terms, once for petty larceny and once for grand larceny, in the House of the Holy Family and the House of the Good Shepherd, Brooklyn, respectively. In addition to this she had had one conviction for petty larceny with suspended sentence. Her work record showed that she was quite able to earn her own living, but that she kept her positions for very short times, with longer or shorter intervals of idleness. Where the work records could be verified, there were no complaints. In spite of investigation, her method of livelihood during periods of idleness remained more or less a mystery. Her father and mother had both died of consumption, the latter when the patient was fifteen years of age. After that she lived with an aunt in a rather poor but entirely respectable home. A brother, three years older than herself, had been a petty officer in the United States Navy and was at the time of the patient's commitment in the Signal Corps in France. Her sister, younger by three years, is a telephone operator. She lives with her aunt in Brooklyn. Is described as being thoughtful and considerate and in no way like the patient.

The aunt accounts for the girl's peculiarities by the prenatal experiences of her mother. Six months before her birth the mother was deserted by her husband, who was alcoholic. She went to live with her sister, where she suffered keenly from her condition of dependency. She wanted many things for herself which she had no means to get, and the aunt believes that the girl was marked with the desire for things she could not get.

In the discussion of her case at the staff meeting, forty days after her reception in the institution, it was clearly recognized that she was a case for the Psychopathic Hospital.

At the time of her first conviction in 1914, the probation officer

of the court made an investigation, as a result of which she decided to send the patient to the Kings County Hospital for observation. The report from the hospital to us was as follows:

"On examination she showed a natural attitude except that she fabricated somewhat in reference to her thefts, inasmuch as she said she had returned stolen articles. Her memory and orientation were intact and no trends were elicited. Physical examination was negative. Patient returned to the Court of Special Sessions on May 22, 1914, with the diagnosis of 'not insane.'"

In view, however, of her repeated offenses at the time of her commitment to Bedford, the judge felt that she should be sent to an institution where she could have very careful observation.

The psychologist reported her to be intellectually normal.

On examination by the psychiatrist the patient appeared extremely sensitive about what she had done. Through her entire stay at the hospital she exhibited great reticence. She repulsed all efforts to get at the cause of her troubles. She refused to face actual conditions, but she made no objection to entering the Psychopathic Hospital. For the first ten days she complained of sleeping poorly and of crying half the night. Considerable irritability developed. She stood correction very poorly. Was insolent when she was reminded that her lights must go out at the signal. She disliked to join the occupational classes in the hospital. When the examiner talked with her at first she refused to answer questions, cried, insisted that the examiner could not understand how girls feel. Stated that she wanted to go to France as a Red Cross nurse, so that she could get away from everybody. Refused to carry out directions of the physician in regard to her own health. She disregarded all minor rules, such as arrangements for washing her hair in turn at regular hours. Insisted on washing her own soiled clothes in the bedroom instead of putting them into the regular laundry. Seemed to feel that the attendants and nurses belong to a world inimical to her. Her teeth, which were in poor condition, were taken care of by the dentist. At the end of two months there was improvement in her attitude. She still could not talk about her difficulties, but her general conduct was better and showed in some degree increasing frankness. She began to study typewriting; was industrious and made progress. At the end of five months, when she learned that the hospital was to close, she showed great regret. Later became sullen. During her entire stay of over five months in the hospital it was impossible for either the psychiatrist or the director to get a frank discussion of her difficulties. She was

returned to the campus on the closing of the hospital with the note, "Condition much improved." At the end of fifteen months she is still in the reformatory. She is unable to get on with her fellow-inmates. Is continually in trouble, and is designated by one of the officers there as a "high-strung fighter." Her conduct has been such as to make the authorities feel that she is not fitted for parole. It seems quite possible that this a case where, if the hospital treatment could have been prolonged, the psychiatrist might have broken down the patient's defensive attitude and given her such an insight into her own character and motives as in view of her good intelligence would have helped her to adjust herself to her surroundings. As it is, the outlook for the future is not bright.

The institutional history of J. W. illustrates even more plainly than the two preceding cases the difficulties of dealing with psychopathic cases in the ordinary routine of a reformatory.

