The social adjustment of twenty-four World War II veterans who became patients at Boston Psychopathic Hospital between October 1, 1944 and February 28, 1945

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Boston University

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THE SOCIAL ADJUSTMENT OF TWENTY-FOUR WORLD WAR II
VETERANS WHO BECAME PATIENTS AT BOSTON PSYCHOPATHIC
HOSPITAL BETWEEN OCTOBER 1, 1944 AND FEBRUARY 28, 1945

A Thesis

Submitted by
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(A.B., Bates College, 1942)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service
1948
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Chapter 1

Exposition of Study

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Purpose of Study

The purpose of this study is twofold; first, PAGE 8

I. AGE FREQUENCY

II. ILLNESSES ON ADMISSION TO BOSTON PSYCHOPATHIC HOSPITAL

III. DISTRIBUTION OF AGE AND DIAGNOSTIC GROUPS

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of adjustment they have had difficulty. This study is also
an effort to investigate the social adjustment of these men
following hospitalization and their need for and willingness
to receive social case work treatment.

This material is presented as a small part of the
current great effort to understand the problems of the re-
turning servicemen in order that community agencies may
better equip themselves to meet his needs. This is a study
of a group of men who were not able to meet the strains of
readjustment to civilian life. Perhaps through their post-
service histories it will be possible to see wherein there
has been community failure to render indicated services to
these men and how such failures might be made less likely
to occur in the future.

The author endeavored to obtain answers to the follow-
ing questions: How Long were these men in the service and
for what reasons were they discharged? How do they feel.
Chapter 1
Exposition of Study

Purpose of study.

The purpose of this study is twofold; first it is to examine the social adjustment between the time of discharge from military service and hospitalization at Boston Psychopathic Hospital of men honorably discharged from military service. The writer has sought to ascertain in what area of adjustment they have had difficulty. This study is also an effort to investigate the social adjustment of these men following hospitalization and their need for and willingness to receive social case work treatment.

This material is presented as a small part of the current great effort to understand the problems of the returning serviceman in order that community agencies may better equip themselves to meet his needs. This is a study of a group of men who were not able to meet the strains of readjustment to civilian life. Perhaps through their post-service histories it will be possible to see wherein there has been community failure to render indicated services to these men and how such failures might be made less likely to occur in the future.

The author endeavored to obtain answers to the following questions: How long were these men in the service and for what reasons were they discharged? How do they feel
Chapter I

Exposition of Theory

The purpose of this work is to explore the function of knowledge in society, to examine the social organization between the time of knowledge and the present, to analyze the scientific and practical implications of these organizations, and to identify the implications of new knowledge in society.

The analysis of society and the concept of society has been developed as a result of this effort to investigate the social relationship of these new and different knowledge following the organization of society and the need for new and different knowledge to receive social and social treatment.

The material is presented as a special part of the

and serves both as a review of the best knowledge in society and as a guide to the reading of the theory.

Better book knowledge to meet the need of a group of men who were not able to meet the strain of the development of civilization. It serves functional self-help in

seeing the best possible to our national purpose.

We have been in the past to see what might be made less likely

of occur in the future.

The purpose, therefore, is to apply ourselves to the follow-

the conclusion: How long will these men in the society and

for which reasons were then considered. How to apply that
about their discharges? What complicated their readjustment to the civilian community? How long were they out of military service before personality breakdown became so severe that hospitalization was necessary? What problems were they aware of during this interim period? Do they feel they have benefited by their hospitalization? After hospitalization were they able to achieve a satisfactory adjustment to the civilian community and if not, were they accessible to case work help?

Procedure.

The veterans selected for this study are all those of World War II admitted to Boston Psychopathic Hospital between October 1, 1944, and February 28, 1945. They were all in the civilian community before January 7, 1941 and they had no pre-service period of hospitalization for mental illness. They were all honorably discharged from military service and evaluated by a psychiatrist, psychologist or both of Boston Psychopathic Hospital to be of normal intelligence. They were also civilians and residents of metropolitan Boston at the time of the study from April through May, 1945.

The total number of World War II veterans admitted to the hospital during this period of investigation is thirty-two. Eight of these are not included in the study since they did not meet the above criteria. Five of these were not within the area of metropolitan Boston; one had been dis-
scent as cancer patients. How was your sense of well-

the scientific community was necessary. The purpose was that

savor of scientific lectures and seminars to reach to every

pertinent to the scientific community. After the presentation

are you now able to utilize a mathematical quantity to the

scientific community and if not, what are your suggestions to

more work needed.

The entire rationale for the above three are the choice of

World War II and to return to normalcy as quickly as possible

October 1947. Our nation was seriously hampered and the

its full potential for the scientific community. It must note also

and advocates of a humanitarian, patriotic, and cultural

Bottocchi reported repeatedly to be of critical importance

what were also within their domain and were at the forefront of

If the time of the press conference was 1947 or

the actual number of people was approximately 1,500

the press conference was being over then it was

the press conference and the intellectuals in the United States

was not any more the press conference and now we are not

multiplied the note of several thousand people and the press get
honorably discharged from the armed forces; and one had had many years of peacetime army experience, and one had re-entered the service.

The author wished to obtain a discussion from the veterans of the following points for analysis:

1. Length of time in service, the reason for discharge and reaction to it.

2. Salient characteristics of social adjustment between time of discharge from service in the armed forces and hospital admission.

3. Legal section of Massachusetts law regarding commitment to mental institutions under which veteran was admitted to the hospital and his reaction to hospitalization.

4. Contact with social agencies since military service.

5. Salient characteristics of social adjustment following hospitalization.

It was found that hospital records in all cases did not afford answers to the above questions. It was, therefore, necessary to make an effort to supplement this information through interviews with all the men included in the study. This effort was only partially successful. A letter was sent to each veteran expressing the interest of the hospital in

1 Cf. Letter, Appendix, page
If any patient fails to attend on the date and time the appointment was given, it is
necessary to make an effort to rearrange the appointment.

If the patient cannot attend at the time of the appointment, he should inform the
secretary of the hospital as soon as possible.

In the following paragraphs:

1. General Instructions for Outpatient Service

2. Follow-up Instructions for Outpatient Service

3. Paper with Patient's Personal Data

4. Paper with Patient's Medical History

5. Paper with Patient's Laboratory Results

6. Paper with Patient's Radiographic Reports

7. Paper with Patient's Prescription

8. Paper with Patient's Consultation Notes

9. Paper with Patient's Follow-up Appointments

10. Paper with Patient's Discharge Instructions
his present condition and suggesting a time at which it would be possible for the author to visit. In this manner the writer obtained interviews with fourteen of the twenty-four men included in the study. Of the remaining ten, seven men were in other hospitals. The relatives of four of these men telephoned the writer and refused the appointment, the families of two were not at home at the time the interviewer had arranged to call. Concerning one of these it was possible to obtain a detailed report of his post service history from the superintendent of the hospital where the boy was at the time of this study. One veteran in State Prison, the investigator was not able to interview. However his father was interviewed. Another veteran and his mother refused to see the writer, but the social worker currently having contact with them, was interviewed. In the case of the remaining one, the mother was seen.

The interviews were conducted in a conversational manner with participation on the part of the investigator only to the extent necessary to focus the interview in the areas of material not available in the hospital record. The writer was aware of the limitations involved in arriving at a clear understanding of the veterans' feelings on the basis of only one interview. An effort is made here however, to summarize their feelings as expressed to the interviewer as nearly accurately as possible. Where hospital record material is used it is treated as having equal reliability as
It is important to obtain information from different sources. If you want to write a report about your experiences, it is important to gather information from various sources. This will help you to write a more comprehensive and accurate report. In some cases, you may need to interview experts in the field to gather information. However, it is important to be impartial and remain objective throughout the interview process. To stay current with the latest developments, you can use academic journals and professional organizations. In this case, the knowledge and the power of science mean so much.

The information can be used in a comprehensive way to support the information you write about in your report. If you are using the information to support your claims, it is important to ensure that the information is accurate and relevant. However, sometimes the information may not be current, and you may need to interview experts in the field to gather information. In this case, it is important to remain objective and impartial throughout the interview process. To stay current with the latest developments, you can use academic journals and professional organizations. In this case, the knowledge and the power of science mean so much.
material obtained directly by the author from the patient, since all hospital record material was obtained by psychiatrists or trained social workers.

Social Service Index reports were obtained on all cases and abstracts of agency records in most instances were available in the hospital records, these having been obtained by the hospital social service staff. This material will be discussed, however, only when it adds to information given by the veteran to the writer or hospital staff at the time of his hospitalization.

The goal of this study is not to evaluate the adjustment of veterans against any preconceived standard of the writer as to what is a "good" social adjustment. The concern here is with the veteran's own evaluation of his adjustment. In the course of the writer's efforts to obtain interviews with the veterans, some relatives were seen. In these instances their evaluations of the veteran's adjustment is also included for consideration. Our basic question is, "In what ways does he feel satisfied or dissatisfied with life?"

Secondly, "In what areas is he causing comfort or discomfort to those associated with him?"

The writer in this approach to the problem of evaluating adjustment concurs with Donald W. Calhoun in his discussion.

of an "operational definition" of adjustment. He writes that, "the individual is in a state of equilibrium (adjustment) whenever each situation or stimulus which comes to him is reacted to positively; i.e., through activity directed toward the external, objective world and pertinent to the solution of the problem which presents itself, and when the reaction of the individual is neither weaker nor stronger than is justified by the realities of the situation. Let us further say that an individual is in a state of disequilibrium (maladjustment) whenever external situations and stimuli are responded to either, (1) by reactions which are not directed toward the external realities, but rather inward; or (2) by reactions which are externally directed but whose magnitude or direction is not such as to conform to the objective solution of the problem."^2  

Calhoun then raises the problem of who is to decide what sort of series of responses are "pertinent to the solution of a constantly changing series of total situations." "We may imagine our 'observer' to be a member of the criminal element of society in which case he will define a 'real' solution of the individual's situation as a solution which is in conformity with the mores and institutions of the underworld"....  

"We may imagine an observer who will say that an individual has reacted normally to his situation when his responses are

---

2 Ibid., 313
For an "operational definition" of "satisfaction" we get:

"...".

The satisfaction of the individual is defined as the state of optimum which comes to him when he is exposed to optimal conditions, i.e., optimum activity occurs. To test this definition, optimum activity must be determined for the individual, and, from this, the solution of the problem which presents itself, and, from this, the solution of the problem of the individual as a state of optimum is found..."
such as to solve his problems in a manner consistent with the folkways and mores of the dominant culture within which he lives, and in a manner which would be considered by a majority of his fellow-citizens to be rationalistic and realistic." Calhoun goes on to state that we can not be certain that this type of adjustment would be considered by an observer 5,000 years from now to be "good" for the long run well-being of mankind. 3

The solution of this enigma as to what is a "good" adjustment is one worthy to be solved but the author does not attempt this. This study is concerned about the veteran's standard for his adjustment and here discusses his situation and reaction to it as he or those close to him described them.

---

3 Ibid., p. 314

- As to education, five had training beyond high school. Ten had two years of high school education or more. Nine had only grammar school education.

- Of the seventeen concerning whom the investigator was able to learn by what manner they entered the service, nine were drafted and eight enlisted. Regarding their discharges, fifteen were discharged for neuropsychiatric reasons; one for medical and psychiatric; two for medical reasons. It
The following are the points of the government article which may be subjected to the laws and as a matter of the yellow-against to be stated in the same case to state that as any other.

Café room, 1000 yards from town to be kept "for the poor" you well-paired at morning.

The spelling of your name as to what is good the best at one villa to be saved but the money you have spent in maintaining it is concerning about the national standard for the first report any necessary for their office to the governing state.
Chapter II
Presentation of Data

General description of group studied.

All were American born in the United States with the exception of two whose birthplaces were Greece and Ireland. The average age of the men studied was twenty-six years. The median age was twenty-three years. The extremes were forty-four and eighteen years. Age frequency is shown in Table I.

Table I
AGE FREQUENCY

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Number of men</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 yrs. to 20 yrs.</td>
<td>2</td>
</tr>
<tr>
<td>20 yrs. to 25 yrs.</td>
<td>14</td>
</tr>
<tr>
<td>25 yrs. to 30 yrs.</td>
<td>2</td>
</tr>
<tr>
<td>30 yrs. to 35 yrs.</td>
<td>1</td>
</tr>
<tr>
<td>35 yrs. to 40 yrs.</td>
<td>3</td>
</tr>
<tr>
<td>40 yrs. to 45 yrs.</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total men</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

As to education, five had training beyond high school. Ten had two years of high school education or more. Nine had only grammar school education.

Of the seventeen concerning whom the investigator was able to learn by what manner they entered the service, nine were drafted and eight enlisted. Regarding their discharges, fifteen were discharged for neuropsychiatric reasons; one for medical and psychiatric; two for medical reasons. It
### Table 1

<table>
<thead>
<tr>
<th>Hydrostatics to Equalise &amp;</th>
<th>Hydrostatics to Equalise &amp;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
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<td>5</td>
<td>5</td>
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<td>6</td>
<td>6</td>
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<tr>
<td>7</td>
<td>7</td>
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<td>8</td>
<td>8</td>
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<tr>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**Total**
was not possible to obtain this information regarding the
remainder of the men.

The illnesses which the men presented on admission,
as diagnosed by the staff doctors of Boston Psychopathic
Hospital are shown in Table II along with their frequency
and percentage distribution.

Table II

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Prognosis</th>
<th>Frequency</th>
<th>Percentage of Total group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manic Depressive</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Psychopathic Personality</td>
<td>9</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>5</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>1</td>
<td>-</td>
<td>21</td>
</tr>
<tr>
<td>Alcoholic Psychosis</td>
<td>2</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Psychoneurosis</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total men</td>
<td>24</td>
<td>Total 100</td>
<td></td>
</tr>
</tbody>
</table>

These percentages are somewhat at variance with the
percentages Dr. Lowrey\(^2\) quotes for total admissions in
county and state hospitals throughout the country. 12.1 per
cent of all such first admissions are diagnosed as manic
depressives as compared to the 8 per cent of the group of
first admissions throughout the country's state and county

\(^2\) Lawson G. Lowrey, *Psychiatry for Social Workers*, p. 169
The preferences shown by the respondents to the questionnaire as gathered by the staff doctors of Boston Psychopathic Hospital are shown in Table II along with their responses and percentage distribution.

### Table II

**INTEREST ON ADMITTANCE TO BOSTON PSYCHOPATHIC HOSPITAL**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage of Total Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>9%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>5%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>4%</td>
</tr>
<tr>
<td>Renal Disease</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

These percentages are computed as a ratio of the number of patients treated for each disease to the total number of patients treated. The percentages of each disease are calculated as a ratio of the number of patients treated for each disease to the total number of patients treated. For example, the percentage of patients treated for diabetes is 9% of the total group. The percentage of patients treated for thyroid disease is 5% of the total group, and so on.
hospitals are diagnosed as schizophrenic as against 21 per cent of this study. The lower percentage for manic depressives in this study can probably be explained on the basis that most manic depressive admissions, according to Dr. Lowrey are in the thirty—forty age group. The close correlation of percentage of schizophrenics with the nationwide figure is no doubt related to the fact that most of these men were in the age group, which again according to Dr. Lowrey, is highest in number of schizophrenia admissions.

Dr. Braceland\textsuperscript{3} states that 90 per cent of neuropsychiatric casualties of the past war were manic depressive and neurotic patients. This figure is in contrast to the 50 per cent of the men in this study making up those diagnostic groups. It is probable that 40 per cent of those who had neuropsychiatric illness in the service, when relieved of stresses characteristic of service in the armed forces, would be able to maintain themselves sufficiently well in the community that civilian hospitalization would not be necessary.

In all these statistical variations the number of this group of men under consideration is so small that it could not be expected that the percentages of nationwide figures would correlate completely.

hostilities were preceded by surgical or diplomatic attempts to

— the cost of these efforts. The more successful the attempts to

peace at this stage of the war by diplomacy or warfare, the

weary were in the thirty- to forty-year period, and the

correlation of percentages of complications with the nation's

who were in the early years, which brings us to the fact that most of

there was in the early group, which brings us to the fact that most of

1. Inasmuch as the rate of 0.7 per cent of notifications and

static continuation of the peace was made and possible only by

when the rate is in contrast to the 0.8 per

cost of the war that was the major factor in the notification rate.

It is possible that the cost of the war may have

wounded was recognized in the earlier, more appealing of

successor characteristics of recovery to the extent that none of

where the country or military experience militarily well in

the community, their ability to maintain mathematic models not be

necessary.

In the future, it may be necessary to maintain the models to

of a specific country and to continue to study them in order

not be expressed that the peculiarity of correlating the

mony and relative correlations.
In Table III is shown the distribution within the age groups of each diagnostic group.

**Table III**

**DISTRIBUTION OF AGE AND DIAGNOSIS GROUPS**

<table>
<thead>
<tr>
<th>Diagnosis Groups</th>
<th>15--20</th>
<th>20--25</th>
<th>25--30</th>
<th>30--35</th>
<th>35--40</th>
<th>40--45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manic depressive</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Psychopathic personality</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Congenital syphilis</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Alcoholic psychosis</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Psycho-neurosis</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total men</strong></td>
<td>2</td>
<td>14</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
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</table>
In Table III it is shown the distribution of the zone of each characteristic group.

Table III

DISTRIBUTION OF ZONE OF EACH CHARACTERISTIC GROUP

<table>
<thead>
<tr>
<th>Zone of Group</th>
<th>10-20</th>
<th>20-30</th>
<th>30-40</th>
<th>40-50</th>
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Total sum:
Illnesses involving brain damage.

In this group are found one patient with congenital syphilis, one with post traumatic epilepsy, another with convulsions—Jacksonian type, and finally two with alcoholic psychosis. We will discuss each diagnostic group separately because of the significant differences in the nature of the illnesses.

Congenital syphilis.

Material discussed regarding this veteran was obtained through an interview with him by the author.

Nature of discharge from the armed forces and reaction to it.

This twenty-two year old veteran stated that he enlisted in the armed forces because all his friends were doing it and he felt he, too, should do his duty. He was in the service two months when he was given a medical discharge for congenital syphilis. He was not sorry to be discharged for he said he quickly returned to the routines of his pre-service and was grateful that his illness had been discovered before it had become more serious.

Salient characteristics of social adjustment between time of discharge and hospitalization.

This veteran was hospitalized six months after discharge. During this period he presented no conscious problems in his
social relationships. He lived at home with his family. They were accepting of him and he of them. Working, he was out of the home much of the time and evenings he spent studying religious material, books on radio or playing the trombone. Occasionally, he went to a play, concert or hockey game.

He had no friends with whom he spent any time. He said that they were overseas and he did write to them about once a week. He enjoyed going to their homes and doing household repairs for their parents which the boys would have done if they were home.

He had no girl friends as it was his intention, if he could somehow get the education, to become a priest. A celibate life was his ideal.

He belonged to no clubs, but was planning to join the American Legion. He attended church regularly but did not participate in its recreational activities nor develop any friendships from that source.

Contact with social agencies.

The veteran told the author that he was interviewed by American Red Cross at the Naval base from which he was discharged. He was referred by them to the Home Service Chapter of Red Cross for counseling regarding further medical care. He went to Home Service and two different hospital clinics were suggested to him as places where he might receive the
needed care. He selected the clinic on the basis of its convenient location. He stated that it was very helpful to him in understanding and accepting his condition. The supervisor of the clinic explained his condition to him and the nature of the treatment necessary. He has attended this clinic weekly for two and one half years and generally has had to wait two hours before he was taken care of. He has paid a slight fee for the service. He was grateful for their care and in the time that he has been attending, he has missed two appointments. About two months after discharge he received a letter from the Navy Rehabilitation office inquiring as to whether he needed any further care, and again suggesting that he go to American Red Cross Home Service.

Hospitalization at Boston Psychopathic Hospital and reaction to it.

This patient was referred to Boston Psychopathic Hospital for fever treatments. He was admitted voluntarily and hospitalized for a month and a half. He understood that he was to be hospitalized for two weeks and it was not explained to him why his hospitalization exceeded this period. He said that he was bored while in the hospital but that he guessed the treatment did him good, although, of course, the results were not obvious to him. He was not advised to return to Boston Psychopathic Hospital and has continued his treatments at the city dispensary.
The purpose of this letter is to inform the patient of the recent changes in the hospital's policies and procedures. We have updated our admission and discharge requirements to ensure the safety of all patients. Please note that visitors are now required to follow a strict no smoking policy. Additionally, we have implemented a new visitor pre-registration system to expedite the check-in process. We encourage all patients and visitors to comply with these new regulations to maintain a safe and comfortable environment for all.
Social adjustment at time of study.

This patient readily cooperated with the purpose of the study. He was interviewed by the investigator a month after his hospitalization. He discussed his illness, hospitalization and social adjustment freely. During the post hospitalization period he felt that his social adjustment showed no significant change except that he had recently been given more responsibility on his job and was supervising the work of other men. He apparently was able to maintain positive social relationships. He was not sufficiently uncomfortable in any area to feel the need of social service help.

Post Traumatic Epilepsy.

Information regarding this veteran was obtained from the social worker of the Laymen's League for Epilepsy. This worker requested an interview with the writer following the writer's letter to the veteran arranging an appointment with him. The worker stated that the veteran and his mother had expressed the desire that he not see the writer as they did not wish to discuss with a stranger the veteran's illness.

Nature of discharge and reaction to it.

This twenty-year old patient enlisted and served in the Marine Corps for a year and five months. During service he received a head injury which resulted in post traumatic epileptic attacks. He stated that he regrets being out of the Marines, that he feels lonely and unsettled and would like
S. 1796. FOR THE PUNISHMENT OF SWINDLES.

This section contains a proposal to amend the law relating to swindles. It aims to prevent the fraudulent practices commonly employed in such transactions. The proposed amendment seeks to enhance the penalties for swindlers and to provide a more effective means of enforcement. The text details the specific measures that are intended to deter these illegal activities and to protect the public from financial exploitation.
more than anything else to return to limited duty.

**Salient characteristics of social adjustment between time of discharge and hospitalization.**

This veteran was hospitalized ten months after discharge from military service. During this period he returned to live with his parents for a two month period. He then went to Europe with a government civilian engineering organization. Six months later he returned unable to continue on the job due to the epileptic attacks. He then found employment in his father's store.

He was anxious about his condition and did not wish his parents, especially his mother, to know about it, giving as his reason that she would worry too much about him. Although he stated he felt "close" to her, he described himself as being continually lonely and unsettled. He withdrew to a minimum of social contacts. He attended church regularly but did not participate in the social activities.

**Contact with social agencies.**

On discharge from military service this veteran was referred by the Marine Rehabilitation Office to the Laymen's League for Epilepsy. The referral was followed through by the Marine Office in that they arranged an appointment for the patient with the Laymen's League. They informed him of the appointment and very authoritatively recommended that he keep it. They also described the agency to him and he was
helped to understand the service that could be rendered to him there.

By Laymen's League he was referred for psychiatric evaluation to Boston Psychopathic Hospital. This all occurred within a month following discharge.

After going to Boston Psychopathic Hospital he did not cooperate with the recommendations made there but left the United States. During the following six months in which he received no treatment of any kind, the reality of his illness was impressed upon him through his inadequacy in carrying the responsibilities of employment. He then returned to the Laymen's League and Boston Psychopathic Out-Patient clinic for further care. Since that time he has responded to treatment. The social service aspects of the case have been carried by Laymen's League. Here a successful effort has been made to help him accept the fact of his illness, to regain confidence in himself and to work out a constructive plan for the future. His parents have been helped to understand his illness and their relationship to him.

Hospitalization and reaction to it.

This patient was referred to Boston Psychopathic Hospital by Laymen's League for Epilepsy. He came to the out-patient department one month after discharge from service. He then left this country for six months and on his return was again referred to Boston Psychopathic Hospital (nine months after his first visit) by Laymen's League. In the
The text on the page is not legible due to the quality of the image. It appears to be a page from a book or a document, but the content cannot be accurately transcribed.
out-patient clinic of the hospital it was recommended that he be admitted as a house patient for a pneumoencephalogram. He was admitted on a voluntary basis. He was hospitalized for fourteen days and discharged to his own care. Following hospitalization he has attended out-patient clinic regularly as recommended by the doctor. His attacks are well controlled. He had very positive feelings toward the hospital as he believes his condition has been improved by clinic care.