J. W. was a twenty-nine-year-old French-Canadian woman. It was impossible to verify her early history, as both father and mother lived in Canada. Their letters written to the patient indicated that they were respectable people, deeply grieved over the patient's career.

J. has lived in the United States a good part of the time since she was nine years old, having lived in her young girlhood in the northern part of New York State. Her native tongue was Canadian-French, and she never learned English well enough to understand fine distinctions of meaning.

She was sentenced from New York City for soliciting. She had two previous finger-prints and had been on probation once before. She confessed to several arrests in Boston and one term on Deer Island for intoxication. She had several hundred dollars in the bank at the time of her commitment. She claimed that she received twenty-five dollars from each customer and the money was the result of her savings.

Her case was discussed at the staff meeting sixteen days after her admission, as there seemed to be no possibility of verifying her social history. At this time it was reported that at Jefferson Market Court, New York, she was considered "queer," and the psychologist stated that she was queer in some of her emotional reactions, but was mentally above the average of reformatory girls. The Wasserman of the serum showed four plus; the complement fixation test for gonorrhea was doubtful. She gave a history of treatment for syphilis twice, once two and once four years prior to admission. Both times salvarsan was injected intravenously. Four months after her admission to the

reformatory she was admitted to the Psychopathic Hospital. Up to this time she had not been a serious disciplinary problem, but was queer. She was untidy in her person and in her room; was profane and obscene in her language; was very disrespectful; was resentful of correction and did not adapt herself to the life of the house. After her admission to the hospital she displayed the same characteristics. Would dress improperly, was extremely immodest, seemed to delight in exposing her person. Would hide her soiled clothing under the mattress or behind a radiator. Had extremely bad table manners, talked freely of prostitution and sexual topics. She accused the nurses of having similar sexual inclinations and experiences as herself. She stated that she was naturally cold and had to drink in order to make her life tolerable. She was frank in stating that she did it for the money. She gave a sexual interpretation to the most common facts. From her windows she continually tried to attract the attention of the men employees who passed on the road. Expressed a desire to learn, but when given an opportunity in the classes showed no inclination to exert herself. On several occasions left the dining-room abruptly, throwing down her chair and banging the door. Was required to remain in her room for this conduct. When her meals were brought to her room, she threw the plate on the floor, and, although the food was excellent in quality and plentiful in quantity, complained that the authorities intended to starve her. On several occasions she expressed a desire to go to an insane hospital rather than remain where she was. She seemed to be familiar with the routine of an insane hospital, but this she probably gathered from other girls, as no record could be found of any previous hospital experience. She said that at the hospital you could wear your own clothes, including silk stockings, you could write to whomever you pleased, and balls were given in which the male attendants and patients participated.

In May, 1917, she was given a lumbar puncture. Spinal fluid was reported then as having doubtful Wasserman; doubtful gold solution test. In June, following treatment, the Wasserman of the serum was negative and remained so. Diarsenol was used through July and August, and following this the spinal fluid was entirely negative. Her conduct, however, remained difficult. She would become excited as a result of altercation with other patients and would cry and scream. Treatment by continuous baths was temporarily quieting only. Noisy at night; would kick her door and demand milk. Wrote obscene remarks on the woodwork.

Her attitude toward prostitution was interesting to the psychi-

atrist. J. said she found it "very hard to get along with decent people." She likes a sporting life because then she is her own boss. She can get along better with men than with women. She does not like women. She gets angry at them, but she never gets angry at a man. She says it seems like a gift, "it comes so natural to get along with men." She explains her drinking by saying that without it she would be "too bashful!" "I am so quiet and so cold I would not charm the party I am with without booze." She has no desire to be married. "If I live with a man and am not married to him, I love him so much better." When asked what she will do when too old to prostitute, she says she will go to an old ladies' home, "you have only to pay about three hundred dollars." She would rather do that than "have an old man living aside of me when I get old." She has never cared to have any children. "They are too hard to bring into the world and they wake you up at night." All attempts in the Psychopathic Hospital to teach her self-control failed.

After a stay of a year and a month in the hospital, it was decided that nothing more could be done there for her and that in might be well to see whether she could adjust herself to the relatively normal girls in the regular routine of the reformatory. She was returned to the Reception House, with a note: "Condition not improved." This was in December, 1917. In March the reformatory authorities reported that the patient had failed to adjust herself to any environment in which she had been tried. She expressed herself as desirous of studying, but refused to comply with any of the rules in the school building. She refused to do any work assigned to her. She has continued to be extremely untidy in her general habits. She had attempted to make a bargain with the superintendent to the effect that if she could be discharged from the reformatory, she would consent to work for six months.

When next seen by the psychiatrist she was in bed, having refused to get up. She laughed in a silly fashion, and said, "Why don't you give me poison; I would like to be dead." She complained of pain in her stomach, but the examination of the resident physician showed no reason why she should remain in bed. She gave no evidence of being in pain. In her condition it was absolutely impossible that she could live outside an institution without supervision. It was decided that she was a proper subject for treatment in a hospital for the insane.

The note made on her commitment papers to Matteawan was: "Peculiarities of manner noticed for at least two years prior to admis-

sion to the reformatory. Suicidal attempt few years ago. Is careless of personal appearance and untidy in habits. Marked indifference and inertia. Spinal fluid findings indicated neuro-syphilis about one year ago. Cleared up under treatment. Mental content, however, was not improved, but deterioration is rather increasing. Statements always contradictory and unreliable. Marked tendency to obscenity and obscene interpretations."

It will be noted that while there was no improvement during a year's stay at the Psychopathic Hospital, there was still sufficient doubt to make it inadvisable to ask for a commitment to a hospital for the insane. Three months of the regular routine of the reformatory showed that the deterioration had progressed so far as to make it impossible to deal with her as a normal individual. Had the year at the hospital been spent in the reformatory proper, she would have been a constant source of disturbance and of danger to the younger girls owing to her obscene attitude of mind and to her insubordination, but the end might have come more quickly. After eighteen months she is still in a hospital for the insane.

In institutions where terms of commitment are a year or less a case like this would probably have been treated as an extremely difficult disciplinary problem, and the girl would have been returned to the community unimproved and ready to begin again her career of vice. It will be noted that a year and eight months elapsed from the day of her commitment to the date of her transfer.

Perhaps in no case that has come under our observation has the ordinary reformatory institution so failed to control a young girl of highly neurotic tendencies as in the case of M. N. She was placed in an orphan asylum, when about five years of age, at the time of the death of her mother, who died of acute tuberculosis as an inmate of a state hospital for the insane shortly after the birth of her third child. Very soon thereafter the father was obliged to enter a home for chronic invalids as a result of syphilis. M. N. was the second child. A brother, several years older, is apparently perfectly normal. M. N. remained off and on in the orphan asylum for eight years. The head of this institution writes concerning her:

"The story of M. N. is easily told. M. has been a 'difficult child' ever since she first came to our institution June 26, 1904. At times she became unmanageable and we had to send her away from the institution into private homes. She was unable to yield to the treatment of the ordinary private home, and by way of experiment, I brought her back to the care of the institution itself. There she showed herself again utterly beyond control."

According to the records, she was placed in from twelve to fifteen different foster-homes during this period, and from many, though not from all, she was dismissed on account of the guardian's inability to control her. Finally, a philanthropic woman who knew the whole history of the case took her into her own home. This lady was a woman of great insight and she attempted in every possible way to help M. to control herself and adjust herself to her surroundings. She writes of her: "She is high-strung, wilful, impertinent, insubordinate—a born leader; not mean or unkind; will respond to reasoning, but will not submit to those she considers her intellectual inferiors. She has a marked sense of justice, but is not above telling lies to ease her course or possibly for the sake of romance. She is, I believe, fundamentally honest. She is not hypocritical, even though she often plays a part. When she does so, she is lost in the part. She is imaginative, writes well and is fond of writing. She has a keenly analytical mind. She thinks, but the chief content of her thought is subject-matter in some way related to sex. She is at times shockingly coarse. Indeed, I am often horrified at the expression on her face. On the other hand, she sometimes has a beautiful and tender look in her eyes." M. confessed to this lady (Miss X.) certain sex experiences with boys and men. Finally she became so discontented that Miss X. felt it was impossible to keep her longer.