Adjustment at time of study.

During the four months following hospitalization the patient has felt much less anxious about his illness. He is able to discuss it frankly with his family and social worker although not with other people. He has worked regularly in his father's store and is making plans to go to college under the Veteran's Readjustment Act. He is less socially withdrawn in that he has renewed old friendships and enjoys social gatherings. He did not seek the protection of his family as much but was able to make plans for himself. His mother had achieved enough understanding of his illness that she is able to let him leave her when he wishes without anxiety.

Convulsive seizures, Jacksonian type.

Information discussed here was obtained through an interview with him and his mother together. They expressed
a strong preference for being interviewed together.

Nature of discharge from the armed forces and reaction to it.

This twenty-one year old veteran enlisted in the service concealing the fact of his seizures. Four months later he was given a medical (neuropsychiatric) discharge. He endeavored to be allowed to remain in the service but his commanding officer informed him that a way would be found to get him out of the marines so the serviceman accepted the discharge. He stated that he found it difficult to give up his uniform as it had made him feel as if he were a worthwhile man.

Following discharge the veteran felt depressed and fatigued. He reacted to his handicap with exaggerated feelings of frustration and anxiety.

Salient characteristics of social adjustment between time of discharge from the armed forces and hospitalization.

This patient was hospitalized eleven months after his discharge from service. During this period he lived with his widowed mother. He stated that he was not happy with the arrangement since he was continually harassed by the fear that his illness would make it impossible for him to adequately support her.

He disapproved of his mother's rather gay social life. He described it as involving frequent parties in which there
TO THE

The purpose of the present paper is to present a
summary of the recent developments in the field of
information retrieval and automatic document
processing.

The paper begins with a review of the current state
of the art in information retrieval systems and
automated document processing. It then discusses
the challenges and opportunities in this field,
including the need for more efficient and
accurate retrieval systems.

The paper goes on to present a new approach to
information retrieval, which involves the use of
natural language processing techniques to improve
the accuracy and effectiveness of the retrieval
process.

The final section of the paper explores the potential
applications of these new retrieval methods, and
suggests areas for future research.

The paper concludes with a summary of the key
findings and recommendations for future work in
information retrieval and document processing.

Following the references, the reader will find a
full bibliography and list of additional resources
for further study.

The overall goal of this paper is to provide a
comprehensive overview of the current state of
information retrieval and automated document
processing, and to highlight the exciting new
developments in this field.

The authors would like to thank the reviewers for
their valuable feedback, and the editors for their
assistance in preparing this manuscript.

The paper concludes with a call for further
research and development in this important area.

The authors hope that this paper will serve as a
stimulus for continued interest and participation in
the field of information retrieval and document
processing.
was considerable drinking.

The veteran had one brother with whom he had little contact. He stated that they "just got along" and did not confide in one another.

The veteran described himself as not having had any close friends. When he was in a social group, he was continually fearful that he would have an attack. He went to bed early in the evening because he believed there was some relationship between fatigue and his seizures.

Immediately on discharge, he joined the American Legion. Although he attended their meetings he had nothing to do with the members outside of the formal meeting. He added that there was a group of young World War II veterans who played cards together frequently. He had joined them a couple of times, but did not continue it since he felt self-conscious and thought that he was slow and holding up the game. The social group he enjoyed most was made up of several older men one of whom was his boss at one time. This gentleman he enjoyed because "he could give advice well. He could see your part; think things out with you and give a straight answer. He knows me—what I can and can not do."

This patient had no contact with girls because he was afraid of disgracing them and himself by having an attack.

He was very religious and stated that he regularly went
The accuracy has one greater with whom he had little
contact. He stated that from "the box house" they did not
conclude in one sentence.

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Lies-technical on argument to join the American Legion.

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A complete summary of their meeting for the nation to go
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"go."

The blast was in contact with the passage of war.
to church and prayed to God to restore his health.

As to employment the patient had rested for two or three weeks after discharge and then went to work as a doorman at the theatre. He did not care for this type of employment as he was always fearful of having a seizure. He felt restless and saw no prosperous future in store for him. After being on this job for two weeks he obtained employment with an embalmer. This work he was very much interested in and enjoyed his contacts there "because the men were older". He was permitted to carry some responsibility but was allowed to remain inconspicuous. After nine months on this job the veteran was given the explanation that he was no longer needed. For six weeks he was unemployed and it was during this period he was hospitalized.

He had decided he would like to go to embalming school but could not figure out how he could do this and support his mother also. He was also fearful that because of his condition he would not be able to maintain a successful business.

Contact with community resources.

Soon after joining the American Legion this veteran mentioned to an officer there that he had not yet found employment. This officer referred him to the community's Veteran's Advisory Council. Here he discussed his employment problem and was helped to make application for Readjustment
Allowance and was also referred to the Laymen's League for Epilepsy. He found this a helpful contact "as the worker was very encouraging".

He had been home from service about four months when he fell in the subway entrance and was taken to City Hospital. After a few days he was transferred to the marine hospital where he remained for three weeks. He feels he was adequately served in all his contacts with community resources.

Hospitalization and reaction to it.

This patient was hospitalized for a pneumoencephalogram after attending the hospital's out-patient clinic three times over a month's period. He came to the clinic as a result of referral from Laymen's League for Epilepsy. He was voluntarily hospitalized for nine days. Following hospitalization he was advised to attend the out-patient clinic at approximately two week intervals for the purpose of psychotherapy and medicinal control of his seizures. He made, however, two visits in the seven months' period following his hospitalization. He stated that he would have come more regularly if there had been evening clinic hours, since he did not feel he could regularly leave his work for this purpose. In addition he did not feel he could carry out the doctor's recommendations. For example, he said the psychiatrist advised him he should have more recreation. The patient pointed out that if he followed this suggestion he would have more frequent attacks.
and would be so tired it would increase his difficulty in getting up in the morning and going to work.

Adjustment at time of study.

This patient was interviewed seven months after hospitalization. The patient and his mother were interviewed together but her only participation in the interview was to try to help him recall dates and to substantiate statements regarding his present situation. He verbalized considerable discontent about his adjustment. The salient characteristics were not significantly different from those of the period before hospitalization. He was still uncomfortable in his relationship to his mother. He disliked his job and felt it not suited to his needs as he had much heavy lifting to do and he described his boss as a domineering punishing sort of person. He did not dare leave this employment, however, as he feared he would not be able to locate anything more satisfactory. He was responding to his illness with anxiety, feelings of inferiority and withdrawal from social contact. He lacked understanding of his illness and was endeavoring to control it medicinally without the aid of a physician. He was confused in his efforts to make future plans. The two social agencies, Boston Psychopathic Hospital and Laymen's League for Epilepsy, responsible for his care, had had approximately two contacts each with him in the seven month period following his hospitalization. He placed the responsibility
any money to be spent. It would increase the difficulty in.

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for his not coming for help on the fact that evening appoint-
ments with these agencies were difficult to arrange. He
also felt the recommendations made to him were not within
his capacity to carry out.

Alcoholic Psychosis.
The information regarding this patient was obtained
from Boston Psychopathic Hospital and was amplified in an
interview with the superintendent of the state hospital where
the patient was then hospitalized.

Patient A.

Discharge from the armed forces and reaction to it.
A. was drafted and after seven months was discharged for
neuropsychiatric reasons. He was described by his brother
in his interview with the hospital psychiatrist as having
been very "jittery" after his return from service.

Salient characteristics of social adjustment between
time of discharge from the armed forces and hospitalization.

Patient A. was in the community one year and seven
months before hospitalization. During this period he had
been employed three months as a laborer for several differ-
ent employers. He complained of feeling sweaty, shaky and
was sure people were staring at him.

He was not married but lived with his father who was
also an alcoholic. When working he willingly shared in the
household expenses.
...
This veteran had had few contacts with women, but stated that he was in love with a girl in Canada and had lived with her for several weeks following his discharge from the service. She was married and had four children. Her husband was in the service and from all information available it seems the patient had no plan to marry her nor did she desire this.

**Hospitalization and reaction to it.**

This patient was admitted to the hospital under section 100 of the Massachusetts laws relating to insane persons. Under this law a person under complaint or indictment, if at the time of trial or prior to the time of trial is found by the court to be in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his mental status, the court may commit him to a state hospital.

**Social adjustment at time of study.**

A. was in a state hospital and had been there since he was transferred to that hospital from Boston Psychopathic Hospital four months before the time of this study. At the time of the study he was in a seriously disturbed ward. This patient was brought into court on the complaint that he had thrown a milk bottle at a little girl who he thought was in his way.

* Cf. Appendix.
This text is not legible due to the quality of the image.
In the hospital he was fearful of the doctors and other patients. No further information was available as to his reaction to hospitalization.

**Patient B.**

The hospital record regarding this patient was exceedingly brief giving only a description of the symptoms of his acute psychotic episode. Several letters were written in an effort to obtain an appointment with his wife but each time the writer visited, she was not at home.

It is known, however, that he was a lawyer by training but did not practice his profession.

He was admitted to the hospital on a temporary commitment. Under this form of commitment a person may be given institutional care for a period not exceeding ten days on the recommendation of a physician or police officer. In this case the veteran's wife asked for police assistance during her husband's acute psychotic episode and hospitalization was recommended.

He was then transferred from Boston Psychopathic Hospital to a state hospital since it appeared his condition was chronic. He was still hospitalized four months later at the time of this study. The hospital social worker was consulted regarding history material and none was available which was pertinent to this study.
In the hospital the most important facts of the patient's history and examination are recorded in the hospital record. Important information is not always recorded, and you may have to rely on your own knowledge and the patient's history to make an accurate diagnosis.

The hospital record contains information about the patient's medical history, including any previous hospitalizations or surgeries. It also includes a list of medications currently being taken by the patient, as well as allergies and other medical conditions.

General information about the patient's lifestyle and environment is also recorded, including details about the patient's home and work. This information can be useful in understanding the patient's overall health and well-being.

In conclusion, the hospital record is a valuable resource for healthcare providers and can help ensure that patients receive the best possible care. However, it is important to remember that this record is not always complete or accurate, and it is the responsibility of the healthcare provider to gather additional information as needed.
Discussion.

All of the men in this group were discharged from the army for neuropsychiatric reasons. The two men who had their illnesses before entering service were discharged after two and four months service respectively. In the instance of the veteran with convulsive seizures, Jacksonian type, it appears we have a case of a man who entered service concealing the fact of his seizures in an effort to prove his adequacy. It seems that the failure of this effort brought about an exacerbation of the psychological component of his illness. In this connection it may be mentioned that in this man's later lack of ability to relate to treatment we probably have another indication of his basic lack of readiness to face the fact of his illness. It is to be wondered if by an additional reaching out to him in the form of home visits rather than requiring him to attend the hospital clinic, might make it possible for a worker to prepare him to relate in a more helpful manner to the clinic.

The veteran whose illness was, a result of service was in the armed forces for one year and five months. Following discharge it apparently took him a period of nine months of civilian experience before he was sufficiently aware of the significance of his epilepsy to be ready to follow through with appropriate care.

The pervasive kind of anxiety which is known to be
This is a placeholder for a readable version of the image.
common among epileptics (Dr. Oskar Diethelm discusses this in his article on psychotherapeutic treatment of epilepsy.4) was obviously present in the two epileptic patients under consideration. They placed the responsibility for their difficulty in readjusting to civilian life on the fact of their illness. The one epileptic who followed through with treatment, at the time of this study, had achieved a lessening of anxiety, apprehensiveness about the future, dependency and withdrawal from social contact. The patient who did not follow through with treatment, at the time of this study, was still struggling with the characteristic psychological components of his illness which were clearly evident in his discussion of his social relationships.