M. had become deeply interested in the Catholic religion. She was by birth a Jew. She desired to learn more about the Catholic faith. Among other things she said to Miss X.: "I think the Christians have such a beautiful custom. They confess their sins to a priest. I think it must help them to tell somebody everything and know that that person cannot hold it up to them."

Miss X. was of M.'s own faith, but she decided that possibly it was best to permit her to look further into the Catholic faith if she could get help there. Accordingly, her admission to a Catholic home for girls was secured. She was admitted as a private boarder, her board being paid by Miss X. Apparently the Catholic faith did not meet with her expectations, for after a short stay in this institution she ran away. She was found and returned, but the sisters refused to be longer responsible for her and she was committed to a small Jewish home for girls. She remained here only a very short time. It seems that she disliked the institution from the very first day, and when she had been there about a week she deliberately took poison ivy, rubbed it into her skin and ate it. The case proved so serious that she had to be transferred to a hospital, where she remained two

weeks. On her return from the hospital she became insubordinate, refused to become amenable to discipline. She exercised no control over her sex impulses. At this time this institution was new and had no facilities for dealing with difficult disciplinary cases, and her influence over the other girls was felt to be pernicious. She was taken to the Neurological Institute, New York City, and given an examination. The conclusion of the report was as follows:

"Diagnosis: Marked psychic insufficiency, with well developed tendencies to the recurrence of crises in personal relations, with hysterical obscuration of judgment. This condition must be associated with the appearance of compulsory states of mind tending toward critical rather than productive forms of mental behavior, which in the light of the mental history of her parents strongly suggests the possible development of a distinct mental disorder later in life."

She was then committed to the State Training School for Girls on the charge of improper guardianship. She remained there fourteen months, at the end of which time she was returned to the court. The following is a summary of her case from the head of this institution:

"While in the training school she received a great deal of attention, but withal very little benefit, for she is still lacking in normal emotional and moral control. In all her work she was very superficial, lacking in perseverance or sustained effort. She required change of occupation like a child. She was unstable, egotistical, passionate; in some of her hysterical attacks or fits of passion she was very obscene and called out to workmen. It would seem doubtful if she ever gains control of her sexual emotions so as to be trusted in society. It does seem probable because of her heredity and history if she does not receive custodial care for her present mental condition, she will later develop some form of mental disease. She was tested by an examiner from the Bureau of Analysis and Investigation of the State Board of Charities, and pronounced feeble-minded, of the unstable, egotistical, passionate type, her physical age being fourteen, her mental age eleven. This diagnosis was based upon the result of tests, upon her failure to re-act normally in any environment in which she had been placed (including private homes with special privileges as well as special institutions,) her exalted opinion of herself and her powers, her lack of emotional control, either of sex or temper.

"Because this girl was mentally incapable of being materially benefited by the training and discipline of this institution, and because this institution is neither equipped for providing, nor expected to provide, custodial care, she was returned as an improper commitment to New York County, in accordance with Section 205 of the State Charities Law."

This was on October 16th. On the next day she was committed to the New York State Reformatory as not being subject to proper

restraint and control. She had just had her sixteenth birthday and appeared much younger. At the Laboratory of Social Hygiene, M. made a much better record on the mental tests than could have been expected in view of her performances at previous testings. The result showed her to be above the average of the reformatory girls. She was later tested in the presence of a group of the advisory board of the Laboratory, who agreed that she could in no way be classed with the feeble-minded.

At the State Reformatory M. promised to repeat the record given in other institutions. She was absolutely unreasonable in conforming to rules. Her only controlling motive seemed to be personal affection for the assistant superintendent. She refused to obey anyone else. Her record shows such remarks as she would not mind "any old dubs like these here," and she just guesses she would do what she pleased. Many of her actions were childish, as, for example, swinging on the doors in the living room. When asked to desist, she said that she would be just as loud as she wanted to, and do just what she wanted to, since it was recreation time and none of the officers' business, anyway. On one occasion, after unavailing requests for quiet, she was asked to go to her room. She absolutely refused, and force was necessary to take her there. The matron was extremely patient with her. Finally, when she became violent and screamed and broke her window, she was handcuffed and taken to the isolation room. This was before the establishment of the Psychopathic Hospital. She remained in the Reformatory for about six months. It became evident that her whole reaction against restraint was such that she would not be benefited by institutional discipline, and that if allowances were made for her peculiar temperament the effect would be disastrous on girls who had not the same excuse. The case, however, had become so interesting to members of the staff that money was found to place her in a private sanatorium, where she could be treated as a case of mental disturbance. Application was made to one of the best institutions in the country. The following is a quotation from the letter of the superintendent of this institution, refusing to take her:

"I placed before the governing committee of the hospital on Saturday last your application for the admission of M. N. I showed them your letters and explained the case to them fully. I told them of our sympathy with the individual and our interest in the problem presented by her. I also explained to them that there was no suitable place for this girl to go to. The questions at issue were very fully and very sympathetically discussed. The committee would, I am sure, have gladly backed me up in doing anything in our power. They felt, however, that in view of the

large number of private cases we have here who are paying the hospital for their care and treatment, it would not be fair to bring here a girl with such a record. They quite freely admitted that with the exception of the accident of falling into the hands of the public authorities many other cases were not essentially different. Nevertheless, they did not think they could properly run the chance of having her record known here, either from her own lips or otherwise, and to receive her here would be contrary to a sound policy of administration. They felt that their sympathy for the individual and with the scientific interest in the case should not lead them to establish a precedent or to decide the question on other than broad grounds.

"I am truly sorry that we are unable to contribute more than we can to bring about a more intelligent system of dealing with the problem presented by these cases."

Fortunately, a woman physician trained as a psychiatrist who had had hospital experience in dealing with insanity had become very much interested in M. Her home was in a distant city. She offered to take M into her own household and to become responsible for having her taught a self-supporting occupation. The Board of Managers of the Institution, believing that the girl's interest, as well as that of the institution, would be best served by such a course, discharged her to care and custody of this physician. This happened four years ago. The history of the case since that time has been one of great interest and is instructive as well in the handling of this type. Only the great patience and skill of this physician has enabled her to so handle it that at the present time M is earning her livelihood as a stenographer and conducting herself as a respectable member of society.

Her experience in such a variety of institutions indicate the difficulties which must be met where no resources are available for handling as a patient rather than as a disciplinary case.

Within certain limits, private institutions are able to rid themselves of cases which prove to be dangerous to the morale of the institution. A state institution becomes a dumping ground, therefore, for all the different cases. If they are simply turned loose upon society, they speedily find themselves in the courts again. On the other hand, if the institution retains them, for the sake of the other inmates an attempt must be made to control them. It is to meet the discipline in such cases that extreme measures are resorted to. Where you have not a sufficient staff to actually hold down a violent case for a number of hours, some mechanical restraint, such as handcuffs or restraining sheets, is absolutely necessary. For its deterrent effect, institutions resort to hair-cutting, the wearing of conspicuous clothing,

etc. The modern effort to introduce self-government in our institutions for women helps in a measure. This cannot be discussed in its bearing on the present question, further than to indicate that it is obviously impossible to leave to a group of inexperienced young women the discipline in a case of what are really psychopathic patients. What the reasonable treatment of women convicted in the courts should be is obvious to most of us who deal with the question at first hand. But the general public and our governing bodies have not yet been educated up to the point of recognition of the stupidity of our present methods, both from the point of view of humanity and of finance.

As an experiment illustrating what the needs of the situation are, some results from the experiences of the Laboratory of Social Hygiene and its Psychopathic Hospital, located at Bedford, may be of interest.

The Laboratory of Social Hygiene was affiliated with the New York State Reformatory for Women at Bedford Hills, and all the cases studied at its Psychopathic Hospital were inmates of the reformatory. The maximum capacity of this hospital was only twenty cases, and it never cared for over sixteen at any one time.