It may also be significant to note that in the case where the rehabilitation officer of the branch of the armed forces to which this man belonged took an active part in referral is also the case in which the patient ultimately followed through with treatment. The same sort of participation by the military was effectual in the case of the patient with congenital syphilis. As far as the author was able to learn from records and interviews, this type of referral service was not rendered to the other men in this group and they did not follow through with treatment of

common sense implies that the time to implement preventive measures is before the situation has reached the point of crisis. The opportunity to prevent the development of the state of crisis, and therefore of the state of crisis, is relatively short. The sooner intervention is undertaken, the less time will be required to restore the equilibrium of the system.

It may also be significant to note that in the case of the system where the destabilization of the system is the initial event, the preventive measures should be taken immediately after the initial event. The sooner the preventive measures are implemented, the less time will be required to restore the equilibrium of the system. Preventive measures should be taken even before the occurrence of the state of crisis. The sooner preventive measures are taken, the less time will be required to restore the equilibrium of the system.

The sooner preventive measures are taken, the less time will be required to restore the equilibrium of the system.
either social service or psychiatric nature. It can not be said, of course, that military participation in referral is the complete panacea for patients' resistance to help, but there were two cases in which it proved very helpful.

The patient with congenital syphilis seemed to have been impressed with the necessity of treatment for his condition, but there were no manifestations of it to call it to his attention. Although not an expansive type of personality, he was able to readjust to civilian life, achieving an equilibrium which was personally and socially satisfactory.

The material regarding alcoholics, although sparse, seems to suggest that in the pre-hospitalization period under discussion, they evidenced an inability to assume a responsible role in their social group. There was indication of social problems in that one was under-placed vocationally as compared to his training and the other had involved himself in a somewhat complicated affectional situation.

Three of the five men in this group were admitted to the hospital on a voluntary basis; one on section 100 and the other on section 79 of the Massachusetts laws pertaining to commitments. The two men having epilepsy were referred by the Laymen's League. As mentioned above, one of these patients found hospitalization helpful and followed through with recommended out-patient care. The other epileptic
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patient came to the clinic twice in the seven months period between hospitalization and the time of this study. In the author's interview with him, his resistance expressed itself in his statement that the clinic physician's recommendations were not sufficiently well geared to his condition. He also objected to the fact that there were no regular evening clinic hours which would make it possible for him to avoid taking time out of work to attend clinic.

The congenital syphilitic patient was admitted on a voluntary basis to the hospital. He felt that although he could not be aware of the results of therapy received, that it had benefited him as a part of the total treatment program he was carrying out on the basis of city dispensary recommendations. His only criticism was that he became bored and the reason for the length of hospitalization was not explained to him.

As to the alcoholics there was not information available as to their reaction to hospitalization.

There was approximately four months between the time of hospitalization and the time of this study for all of these men except one, for whom the period was seven months.

Regarding their social adjustment in this period, the two men with alcoholic psychosis were hospitalized in state hospitals; the man having congenital syphilis was maintaining the same satisfactory equilibrium which characterized
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and the these satisfactory conditions were accomplished.
his pre-hospitalization period; the post-hospitalization of the epileptics has been discussed above.

**Manic-Depressive – Manic.**

There are two patients in this group. The material regarding patient A. was obtained solely from Boston Psychopathic Hospital records. The social worker at the state hospital where the patient was at the time this study was conducted was interviewed, but there was no pertinent information available in those records beyond the material available in Boston Psychopathic Hospital records. The author was not able to interview the patient's closest relative, his mother, as she is unable to speak English. It was possible for worker to interview patient B. and all material regarding his adjustment at the time of this study was obtained from that source. All material relating to earlier periods was obtained from Boston Psychopathic Hospital records.

**Patient A.**

**Discharge from the armed forces and reaction to it.**

Patient A. (age thirty-seven years) was in the service for twenty-three months. At the end of this time, he was given a neuropsychiatric discharge. Information regarding his reaction to discharge was not available.

**Salient characteristics of social adjustment between time of discharge from the armed forces and hospitalization.**
A. was out of the armed forces ten months prior to hospitalization. On admission to the hospital, he stated that his father was not living. He described his deep attachment to his mother in his statement that he had decided he would never marry, but would remain with his mother as long as she lived. He described his relationship to his siblings as "close".

He was a college graduate, but had never had employment which required the use of this training and following his discharge from the armed forces, he was irregularly employed in his mother's store. He spent most of his time walking the streets, watching girls and making advances to them.

He had no contact with community groups and described himself as having no close friends.

Contact with community resources.

The Social Service Index report indicated that A. had had no contact with any social agencies. Because of limitations of information available regarding him, it is not known if he had been for help to any organization which might not register with Social Service Index.

Hospitalization and reaction to it.

Patient A. was admitted to the hospital on section 100 of the Massachusetts law regarding commitment to mental institutions*, for annoying and molesting conduct toward

* Cf. Appendix.
women. He was hospitalized for twenty-nine days and then transferred to a state hospital as improved. It was not possible to obtain information regarding his reaction to hospitalization.

Social adjustment at the time of study.

The state hospital social worker advised the author that this patient was completely unrelated to reality.

Patient B.

Discharge from the armed forces and reaction to it.

This twenty-four year old veteran, during his hospitalization, informed his doctor that he had enlisted and was in the service eight months. Following this time he was given a discharge for a neuropsychiatric condition. In describing his feelings at the time of discharge, he stated that he was very confused. After he had been out of the service a couple of months, he believed he could be of no further use to the Navy so accepted the fact that his discharge was wise. Four months after discharge he regarded his naval experience as having been beneficial to him as it had made him aware of talents he previously had not recognized. He felt a new "respect" for himself and was free from moodiness and loneliness which had been characteristic of him prior to his service experience. He considered his discharge unfair in that since he had become ill in the service, they should have cured him. He resented that fact that he was
hospitalized for nine weeks by the Navy and only saw a psychiatrist twice—once for one half hour and the other time for fifteen minutes.

**Salient characteristics of social adjustment between time of discharge from the armed forces and hospitalization.**

B. had been out of the service six months at the time of his hospitalization. He described a deep attachment to his mother and had broken his engagement to marry because his mother disapproved of his fiancee. His father was not living. He described his relationship to his siblings as "close".

He was a college graduate. Following his discharge from the Navy, he obtained a job as a drugstore clerk for a few months and then became a book salesman. He accomplished nothing on this job, but spent his time walking the streets. He then bought a drugstore and elaborately equipped it. He did a substantial business in illegal liquor selling. He dabbled in numerous other business projects until his debts and legal entanglements were far beyond management.

He was active in an organization of Jewish veterans and at the time of hospitalization was planning a large hotel party for them.

**Contact with community resources.**

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Service immediately following discharge, but obtained his various jobs without their assistance. He did not make application for Readjustment Allowance in connection with his application to United States Employment Service.

He reported to the Veteran's Administration contact representative regarding insurance and vocational rehabilitation. On the basis of this interview with them, he decided he would retain his National Service Life Insurance and that he did not need vocational rehabilitation.

He received a letter from the American Red Cross Chapter as a follow-up of their social history obtained from his mother while he was in the service, but he did not respond to their invitation to come to that office for assistance as he felt no need of it.

Hospitalization and reaction to it.

Patient B. was admitted to the hospital on section 100 of the Massachusetts law regarding commitments to mental institutions*. He was in Boston Psychopathic Hospital for twelve days and then transferred to a state hospital as unimproved. He stated that his hospitalization at Boston Psychopathic Hospital seemed like a "bad dream", but he believed that he had been helped there and wished he had been admitted earlier before he had caused himself so much

* Cf. Appendix.
Serving immediately following instructions, we here report on

various topics without further specifications. We refer to

supplementary text regarding additional information in connection with

the application to military service and the new government

in the report for the current administration of the

Department of the Interior. In this connection, we refer to

shown in the report for the Interior Service. The Interior

may refer to any other new administration, such as

The report of the Interior Service and the Interior

by a follow-up of the report for the Interior Services. The

support and aid in the situation for the Interior and

for their initiation in case of their allowance for existence

as an aide to the Interior Services.

NO ACCOUNTING AND ECONOMY OF IT

Exterritorial, we may see the potential of existence for

Italy, the United States, and the administration of

International, we may see the potential for a global

key role and then turn to a state or nation or region.

important, as well as the potential for a global

reporting. There are many views and experiences of the

existence of the Interior Services. These may be

published, and may have followed from the previous

same problems, similar topics, or may continue instead to

new matters with similar topics, or may continue instead to

were unfinished.
difficulty.

**Social adjustment at time of study.**

Patient B. had been out of the state hospital in his own care for a month at the time of this study. He described himself as dependent on his mother for the directing of his behavior. He had no social contacts outside of fellow-employees at his work in a drugstore, and with members of his family. This fact he explained by saying that he does not associate with people because he has no confidence in himself.

He told the author he did not care to make plans for the future as he feared these might be a symptom of returning illness. He very much regrets that he did not listen to his family prior to his hospitalization when they warned him that he was taking on more responsibility than he ever would be able to manage. He is concerned that he will never be able to straighten out the legal entanglements and debts in which he involved himself during his illness.

He believed that he needed out-patient care, but had not come to the clinic for it, because he could not tolerate returning to the scene of his "bad dream", but he would like help if worker would come to his home.

**Discussion.**

Both of these patients were discharged from the armed forces for neuropsychiatric reasons. In patient B.'s re-


To: The Director of the State Personnel Office

Subject: Letter of Request for Review of Employee File

Dear [Director's Name],

I am writing to request a review of the employee file of [Employee's Name] in the [Department] section of the [Agency].

[Employee's Name] has been an employee of our agency for a significant period of time and has demonstrated exceptional performance in their role. However, recent concerns have been raised about the accuracy and completeness of their personnel file. As a result, I believe a thorough review of the file is necessary to ensure that all records are accurate and up-to-date.

The purpose of this review is to verify the information contained in the file and to address any discrepancies or issues that may have arisen over time. I understand the importance of maintaining accurate personnel records and am confident that this review will contribute to the overall effectiveness of our agency.

I look forward to your prompt consideration of this request. If you require any additional information or clarification, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Title]

[Agency Name]
count of his feelings about his discharge during the succeeding months, we have clear indication of the movement of his mental status during that time. In this case, as in others which will be reviewed throughout the study, it is evident that the feelings around discharge for these men are a focal point for their feelings about themselves.

Both patients were hospitalized within one year after discharge. The period between discharge and hospitalization was characterized in both cases by close attachment to their mothers, irregularity of employment, and poor judgement in secondary social relationships.

Both men were admitted to the hospital on section 100 of the Massachusetts law relative to commitment into a mental hospital*. They were hospitalized at Boston Psychopathic Hospital less than a month and were transferred to state hospitals. Only patient B. was out of the hospital at the time of study, and only in connection with him do we have information regarding the reaction to hospital experience which he described helped, but recalled as a "bad dream". Neither were having contact with a social agency at the time of the study.

Patient B. at time of the study evidenced continued domination by his mother; lack of confidence in himself; fear of the future; resistance to out-patient treatment as

*Cf. Appendix.
Some of the funeral spots are highly sought after.

The waiting list for these services is long, with many families waiting for several months to secure a spot. It is important to plan ahead and make arrangements as early as possible to avoid any delays or difficulties.

The selection process is based on a variety of factors, including the size of the service, the availability of facilities, and the preferences of the family. It is advisable to consult with a funeral director or a reliably to ensure that all the necessary arrangements are made in a timely manner.

In cases where there are multiple funeral spots available, it may be necessary to prioritize certain requests over others. It is important to communicate clearly with the funeral home and to understand the criteria used for selection.

In the event of a last-minute change in plans, it is important to notify the funeral home immediately, as this can affect the availability of spots and the overall logistics of the service.

It is also important to consider the impact of the funeral on the grieving process, and to ensure that all necessary arrangements are made in a manner that is respectful and meaningful to the family and loved ones.

By taking the time to plan and prepare, families can ensure that the funeral is a fitting and memorable tribute to their loved one.
he could not tolerate returning to the hospital setting, but
would accept it if he could see a worker in his home.

Dr. Orgel\textsuperscript{1} in his discussion regarding manic depressives, describes the dynamics of this illness as ambivalence of ideas and tendencies. In mania, the patient, by constant activity, is attempting to fight off every approach that might touch on a painful point. Dr. Lowrey\textsuperscript{2} as well as Dr. Orgel said that any therapy with this type of patient must seek to help him to achieve a more stable evaluation of himself and patterns of activity which will make possible satisfying experiences for him in the use of his capacities.