The staff consisted of a director—a woman physician who gave half time; a psychiatrist, who had been on the staff of a hospital for the insane and who resided at this hospital; a stenographer, a head nurse and three assistants, all of whom had special training with cases of mental disease; an occupational teacher, who had previous experience with mental cases; a physical director, who took charge of outdoor games and exercise; a matron, with experience in handling difficult disciplinary cases; a housekeeper, and a night attendant—eleven persons besides the director.

This is a larger proportion of staff to patients than we could ever hope to have in a reformatory, or than is necessary probably with the larger wards of general psychopathic hospitals.

Out of two hundred and sixty cases committed to the State Reformatory between July 1, 1916, and July 1, 1918, forty-one, or 15.7%, were treated in the hospital. These are by no means all who were diagnosed as showing symptoms of abnormal mental conditions.

Out of one hundred and three commitments to the reformatory examined in 1917-18, thirty-six, or 34.9%, exhibited nervous and mental irregularities. Eleven were considered psychopathic, fifteen showed neurotic manifestations of some kind and ten were epileptics; none of the latter were serious cases.

Field workers attached to the laboratory staff made an investigation into the social history of each inmate as a matter of routine for every commitment to the reformatory. This covered the family history, school and work record, previous delinquency or institutional experience, and any other facts which might have a bearing in the understanding of the case.

The psychological department made a routine psychological examination of every commitment, and during the nineteen months the hospital was in operation the psychiatrist examined two hundred cases. The results of these examinations, together with reports of the institutional staff as to the reaction of the patients to conditions prevailing in the institution, were discussed at a staff meeting, which was attended by the laboratory staff, the superintendent and the assistant superintendent of the reformatory, the resident physician, the chief parole officer, the marshal, the principal of the school, and the head of the Reception House. After a complete discussion of each case a tentative diagnosis was made as to proper disposition, together with a recommendation for suitable treatment. Inasmuch as the laboratory was not a genuine clearing house, the time element in the diagnosis was not of immediate vital importance. It was found wise to wait until the verified social history could be completed before a given case was discussed. This depended upon the ability of the field investigator to get readily in touch with families, employers, teachers, etc. As a result, only four cases were diagnosed in less than thirty days, and there were nine cases among these who were declared psychopathic which were not discussed until after they had been two months in the institution. Even with this comparatively long period of observation, only twenty-two out of forty-one cases were diagnosed as psychopathic as early as the time of the staff discussion. The remaining nineteen cases were admitted as a result of disturbances which occurred later. Seven of the twenty-two cases were admitted prior to the staff discussion for observed conduct irregularities, or on the diagnosis of the psychiatrist alone, based on a previous history in her possession. This emphasizes the importance of prolonged observation before accurate diagnosis is possible, and should be considered in any clearing house plan.

Of the forty-one cases treated in the hospital, only four were classified by the psychologist as feeble-minded. Two made the best records on the mental tests of any cases ever examined in the laboratory. We found in five of the larceny cases no history of sexual irregularities. Two of these were married women.

Peculiarities of the psychopathic group as compared with the total population are interesting, but further studies are necessary before deciding that they are not mere coincidences. For example, the proportion of larceny cases was considerably greater among the psychopaths than among the general population. In the latter, out of two hundred and sixty commitments, fifty-nine, or 22.6%, were for larceny, while of the forty-one hospital cases, thirteen, or 31.7%, were committed either for grand or petty larceny.

A comparison of previous records of delinquency seems significant. Although as thorough a search as possible was made by the field investigators, the results undoubtedly err on the side of understatement.

In the group of two hundred and sixty from which the forty-one hospital cases came, one hundred, or 38.4%, had no record of arrests, probation, or previous commitment to correctional institutions. Of the hospital group this was true of only eight cases, or 18.6%. The greatest disparity came, however, not from the number in correctional institutions, which stood 47.3% of the former group as against 51.5% in the latter, but in the number on probation and in the miscellaneous group, where the figures are 14.2%, as compared with 30.1%. "Miscellaneous" includes such cases as were arrested and fined, indicted but not corrected, taken into court and reprimanded by judge—in short, "trouble" of some sort.

There is no data at hand for exact comparison between the two groups as to history of drugs and alcoholism. Out of the group of two hundred and sixty cases, there were eleven commitments for "unlawfully possessing drugs," one for possessing a hypodermic syringe, and one for visiting a place for the smoking of opium. These thirteen were all drug users. Only one commitment in the group was an habitual drunkard. Of the forty-one hospital cases, eighteen, or 43.9%, give a history of the use of alcohol, of whom seven, or 17%, are recorded as heavy drinkers.

Only three cases, or 7.3% of the total hospital cases, were known to be users of drugs.

The question has been raised as to whether syphilitic poison in the blood may not give rise to conduct disturbances. Freud quotes several such cases which he believes due to hereditary syphilis. Such data as we have on this point is not conclusive. For some years a routine Wasserman has been given to all inmates admitted to the reformatory. Lumbar punctures have not been routine, but have been made lately in obstinate cases.

In the Annual Report of the State Reformatory for the year ending September 30, 1913, a table is given showing the result of the examination of five hundred and eighty-seven consecutive admissions. The percentage of syphilis for this entire group is given as 50.76%. Selected from the five hundred and eighty-seven was a group of thirty-seven disturbed cases, in which the percentage of syphilis rose to 56.75%. In the years 1917 and 1918, in two hundred and forty-nine cases, the Wasserman test showed only 38.15% positive. These cases included the forty-one psychopathic patients, where ten cases only, or 24.3%, were positive. In any case a single Wasserman test, however, cannot be taken as conclusive. The laboratory in which a test is made is also important. It will be noted that the percentage for the group of five hundred and eighty-seven is much higher than that for the group of two hundred and forty-nine cases as quoted above, that is, 50.76% as against 38.15%. The two groups of tests, however, were made in two different laboratories, the first in the laboratory of the Department of Health, New York City, and the second in the laboratory of the State Board of Health. The latter has consistently given a smaller percentage of positives for what seems to be the same type of woman.

Dr. Margaret S. Hallek, resident physician of the reformatory, in the Annual Report for the year ending June 30, 1916, writes as follows:

"Our disciplinary cases give about the same number of positives per hundred as are found in the rest of the institution. One of the hardest cases who was subject to discipline for the greatest number of times was negative for both syphilis and gonorrhoea."

Dr. Cotton of the Trenton, New Jersey, State Hospital for the Insane, in a verbal statement, says that he does not believe there is any connection between syphilis and conduct unless the poison has reached the spinal fluid and given rise to paresis. If there is any such connection it seems to remain unproven.

The Psychopathic Hospital closed its work in the middle of June, 1918, transferring the sixteen patients then in the hospital back to the reformatory.

Today, about fifteen months later, the status of the forty-one patients treated there is summed up as follows:

Ten cases were transferred to other institutions; seven of them were committed to the Hospital for the Criminal Insane at Matteawan. Of these, four are still in the hospital; three were returned to the reformatory as improved after treatment of from eight to fifteen

months. One of the three remained in the reformatory for a few weeks, or until the expiration of her sentence last month (August, 1919), when she was discharged to the care of an older sister. Two who had longer unexpired sentences were placed upon parole as soon as arrangements could be made for their outside care. Both of these women were typewriters and clerical workers. One was placed with her parents. She is still with them and working, but the family is finding great difficulty in dealing with her, and she may leave home and disappear at almost any moment. The second woman was placed with a married sister and a clerical position was found her. In a few weeks she disappeared from both places and has not been traced. She writes monthly letters, however, to her parole officer, stating that she is still living with her sister and working at the same place. The letters are postmarked New York City. Two sisters of this woman died in the Manhattan State Hospital, and a third sister is now there, with little prospect of recovery. One case was transferred to the Newark Custodial Asylum as feeble-minded and is still there. Two cases were transferred to tuberculosis hospitals. One died. One was returned to the reformatory after a long stay, cured, was placed on parole, violated parole (a sexual offense), and is now in the reformatory. She has not been a disciplinary case since leaving the hospital.

Eleven of the cases, or 26.8%, have been paroled and have done well. Of these, seven are still on parole; four have completed their terms of commitment and have been discharged from supervision.