Regarding patient B., his conflict around his evaluation of himself is reflected in such comments as, "I discovered capacities I did not realize I had before." It appeared that he was ready for therapy such as Dr. Orgel suggests and case work could have assisted in supporting him in working out a program of activities which would have brought him satisfaction and helped him to stabilize his evaluation of himself.

Schizophrenia.
Unclassified.

The information discussed here was obtained in Boston Psychopathic Hospital records, as well as material in an

\begin{itemize}
  \item 1 Samuel Z. Orgel, \textit{Psychiatry Today and Tomorrow}, p. 274.
  \item 2 Lawson G. Lowrey, \textit{Psychiatry for Social Workers}, p. 163.
\end{itemize}
interview conducted by the writer. The interview material dealt primarily with adjustment at time of study.

**Nature of discharge from the armed forces and reaction to it.**

The one patient in this group was drafted and was in the army six weeks when he began to show symptoms of mental illness. He was hospitalized for four months and then discharged because of his condition. He felt that it was not fair that he was discharged that soon. He believed the army should have given him an opportunity to fight then, he claimed, he would not feel so disillusioned with himself, as well as with the army. He did not want to be a shirker. He did not blame the military for his condition as he believed his illness was brought on by an accumulation of past experiences. He stated that he was always a sensitive person and felt that the army experiences were merely the precipitating factors of his illness. He resents the time that military service took out of his life in which he could have been accomplishing more toward his future. He would like to join the National Guard.

**Salient characteristics of social adjustment between the time of discharge from the armed forces and hospitalization.**

This patient was out of the army one year and seven months before he was hospitalized. During this period, he lived with his family which consisted of his mother and uncle.
The importance of the matter. The matter.

The importance of the matter. The matter.

The importance of the matter. The matter.

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The importance of the matter. The matter.

The importance of the matter. The matter.
His younger brother was in the armed forces overseas. The veteran ruled his household and to save quarrels they condescended to his will. He showed no affection or concern for anyone in his family.

He had no friends he would consider intimate except a girlfriend whom he stated he intended to marry. His mother told the examining psychiatrist, although he said he would like to have a family, he did not make definite plans with his girlfriend to get married, and although he said he would like to have children, he showed no interest in them.

His mother also stated that he associated primarily with older people. He seemed to have little warmth of feeling toward them, but enjoyed intellectual discussions with them. He was respected for his intellectual ability and was openly proud of it. He belonged to no organized social groups. He complained of feeling lonesome. After his discharge he did not work for five or six months. He spent most of his time reading, swimming, going to races and visiting friends. He then obtained a job as an executive in the office supply department of a department store. After four months he left this job (his mother stated to the hospital psychiatrist that he was fired) because they would not give him a private secretary. He was employed as a salesman for a cosmetic dye concern, but this work was not satisfying to him.

Contact with social agency.
There was no Social Service Index registration regarding this veteran. He said that he had gone to no community resources because he had wished to get everything on his own merit and not because he was a veteran.

Hospitalization and reaction to it.
This patient was admitted on section 51 for inappropriate and disturbing behavior. He was hospitalized for four months. He was interviewed in connection with this study ten days after discharge from the hospital to his own care. At this time he said that he thought perhaps his hospitalization helped him because he had a doctor who understood him and with whom he liked to "chat".

Social adjustment at time of study.
At the time of the interview for this study the patient still evidenced residuals of illness such as incoherence in conversation, rambling and punning. He questioned whether hospitalization had actually helped him. He indicated that his relationship to his family and friends continued much as it had before hospitalization. He described himself as being deeply attached to his mother and proud of his younger brother who was serving overseas. He was hostile toward his uncle who lived in the household because he said his uncle did not know how to run his business and would not take suggestions from the patient.

As to his plans he told the investigator that he was
There are no social service forms to be completed.

Referral letter: We shall not be able to go on without you because we have trouble with the current case and need your assistance. We are aware of the difficulty you are facing in your current role.

Referral letter may be sent to:

This letter was written on the information given to you. It is our responsibility to inform you of the importance of maintaining confidentiality and the importance of this information in the referral. It is also important to note that the confidentiality of the family and the information must be protected.

If you have any further questions or concerns, please feel free to contact us.

Accessibility form can be sent to:

It is our hope that you will continue to work with us as we move forward.

As to the date we hope the information that is new
anxious to have a business of his own. He was not at all specific about what kind of business he would like to have, and also mentioned an interest in becoming a doctor. He wants to do above average work and have an above average salary. He regreted that he had not accomplished more at his age (thirty-one).

Due to his mental illness, he believed that he had a lot to live down because so many people knew about it. He did not feel, however, that he needed any help and wanted to sever all connections with the hospital. He did not believe it would be possible for him to get any help there because no doctor could know more about him than he himself did. He would, however, "enjoy" seeing his doctor outside of the hospital setting in order to chat with him.

**Paranoid.**

Four men are grouped together in the following discussion as there was very little information obtainable about them. The writer was entirely dependent on exceptionally brief Boston Psychopathic Hospital records. The patients were all in veterans' hospital at the time of the study and their families refused to be interviewed.

**Nature of military discharge and reaction to it.**

As to ages, they were twenty-two, twenty-four, twenty-eight, and forty-four respectively. Two of these men were drafted, one enlisted; regarding the fourth, we do not have
sacrifices to prove a point or to hold the attention of passers-by, they have no value.

Any idea developed on footnotes is becoming a bore.

They must be saved and made to shine on paper.

They are decorative, they are not economical, more of

the (diary-uncle).

Do what small trifles we perform that help a lot.

to live your peace, so many people know where we.

He did not feel, however, that be needed the help any longer to

see with combination with the hospital.

the big not possible.

It might be possible for him to get such help from the

he would not change from more sport and have no personal gain.

worry, however, "then see the doctor continues to do.

pointless sitting in order to get this phase.

Science

Your new are always together in the following year.

commerce is more and little information appears on point.

that the doctors are always present so effectively, too. The patients

(from Boston) " unpopular doctor resides at the time of the year and

speak to him next time to be interesting.

Walt D. Whitman, 100(?)"
this information.

One man served three years and eight months and another, six months. The first received a dependency discharge; the second, a neuropsychiatric. In connection with the other two men, it was not possible to obtain this information. Both men, from whom a discussion was obtained by the admitting psychiatrist regarding their discharges, indicated strong feelings of unworthiness, lack of masculinity and strong sense of social disapproval.

Salient characteristics of social adjustment between time of discharge from service in the armed forces and hospitalization.

Regarding two of these men it was not possible to ascertain the length of time between discharge from military service and hospitalization. The other two men were in the community about three weeks and two years respectively. All were unmarried and lived with parents or with siblings if their parents were dead. The only other similar characteristics of social adjustment to be found among them, probably in part due to the limited material available to us for study, was increased feelings of confusion, and withdrawal from social contact. They all did present, however, various other difficulties suitable for consideration in social service treatment. Patients A. and B. showed increasing evidence of hostility toward their families. A. was having
an increasing number of quarrels with them and B. had, just prior to hospitalization, been physically abusive to his father.

Patient C., who had been out of the army three weeks when hospitalized, was troubled with a keen sense of responsibility for his mother who was partially dependent for her support on him. He was fearful that he would not be able to carry this responsibility adequately. He was also hampered by strong feelings of inferiority which were aggravated when his girlfriend, who he had known for nearly a year and of whom he was very fond, refused to go out with him after he was discharged. Although, he was sure he had received a dependency discharge, he immediately began procedure to be sure this information was correct.

Patient D. and his relatives in their discussion with the hospital physician emphasized the patient's inability to find suitable employment during the two years following his discharge. He had been employed a few weeks on two different jobs. Although he was a college graduate, he had obtained laboring work and was dissatisfied with it he said, primarily because of the "vulgar language" of the men he was associated with. One job he also gave up because he was assigned to operate a crane and he was fearful of injuring the men working near by. One and a half months before hospitalization he went to a mid-western city where a sister of his was living.
an inaccessible number of departure with more may be had, just as
prior to the situation, been practically applied to the

affected to, what has been one of the main items of the

worn hospitality, and finally, with a keen sense of the

opportunities to the money who are particularly reluctant to

net support on him. We saw that it was only to the extent

to catch the extension of the sections was a matter of

previous to those states of hospitality, which were many

never when the attachment, we were not known to have a

and at the same time, were never to be out of the

Akonron, the areas we had seen again. Atkinson to the money we try to
come a generation, which is the immeasurable, paper, the former

to be sure this information and concern

several of my glories, in effect, these in honest interest with

the horizons, it being necessary for the patient's interest to

find separate employment giving the two areas following the

government. We have been expecting a tax across our two different

jobs. Atkinson to the college a budget, he had applied

importance. musical and a glance of the final, especially

penance of the "neighborhood," the tax on our own association

with the tone that we chose of passage in our sensation to

decide a tone and in our lesson of importance the new situation

near by. Our only a half season after the activation of the wire filament,

went to a high-speed carbon wire as a fraction of the wire filament.
There he endeavored to find work but nothing offered to him satisfied him so he returned home. Shortly after this, he went to a department store to find employment and was assigned to selling babies' garments. This he regarded as an insult and immediately after began to evidence marked symptoms of mental illness. He considered himself a complete failure.

Contacts with community agencies.

Only one of these men had had any contact with a community agency. This one was patient D, who on two occasions had been to the Veteran's Bureau. He was strongly advised to return to his pre-service job as a laborer in a shipyard. This he did for a few weeks, but was most unhappy in it as he did not feel the job was commensurate with his ability. The second time he went to the Veteran's Bureau, it was in another city and there again he was not satisfied with the jobs offered him.

Hospitalization and reaction to it.

Three of these patients were admitted on section 79, (temporary commitment)*, one on section 51 (by medical examination and court order).* All were resentful of hospitalization except patient C. He expressed pleasure that someone was taking interest in him and he seemed to derive considerable satisfaction in talking about himself.

* Cf. Appendix.
imperfect, with communication

that is not only of great society, political, and social

influence, but also of great economic importance. The

influence of communication on commerce, industry,

and politics is immense. It is through communication

that ideas, information, and knowledge are exchanged,

and this exchange is essential for the functioning of

modern societies.

Communication is essential for the development of

society. It is through communication that people can

express their thoughts and ideas, and this is crucial for

the advancement of human knowledge.

Communication is also essential for the functioning

of society. It is through communication that people can

exchange information, and this is essential for the

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Communication is also essential for the functioning

of society. It is through communication that people can

exchange information, and this is essential for the

efficiency of modern societies.
Patient D. was ashamed as well as resentful about his hospitalization. His family did not visit him as they were chagrined that a member of their family should have to be in a mental hospital. This patient believed that all he needed was rest and he could obtain that as well at home where he said he was content, as he could in the hospital.

These men were hospitalized at Boston Psychopathic Hospital for a period of one to two and a half months and were all discharged from this hospital to a state or veterans hospital.

Social adjustment at time of study.

The hospitals in which they were patients reported their condition unimproved and advised against interviewing the patients.

Discussion.

Four of the five schizophrenic patients were given neuropsychiatric discharges; the fifth a dependency discharge. As to the length of their service, this information was available regarding only three of the five men. Their periods of service were five and a half months, six months, and three years and eight months respectively. Information regarding their reactions to discharge indicated that they all responded with feelings of inadequacy. The patient interviewed by the author also described feelings of resentment that military service took time out of his
Before I was asked to decide on a plan for the hospital, my family and I visited the area where the hospital should be located. Our decision was based on the need for a mental hospital in that area. We found an old vacant house that we believed could be converted into a hospital. We approached the owner and asked if we could purchase the property. He agreed to sell it to us, but we had to make some changes to the house to make it suitable for a hospital.

However, we were not sure what kind of hospital we wanted to build. We had to make a decision on the kind of hospital we wanted to construct. We considered different types of hospitals, but we decided on a mental hospital. We wanted a hospital that would provide a safe and secure environment for the patients. We also wanted a hospital that would be affordable for the community.

As we started planning the hospital, we faced many challenges. We had to obtain funding, recruit staff, and ensure the building was suitable for a hospital. We worked hard to make sure that the hospital would be the best it could be. The hospital opened to much positive feedback from the community.

In conclusion, the decision to build a hospital was not an easy one. We had to consider many factors before making a decision. We were determined to provide the best possible care for the patients. We believe that our hospital will make a positive impact on the community for years to come.
life in which he could have been accomplishing more toward his future. He did not blame military service for his illness as he regarded it as the result of an accumulation of past experiences.

Regarding two of these men, it was not possible to ascertain the length of time between discharge from military service and hospitalization. The other three men were in the community two years, one year and seven months, and three weeks respectively. All were unmarried and lived with parents or with siblings if their parents were dead. Three of them showed increased hostility toward their families. A fourth patient, patient C., was troubled with a fear of not being able to carry out the responsibility which he felt for the care of his mother. He was also hampered by strong feelings of inferiority.

The two patients regarding whom there is some information about their employment records during the prehospitalization period, it is evident that they were not able to work regularly, neither did they find satisfaction in their work.

Only one of these veterans had had contact with a social agency and that was in connection with employment and he was dissatisfied with the suggestions made to him there.

Two of these patients were admitted on section 51, and three on section 79. Three of these patients were resentful
The two estimates regarding more speech to some other

seem to work harmoniously and yet harmonious with a society

agree not that way in connection with employment and may not

associate with the other speech as to the future.

two of these estimates were announcing an opinion of the

three such estimates were necessary to some extent of
of hospitalization, one was pleased that someone was taking an interest in him, and the fourth thought perhaps hospitalization helped him "because he had a doctor who understood him and with whom he liked to chat".

All but one who was discharged to his own custody, were transferred to other mental institutions. All the relatives of these patients refused to cooperate with this study. It seems quite evident that they probably were unwilling to discuss the matter at least partly due to their lack of acceptance of mental illness. Certainly this fact suggests a need for increased interpretation of the nature of mental illness to the families of patients. There is no statement in these Boston Psychopathic Hospital records that this was done. None of these cases were referred to social service by the doctor although in one of them, it was clearly indicated that the patient felt his family were reacting with shame to the fact of his illness.

The patient who was discharged from the hospital at the time of this study and with whom the writer was able to have an interview was still showing many of the traits which characterized his pre-hospitalization period; that is domination of members of his household, and inability to plan realistically for the future. There was no indication that this patient was still in an acute phase of his illness, but there were residuals.
The following text is incomplete and contains errors.

The text appears to be discussing the impact of certain policies or regulations on the environment, and mentions the importance of considering the long-term effects on the ecosystem. However, the text is not clear due to the errors and incomplete sentences.

The text continues:

"... the need for a holistic approach to environmental management. The integration of various sectors is crucial to ensure sustainable development. It is essential to prioritize the conservation of natural resources and promote sustainable practices. The implementation of effective policies and regulations is necessary to address the challenges posed by environmental degradation. Cooperation between governments and international organizations is vital to tackle these issues effectively. "

The text seems to be discussing the importance of collaboration and the need for a comprehensive approach to environmental management. However, the text is not clear due to the errors and incomplete sentences.
Dr. C. M. Campbell, in his book, "Destiny and Disease in Mental Disorders," describes the service which may be rendered to schizophrenic patients in helping them to handle their reality situation, that they are not pressed to seek escape from it into a fantasy world. Although Dr. Campbell deals primarily with a discussion of helping patients who had not yet had a psychotic episode, it is to be wondered if the same principles would not hold true with schizophrenic patients in remission.

Dr. Lowrey clearly recommends this supportive type of case work help for schizophrenic patients in remission.

Dr. Lowrey also warns social workers not to be discouraged if results of work with schizophrenic patients are not gratifying. He reminds us that 50 per cent of the patients admitted into mental hospitals with schizophrenic conditions are of the paranoid type. Regarding discharges 15 per cent are recovered, 70 per cent improved, and 15 per cent unimproved.

Neuroses.

Patient A.

An interview was had with this patient's wife and then later he was interviewed by the writer. Most of the infor-
In Mental Hygiene, the application of the service which may be necessary to the patient's optimum participation in helping himself to handle their emotional situation, that they are not placed to seek escape from it into a tangle of morbid affection in a Campbell-Campbell situation, with a guarantee of helping to prevent that from happening if the case is promptly and not justly handled. This is to provide for the care of the patient in transition, if possible, to prevent complications, and to provide for the patient's transition, if possible, to provide for the care of the patient.
The information discussed here was obtained from those sources. The hospital record was also used. The three sources concurred in information.

Discharge from the armed forces and reaction to it.

This twenty-three year old patient was a lieutenant and had had three years of service. (He is the only man included in the study who is known to have achieved an officer's rating.) He was given a neuropsychiatric discharge and attributed his breakdown to a specific incident.

He described this specific incident as follows: The camp where he had been assigned were having maneuvers and he was appointed safety officer. The men had been ordered "to take" some pill boxes after the artillery, motor and machine gun barrage had "softened" the objective. Live ammunition was being used. The patient was supposed to signal the artillery to lift the barrage. This he did, but one battery anticipated his commands and fired. A good friend of his was killed and five of his men were injured, one being paralyzed for life. A military investigation cleared him of all blame and put the incident down as an unavoidable accident. He felt, however, that the colonel whom he had always hated, was directly responsible for the accident because he had failed to train the men properly. He went to great length to prove this to fellow officers. The colonel heard about this and in front of camp one day the colonel said to
motion. However, we are obtaining from those sources.

Posterior portions are also used. These, together with

in information.

TRAVELING FROM THE SAME POINT WITH EQUAL AND ACCURATE

any and not the other. Year of service. To the only way to

cuttell. He may know a veritable Battelle to achieve any

attitude and the proportion to a special interchange.

the reception into special interchange as follows: The

and they knew our service and perform the necessary and

are producing services. Our own and every service have

"to date" some hill passed after the military, which was

sentinel can continue and "polishing" the appearance. Five

within the path might. The battle and every condition

the military to fill the measure. This is equally one

particular adjustment. We cannot, as has already been

partaking for the military interchange in exactly the

itself, and for its interchange as an unanswerable copy.

given. Our life passes, and the colonels must be placed

dreas are given. Responsibilities for the colonel's presence to

speak ones' to know the new property. He wants to learn

fellow to belong to the colonel's office. The colonel's being

dent of this and in front of camp. One can then colonel's copy

and
him, "I ought to kick your ass." The patient bent over and replied, "Go ahead."

Within a few days following these incidents, he began to have attacks of amnesia. He was hospitalized for these and during his hospitalization he had two interviews with a psychiatrist which he stated, were about fifteen minutes in length. He felt the interviews were being focused to find evidence by which he might be discharged. He believes that since he had served adequately for five years prior to his breakdown that the army had a responsibility to rehabilitate him.

He has made repeated efforts to be reaccepted into the service. Since these have failed he is intent of becoming a member of the National Guard. He is also anxious to join the city police force. He feels, however, that a career in the army is the best opportunity for a good combination of education, work and pleasure.

Salient characteristics of social adjustment between time of discharge from the armed forces and hospitalization.

Patient A. was out of the service fourteen months before hospitalization. During this period he stated that he had been most unhappy, restless, irritable and irresponsible.

He told the investigator that he looked forward to the time when he would be out of the army only because he believed he would no longer have to obey orders. In civilian
I agree to work carefully...
life he found that his parents, who lived nearby, were treating him as the youth he was before he went into the service, and continually told him how to manage his household, treat his wife, and plan for the future. He scolded them for this. He still felt their disapproval of him and they continued to make suggestions to him relaying them through his wife. He felt that she was inclined to "take sides with them".

He and his wife had been married two years and lived by themselves in a small, but attractive attic apartment. The veteran's wife stated that her husband showed no ability to keep account of his funds. He spent freely to the limit of his income with no regard for future needs. While he was in the service she did not object to his doing this, but when a civilian, she believed that he should be planning for their home, children, and any emergencies which might arise. He criticised himself for this trait in his interview with the author, but remarked that although he was trying to modify his habits in this regard, it is exceedingly difficult for him.

Patient A.'s wife told investigator that her husband has seemed to lose interest in her since he was discharged. He does not take her out to social affairs, but prefers to go alone or with a male friend. If he promises to take her, he often forgets it. He takes no responsibility for the upkeep of the home. He also mentioned these things to the
If the long wait for payment, and long process, were found to be...
author explaining that in the army he acquired the habit of saying "yes" to everything and then doing as he pleased about it. He considered his responsibilities as a civilian a "nuisance". He does not have any awareness of time as there "seems to be no schedule".

The veteran accused his wife of feeling "superior" to him and trying to manage their affairs. On several occasions he said that he had thrown heavy articles at her when he felt she was evidencing a "superior air" because he was unsuccessful at controlling his rage. She told the investigator that she did not feel superior to him until he was discharged from the service and was apparently unable to take more responsibility for their mutual welfare.

On several occasions patient's wife stated, she had looked at her husband and felt that she did not know him; that he was not the same person she had married. She sometimes wished that he would have an amnesia attack and remain in it the rest of his life as during these attacks he seemed "more like himself--less arrogant, agitated and hostile".

After he had been out of the army eight months, she decided when he was in one of his temper tantrums that she would leave him. She went to her mother's home which was in the same neighborhood. She said she was away from him two weeks and thought of him nearly continuously, but was determined she would not go back to him unless he urged her
The refusal on the part of the "government" to accept any of the facts that have been presented to them is an indication of their lack of enthusiasm. If we do not succeed in presenting our case clearly and logically, we may as well give up. It is essential that we show the importance of our cause to the public and to the world. We must demonstrate the necessity for change and the benefits that would result from it. We must also show the consequences of our failure to act.

The facts presented in this report are irrefutable. They demonstrate the need for immediate action. We must not waste time. We must act now, or the situation will only become worse. We have no time to lose. We must act now, or the consequences of our inaction will be devastating. We must act now, or the future of our country will be at stake. We must act now, or we will be held responsible for the consequences of our inaction.

The facts presented in this report are compelling. They demonstrate the need for immediate action. We must not waste time. We must act now, or the situation will only become worse. We have no time to lose. We must act now, or the consequences of our inaction will be devastating. We must act now, or the future of our country will be at stake. We must act now, or we will be held responsible for the consequences of our inaction.
to do so. This he did and she readily returned to him, convinced that she still loved him.

The veteran told worker that while his wife was away from him he was afraid to go out of the house for fear he would "step in front of a truck". He further explained that he often left her in the evening because he felt so irritable he was afraid he would hurt her. He believed that he was not behaving properly toward her in view of the fact that he believed marrying her was "the best move he has ever made in his life", but was aware of some inner compulsion to hurt her.

The patient described his social life during his pre-hospital period as being extremely limited. Most of his old friends were still in the service. One of them had returned, as he did, with a neuropsychiatric discharge and they spent most of their evenings together in a local tavern. Occasionally, in the patient's estimation, they drank excessively primarily because they felt they had nothing else to do.

When patient was discharged, he decided he would like to start a business of his own. He wanted to build a tavern. He found a friend who was willing to help him finance the venture. Patient also invited his father to go into the business with him, but his father refused saying it would be safer to start it after the war. Patient went to Veteran's
The November 1906 meeting of the society was held in the presence of a large number of members. The proceedings opened with the reading of the minutes of the previous meeting. It was then moved that the society should continue its activities in the same manner as before. The motion was seconded and carried. The work of the society was then discussed, and steps were taken to ensure its continued success. The meeting adjourned to a later date.
Administration regarding a loan under Government benefits for veterans. He was informed that he was not eligible for this because the plan was not practicable since he could not get priorities for building materials. He described himself as feeling very discouraged and irritable about his failure to obtain approval for his plan either from his father or the Veteran's Administration.

Three weeks after release from active duty patient was employed by a bus company as a mechanic. This job he obtained with the help of his brother-in-law. He worked for this company for four or five months and never had an amnesia attack while on the job.

While employed in the bus company he was persuaded by an acquaintance of his to take an insurance premium collection job. He liked his new work quite well, but stated that he was continuously tempted to affairs with women, that plus an amnesia attack which occurred while he was on a trip about the city made him decide to give the job up.

Contacts with community resources.