There are twenty of the Psychopathic Hospital cases still in the reformatory. Of these four were returned for violation of parole; one for getting drunk; two for sexual offenses, and one for being mentally incapable of doing her work. Seven have been difficult disciplinary cases ever since their transfer from the Psychopathic Hospital and cannot be paroled on this ground. Nine are held for a variety of reasons; two for continued treatment for syphilis, the disease having proved very obstinate; two classed as "psychopathic liars," and three others are being held for further industrial training, and two seem so mentally defective that custodial care for them is being sought. These have not become disciplinary cases.

Without the highly specialized treatment at the Psychopathic Hospital it is almost certain that the great majority of these forty-one cases would have proven difficult disciplinary problems during their entire stay in the reformatory.

For the past ten years the campaign to secure proper treatment of the feeble-minded in state institutions and to demonstrate the neces-

sity of removing feeble-minded delinquents from the ordinary reformatory institutions has been carried on vigorously. Today it is pretty generally recognized that a penal institution whose primary aim should be education is no place for an individual whom we can never hope to make a self-supporting member of society on account of permanently incurable mental defect. Clinics for examination into the mental condition of delinquents are being established in connection with our courts, and are becoming more and more recognized as a necessary part of judicial procedure. The equally important necessity for hospital treatment for the cases which cannot be sent to an insane asylum, which may or may not be feeble-minded, but which cannot be cared for and controlled in an institution planned for normal adults, is apparent.

The purpose of this paper is to show that this group of cases is not as easily or as speedily diagnosed as are the feeble-minded. The individuals must be under observation for considerable periods of time, during which they must be in the hands of specially trained psychiatrists and nurses and in an institution built and equipped with a view to their special needs.

PRESENT STATUS (AUGUST 13, 1919) OF 41 PATIENTS WHO WERE
TREATED AT THE PSYCHOPATHIC HOSPITAL, LABORATORY OF SOCIAL
HYGIENE, BETWEEN SEPTEMBER 30, 1916, AND JUNE 19, 1918

Transferred to Other Institutions:

Newark Custodial Asylum—Still there.....	1
Hospital for Tuberculosis—	
Died in hospital	1
Held 2 years, returned cured (see * below).....	1
	— 2
Matteawan State Hospital—	
Still there	4
Returned to reformatory as improved.....	3
	— 7
Still in institution	1
On parole	1
Parole violated, whereabouts unknown.....	1
	— 10

Paroled and Doing Well:

Discharged from parole	4
Still on parole	7
	— 11
	— 21

Still in the State Reformatory for Women:

Conduct good—not held as disciplinary cases:

Held for treatment for syphilis (stubborn cases).....	2
"Psychopathic liars" not ready for parole.....	2
Feeble-minded—Hope to secure custodial care.....	2
Held for further training.	3

— 9
7

Disciplinary cases—impossible to parole.....

Returned for violation of parole—

Alcoholic	1
Needs custodial care	1
*Sexual offenses (one of these cases starred above).....	2

— 4
20

Total 42

Deduct repetition 1

No. of cases treated 41

Parole Cases 17

(Of these there were returned from Matteawan as improved and immediately paroled, 2.)

Of these:

On parole and doing well.....	7
On parole, not doing well, but still under observation (Matteawan case)	1
Discharged from parole, having done well.....	4
Returned to reformatory for violation of parole.....	4
Violated parole, whereabouts unknown (Matteawan case).....	1

17

Comparisons Between Reformatory Group and Hospital Group.

	Reformatory, 260 Cases	Hospital, 41 Cases
Larceny	59, or 22.6%	13, or 31.7%
Syphilis	(249 Cases) 96, or 38.15%	(41 Cases) 10, or 24.3%

Previous Institutional Record So Far As Could Be Ascertained—

No record of arrests or institutional commitments ..	100, or 38.4%	8, or 19.5%
Probation only	26, or 10.0%	7, or 17+
Miscellaneous	11, or 4.2%	5, or 12+
Commitment to institution for delinquents	123, or 47.3%	21, or 51.2%
Miscellaneous includes such cases as convicted and fined, indicted but not convicted, reprimanded by judge, etc., etc., i. e., previous "trouble" of some sort.		