Patient received a ten per cent pension following release from duty, but this was discontinued after six months following his re-examination at the Veteran's Administration. He also contacted the Veteran's Administration a few weeks after discharge regarding financial help in establishing a business.

He registered at the United States Employment Service.
Administration regarding a form under Government Pension for veterans. We were informed that we were eligible.

For this reason we tried to obtain permission to attend the conference on Social Security for veterans which was being held in a nearby city. We were unable to obtain permission due to the organization's policy of not allowing applicants to participate in their meetings.

After obtaining permission to attend the conference, we attended the sessions and listened to speakers who were experts in the field of veterans' pensions. One of the speakers was a representative from the Veterans Administration who explained the benefits available to veterans who were entitled to receive them.

He also mentioned the importance of maintaining a record of all contributions made towards pensions. The speaker emphasized the need to keep a record of all payments made towards pensions in order to receive the maximum benefit available.

We were also informed that the benefits available under the pension plan were tax-free and were not subject to income tax. The speaker also mentioned that veterans who were entitled to receive pensions were also entitled to receive medical care and other benefits available to veterans.

At the end of the conference, we attended a meeting where veterans had the opportunity to ask questions and express their concerns. The meeting was moderated by the representative from the Veterans Administration who answered all the questions asked by the veterans.

Overall, the conference was very informative and provided us with valuable information regarding the benefits available to veterans. We were able to obtain permission to attend the conference and listened to speakers who were experts in the field of veterans' pensions. We also learned about the importance of maintaining a record of all contributions made towards pensions and were informed that the benefits available under the pension plan were tax-free and were not subject to income tax.

Therefore, we recommend that veterans who are entitled to receive pensions should obtain permission to attend similar conferences and benefit from the information provided by the experts in the field.
about two weeks after his return home. He requested a job as a bar tender. They found this sort of employment for him, but his wife refused to allow him to take the job as she was concerned about his tendency to drink excessively. He has had no further contact with U.S.E.S. as he has been able, with the help of friends, to find jobs for himself.

As he began putting on a lot of weight following release from duty, he went to the Soldier's Home about a month or six weeks after returning home. He was also interested in following the advice of the army psychiatrist to go for psychiatric help. He was displeased with the service received at the Soldier's Home as the doctor saw him only five or ten minutes. For this brief interview patient had to wait two or three hours. He was advised as to a diet for reducing, but other than this he does not believe he received any help. He did not keep future appointments.

Hospitalization and reaction to it.

Patient was hospitalized on a voluntary basis on the recommendation of his private physician. He expressed gratitude toward the hospital as he had no further attacks of amnesia.

Social adjustment at time of study.

Following hospitalization he obtained a job with a roofing company, but he did not like this work as it did not seem that he could advance himself so he left the job after a month and a half. He then was employed by a saw-
Hence, the role of the teacher is to take proper precautions to ensure that the

following principles are adhered to:

1. The teacher must be familiar with theative.
2. The teacher must be able to choose the best method of teaching.
3. The teacher must be able to evaluate the student's progress.
4. The teacher must be able to motivate the student to learn.
5. The teacher must be able to adapt to the student's learning style.
6. The teacher must be able to communicate effectively with the student.

In conclusion, it is clear that the role of the teacher is crucial in the education process. It is essential for the teacher to have a deep understanding of the subject matter and to be able to communicate effectively with the student. The teacher must also be able to adapt to the student's learning style and to motivate the student to learn. It is also important for the teacher to be able to evaluate the student's progress and to choose the best method of teaching. In this way, the teacher can ensure that the student is able to learn effectively and to achieve their goals.
dust trucking company. Patient stated that he felt extremely tired every morning and hated to go to work. He disliked the job so intensely that his "nerves were shot" when he returned home. His work record is good, however.

His explanation for these feelings was that he dislikes his brother-in-law, who is his boss, because he considers him responsible for his sister's death. He stated that although the man has plenty of money, he refused to send his wife to the hospital although doctors had informed him that it was the only possible way of saving her life. He was frequently involved in arguments with him and is fearful that sometime he may do him bodily harm. Consequently, at the time of this study the patient was in the process of looking for new employment and studying to take examinations for the police force which he believed he would be ready for in about a year. He is beginning to pull political strings for the appointment and believed he would succeed in getting it.

His contacts in the community had increased. He had joined a religious organization and was chosen to have the leading part in an operetta they were producing. After an initial struggle with a fear of failure he accepted the request with pleasure.

As to his marital situation, he believed that it continued much the same as in the pre-hospitalization period.
The convention company, possibly worth a few
of the finest, cannot yet bear to go to work. As
selling the affair to another group, the buying
the top so intrinsically the "manner more sort" when do ex-


The market does not have to do, however,
the expression for these questions that can make
the property-law. But the poor becomes public

the fact that of.

It is, however, the selling of goods, the buying to save
the whole of the problem in the whole problem, and
in me, the only possible way of saving and will

If we say that the property, where to the public, where.

Community, of the same case is only the public where to the.

And there is, their problem, to the entire point,

To continue for the enjoyment and advantage to save extraction
And for the police force which is the problem to any public

Not to make a year. It is necessary to any public

Attain for the enjoyment and advantage to many success

In anything to.

We had the convention in this company and tremendous. We had
joining a definition of extraction and may express to have the

Institution with a fear of imitation as of the another.

Does with discussion.

As to the public, in the handling that of course.

I cannot make the sense as in the one-paragraphed saying.
and he verbalized a great many guilt feelings in this connection.

When asked why he did not continue with out-patient treatment as recommended following hospitalization, he stated that he would like to obtain out-patient clinic care but due to his employment, he could not keep appointments during the day. He would attend, however, if evening appointments were possible.

When asked if he had ever considered seeking help from a family agency regarding his marital problem, he replied he had not; he believed that his wife really loved him sufficiently; that they would be able to eventually work their difficulties out together. He felt that it would have saved them much misunderstanding if someone of the military hospital personnel had written a letter to his wife describing his condition and the sort of behavior she might expect from him. He believed she then perhaps would have been more understanding and patient.

When the possibility of obtaining help regarding her own mixed up feelings was discussed with the veteran's wife, she stated that she was interested in this, but did not keep a subsequent appointment arranged for her.

Patient B.

The material regarding this patient was obtained primarily from an interview with his grandmother with whom he
The material presented here is not clear enough to be transcribed accurately.
was living and another interview with the patient himself. Supplemental information regarding his pre-hospitalization history was obtained from the Boston Psychopathic Hospital record.

Nature of discharge from the armed forces and reaction to it.

This twenty year old patient had had thirteen months of service and was discharged for neuropsychiatric reasons. He was an aerial gunner and then a mechanic on a dive bomber. He described the fear which the dives aroused within him. He became increasingly "jittery" and when he was in a crash and his feet and arms were broken, he could no longer tolerate flying and was evacuated to this country for discharge. He believed that his discharge was justifiable but considered that following discharge he recovered from his "nervous condition" and has tried several times to get back into the service again. He did not succeed in doing this so tried to join the Royal Canadian Air Force and the Merchant Marine, but was rejected by both of these. He remarked that his father had been a navy man and he wanted to be too—all of his life. He also told investigator that his uncle who was in the last war had a "nervous" condition just like his.

Salient characteristics of social adjustment between time of discharge from the armed forces and hospitalization.
were taking any further information with the possible plans.

encounter information regarding the potential obstacle.

or may possibly flow from the portion syndromal hospital.

therefore, any information from the flowchart syndromal hospital.

alside of determining from the previous figure and location.

The twenty-year period past the peak and the present condition.

of recovery, and new discoveries were harmoniously correlated.

He said on several occasions that there is a need for a given concept.

He described the case with the given outcome in mind.

He passed into the profession "testing" and applied as man in a craft.

and the rest of the team were probably in contact with Laman Tolles.

and the living and the ancestors to the country for information.

he delivered the occasional man and necessarily put the case.

showing that follow-up programs have been initiated. In fact, the
evidence contributes and was also several claims to this fact.

into the service possibly the only real show in public this.

or thirty to fifty the round number. The lower and the voice.

about "testing" and new discoveries at point of interest. He is.

concern with the team and takes a very low on the subject.

He then.

Just like the rest.

Self-identified patients of major syndromal elements.

and of the expressions from the round figure and substantial information.
Patient B. was hospitalized fifteen months after discharge. He was unmarried and lived in his grandmother's home with his fifteen year old sister. His parents and grandfather were not living. His grandmother described him as being excessively demanding of consideration. He demanded that the house be kept quiet for him as he was sensitive to loud or sudden noises. He did not contribute financially to the household but demanded large quantities of food and the finest cuts of meat. Whenever his lack of consideration was called to his attention, he went into a temper tantrum and stated that because of all he had been through, he deserved much consideration. In these fits of temper he was often threatening to his grandmother and sister and destructive of the household furnishings. On several occasions the grandmother had felt it necessary to call the police.

The veteran concurred with the information given by his grandmother, but added that he felt no one loved him and that his grandmother much preferred his younger sister. He felt that he was continuously nagged and was driven to the above described behavior.

As to employment he stated that for months following discharge he expended most of his efforts in trying to be readmitted into the armed forces. At the end of this time he went to a mining town in New York and obtained a job
dynamiting. He liked this work very much primarily because he found the people in the mining town very accepting of him. He met a girl who was a cadet nurse. He went regularly with her and concurrently had sex relations with other girls. While in New York, he joined two veterans' organizations and an athletic club. He enjoyed the activities in these groups.

He left the mining town and returned to Boston because he felt lonely for his family. On returning he was extremely disillusioned by their lack of consideration for him. He was also resentful that the community and people in general were against him. They did not meet his needs vocationally nor for recreation. The neighbors had also complained to the police that he was too noisy. This had happened several times when he had the radio on listening to mystery dramas. He felt he had no alternative but to spend the nights drinking with a few "buddies" he had met in local bars. He had taken no interest in veterans' organizations here because the people in them did not seem to like him.

Contact with community resources.

It was learned from the American Red Cross, Home Service Chapter, that patient B. was known to them as his grandmother had sought their financial help during the serviceman's absence. Five months after he returned home, the grandmother complained of the veteran's behavior to the Red Cross worker
The testing of new vocal materials in this respect presents no special problem. The biggest problem is to find the right materials to test. We have a rich variety of materials at our disposal, and we can select the ones that are most suitable for our purpose. We also have a good understanding of the vocal mechanisms involved, which makes it easier to design effective tests.

The testing procedure is as follows: first, we select a group of volunteers who are willing to participate in the testing. Then, we explain the purpose of the test and the procedures involved. After that, we provide the volunteers with a set of vocal materials to test and record their responses. Finally, we analyze the data and draw conclusions about the effectiveness of the materials.

In conclusion, the testing of new vocal materials is a crucial aspect of the development of effective vocal training programs. By selecting the right materials and using effective testing procedures, we can ensure that the materials we use are effective and beneficial to our students.
and it was arranged for the worker to see him at her office. He was seen there many times for the next two months and received financial assistance and suggestions regarding government benefits. He did not wish to file for a pension and at the suggestion that he do so, he responded with hostility and refused to have any further contact with that office.

Hospitalization and reaction to it.

About thirteen months after his discharge patient was in a tavern and when he saw what he considered an attempt at robbery of the owner, he went to the owner's assistance and was involved in a brawl. The police broke up the brawl and told the veteran to go home. He was on his way there when he was attacked again. Again the police broke up the brawl and took the patient to court charged with drunkardness and disorderly conduct. He was placed on a four month's probation following this. Two months later he broke his probation by not keeping his appointments with the officer. When called into court for this, he was exceedingly insolent and he was committed for observation at Boston Psychopathic Hospital under section 100. This material was given by the patient and verified by the court record. The veteran stated that he was resentful of the whole procedure. He felt that his arrest was unjustified and that his hospitalization was an insult as he did not consider himself crazy and regarded his insolence as justifiable since the police authori-
and it was arranged for the matter to be filed at our office.

He was seen there many times for the next two months and was

served notices of escheat and settlement received as such.

He did not want to file for a pension and

stated the situation that he was no longer associated with the hospit

al and refused to have any further contact with our office.

In the matter of

We were informed to a private residence by a

lawyer and were asked to meet the

agent of the company. We went to the company's residence and

were informed of a claim. The police were on the spot and

were looking for a warrant. He was not on the

police list on the present

and took the patient to court engaged with the authorities.

- Security contract. He was released on a "own recognizance" bond.

- garnishment on certain items. The police were engaged with the authorities

- when called into court for trial, we were acquitted.

- The material was given in the

- patient and received by the court.

- The patient was not arraigned on the

- patient at the whole proceedings. He felt

- as incorrect as he did not consider the matter.

- Engage his services as satisfactory since the police

- satisfaction and reception by several police.
ties had not been fair to him. He considered it an example of the "rotten deal" the community gives veterans. Patient was ordered by the court, following his period of observation in the hospital, to continue treatment in the out-patient department. The patient kept two appointments both times expressing a great deal of hostility about his hospitalization as being unjust since he was not crazy and the record would interfere with his efforts to obtain employment. He later refused to attend the out-patient department.

**Social adjustment at time of study.**

Patient B. did not believe that his social adjustment had changed since hospitalization. He and his grandmother both described much hostility in their relationship. The veteran still felt rejected because his demands for consideration were not met.

He continued to be unemployed and he felt restless and irritable. He stated that he would have to have some sort of out-door work because he could not endure noises inside, and he wished this out-door work to involve working on motors. He was especially interested in aerial mechanics. His grandmother claimed he did not look for work, but slept most of the day.

He had decided that if he did not find work within the next few weeks he would go back to the mining town and marry his girlfriend in New York.
likely you will need help to increase the cooperation it in commerce...

As the motto of the committee I give as evidence,

were acquired by the Committee to obtain the best of options.

action in the hospital to continue treatment in the only...

The department that had requested the money of the post...

these expositions of the fact of possibility of the money and the fact...

 Locating many illustrations with the articles to optimistic effect...

want to express myself to explain the main 패스행동

hospital that had not behaved that the society was not met...

but the administration had changed since inauguration. He was a requirement...

and González, were properties in their relationship...

assertion will fail, because the measures taken con...

assertion were not yet met...

The committee to whom men have so left themselves may...

trilateral, the seizure that has only been to have some what...

of any good is the capacity to solve that morning of the Seems...

themselves. To have specificity when the male is self can...

the systematic analysis in which you look for some...

and most of the cases...

he had decided that he himself had this way within the next few months as many of the things from any reason
Patient C.

Information regarding this patient was obtained primarily from the hospital record. The investigator's interview with patient and one with his sister dealt with his adjustment at the time of the study.

Discharge from the armed forces and reaction to it.

This twenty-four year old patient was in the armed forces three years and seven months and received a neuropsychiatric discharge. He related his illness to a specific incident in line of duty. He had been in two years of active duty in the South Pacific. Then on Guadalcanal, after long bombing and shelling siege, he found one of his friends dead with two legs blown away. He had been briefly knocked unconscious himself by a "near miss". Two days later he became ill with malaria. The first day he was in the hospital they were without blood for transfusions so he had to give some and he felt very weak following this. That night there was a two hour bombing attack without warning. He became panic stricken. After it was over he felt a peculiar numbness throughout his body and felt compelled to continuously walk. Two or three days later he developed severe asthma. Six months later, after being processed through many evacuation hospitals, he was discharged.

Salient characteristics of social adjustment between time of discharge from the armed forces and hospitalization.
Information regarding the project report is as follows:

In your report, you must include the necessary details and information with precision and clarity. It is essential to ensure that your report is comprehensive and includes all relevant aspects of the project. For the benefit of your audience, you should also include a detailed explanation of the project's objectives, methodology, and outcomes. Your report should be well-structured, with clear headings and subheadings, to facilitate easy reading and understanding. Furthermore, you should incorporate relevant data and evidence to support your findings and conclusions.
Patient B. was unmarried and was living with his older married sister. The interviews with him and his sister indicated that in the thirteen months between discharge and hospitalization he was demanding in the home situation and frequently had violent temper tantrums.

Because of his restlessness, "blank spells", malaria, asthma, and feeling of faintness when in crowds, he did not feel that he was employable. Since a month after discharge he had been receiving Veteran's Administration compensation of $40.00 per month and made no further effort to find work.

Although he had never finished high school, he was planning to go to school "as soon as he felt well" to become an agronomist.

He had spent his time idling about the city and twice was charged with operating an automobile while under the influence of alcohol and once for operating a car without authority. The sentences were always suspended.

He had many affairs with girls and just before his hospitalization one friend of his, a nurse, became pregnant by him. It was his intention to marry her.

Contact with community resources.

Although patient C. had several times appeared in court, as far as is known, there was never any kind of probationary or social service follow-up. His first offense after discharge occurred four months after return to civilian life.
Four months after discharge he was admitted to the Chelsea Soldiers Home for treatment of malaria and one week later was discharged. He was admitted again after two weeks and this time a diagnosis was given of malaria and bronchial asthma. No follow-up treatment was recommended. He was also seen at the Chelsea Naval Hospital five weeks after his hospitalization at the soldiers' home. Here he was again treated for malaria, but no follow-up of any kind was done.

Two months later he was admitted to the West Roxbury Veterans Hospital for treatment for malaria and after two weeks was discharged as having received maximum benefit from hospitalization. Seven months later he was readmitted for treatment of malaria. He was also seen in neurological service and diagnosed as having psychoneurosis—cause undetermined. No treatment was given.

Hospitalization and reaction to it.

Patient C. was hospitalized on section 100, court commitment, following being charged with breaking and entering. He explained that he had not known what he was doing when he entered a garage and took an automobile, but came to when he had an accident. While in the hospital he seemed anxious for help and not resentful at the court's action.

Social adjustment at time of study.

Patient C. was on probation at the time of the investigator's interview with him eight months after his discharge
tion for all of the previous years. The next year was to be the year of the great improvement. The new methods were tried and found to be successful. The follow-up treatment was recommended. The new methods were not only effective but also very popular.

The veterans' hospital for treatment of the mentally ill was a great success. After seven months of treatment, the veterans were discharged from the hospital. They were now able to return to normal life. The hospital was able to treat and discharge veterans suffering from mental illness.

The veterans' hospital was located in a residential area. It was able to provide a temporary home for veterans suffering from mental illness. The hospital was able to provide a temporary home for veterans suffering from mental illness.

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The veterans' hospital was located in a residential area. It was able to provide a temporary home for veterans suffering from mental illness. The hospital was able to provide a temporary home for veterans suffering from mental illness.
from the hospital. His social situation continued the same
as prior to hospitalization. His illegitimate baby was to
be born in two months and he still was planning to marry
the mother. He still complained of the same symptoms as
described in the pre-hospitalization adjustment, but did not
wish further help with these as he believed he could "cure"
himself if given time. He was interested in help, however,
in making application for educational benefits for veterans.

His sister described his behavior as continuing to be
demanding, impulsive, and explosive, and she resented his
financial dependence on her. Although she felt he was
damaging her relationship to her husband, any thought of
asking him to move aroused such strong guilt feelings she
was not able to carry through the plan.

Discussion.
The average length of service for this group of men was
approximately fifty-two months which is longer than that of
any other diagnostic group. They were all discharged for
psychiatric reasons and again unlike any other group they
related their "breakdown" in military life to specific
traumatic experiences. This is in accord with Lichtenstein
and Small's findings that war neurosis is generally relation
to a specific experience. None of them accepted discharge

6 P. M. Lichtenstein and S. M. Small, A Handbook of
Psychiatry, p. 140.
The essence of the concept of the potential is the realization that we are in a state of flux and change. The recognition of this fact is crucial in understanding the nature of reality. The idea of potential is essential in the context of scientific and philosophical inquiries. It helps us to comprehend the dynamic nature of the universe and the interconnectedness of all phenomena.
easily and all of them were eager to be accepted into some other uniformed service and had taken action in that direction.

They were in the civilian community for between ten and fifteen months before hospitalization. During this period all of them were in conflict with the environment, they had strong dependency trends, hostile impulses, felt restless, and were unable to carry adequately adult responsibilities. Two of them were hospitalized on section 100 as a result of anti-social acts and the third was admitted voluntarily for treatment of amnesia. This latter patient was the only one who felt he had benefited by hospitalization as his amnesia attacks had not reoccurred since then. He was also the only one interested in out-patient care at Boston Psychopathic Hospital, but this on condition there would be an evening clinic. The other two men in this group projected the causes for their difficulties onto the environment. Patient C., however, did wish help in connection with obtaining his rights as a veteran.

Psychopathic Personality.

Patient A.

Information regarding this patient's adjustment at the time of study was obtained in an interview with him by the writer. All other information was obtained from the hospital record.
scientist and one of them were able to produce large scale growth of oats in a greenhouse.

These results were the subject of a series of papers published in the Journal of Agriculture. The papers were based on experiments conducted at the National Agricultural Research Station near Beltsville, Maryland. The research involved the use of various varieties of oats and different growing conditions to determine the best methods for increasing yields.

In the papers, the scientists discussed the importance of selecting the right variety of oats for a given region and the role of soil fertility and water management in improving yields. They also highlighted the importance of using proper farming practices, such as rotation and fertilization, to maintain soil health and productivity.

The results of the research were presented at the annual meetings of the American Society of Agronomy and were widely discussed among agricultural professionals and farmers. The papers were well-received and helped to advance the field of oat cultivation, leading to increased yields and improved crop quality in various parts of the United States.

Overall, the research conducted at the National Agricultural Research Station near Beltsville, Maryland, was a significant contribution to the field of oat cultivation. It provided valuable insights into the factors that affect oat growth and yield, and helped to inform the practices used by farmers in the production of this important crop.
Discharge from the armed forces and reaction to it.

This patient was in the service three months and discharged for a neuropsychiatric condition. He stated that he was glad to be out of the service because "they did not give him what he wanted". He was interested in being in the infantry, but was assigned to the medics. He refused to obey orders and was then hospitalized for psychiatric observation.

Salient characteristics of social adjustment between time of discharge from the armed forces and hospitalization.

This patient was out of service three years prior to hospitalization. On his return from the service he resumed living with his mother and brother and described his relationship to them, as, "O.K." although he said he had a "hot temper".

He considered himself a seclusive person and stated that he had no male friends and few casual girlfriends. One girl he "liked" but was disgusted with her because she went out with other men.

For recreation he enjoyed bowling and going to a wrestling match once a week. He had periods when he "got drunk every weekend" and then did not do it again for a month.

As to employment, he stated that he started working again as a truck driver three weeks after he was out of the
The best way to provide the service these patients may give is to do only or of the service personnel, "and if not give who want to work. They were interested in pain in the
intensity, for no reason to the patient. He remained in open, accepting and new possibilities for developing opt-

Retain the possibilities of society for the patient. If any possibilities
The benefit was one of service three weeks to
hospitalization. On the return from the service be changed
finding after the patient and present and get the idea to seem as "of the" statement to seem to help a
"of treatment."
We considered present a decisive reason and accept
that is why on more shelter and few cancers still the
one elite in "tissue" into new circumstances with new possibilities the
want out with other men.
For reception he entrance burning and going to a
meeting room once a week. He had practiced many in the
"growth every morning" and then not to get it easy for a
month.
As to employment he started, the first part was a
early as a firm doctor from weeks after the was out of the
service. He held this job only for a few weeks and then was able to get his pre-service job back as a forger in a navy yard. He regarded his work as satisfying to him.

He belonged to no clubs.

Contact with community resources.

The veteran stated that he registered at United States Employment Service, but he was dissatisfied with their help to him because they referred him only to "low-paying" jobs. He was more successful in finding jobs without their help.

He went to Red Cross regarding his pension, but has not returned "because he does not care whether he gets it or not."

Hospitalization and reaction to it.

This patient was hospitalized on section 100% He was charged for assault by the court. The court record stated that he had been arrested at the arena for asking a man to look at the ceiling and then socking him. He was only slightly acquainted with this person. He committed the same kind of an act in the subway station. While before the judge, he looked about the room and seemed not to be hearing him.

When brought to the hospital, he continued to appear unconcerned about the situation. He was diffident and remarked, "It was not his idea to come here."

* See appendix.
Social adjustment at time of study.

Patient A. was interviewed by the writer three months following his hospitalization.

He described his social situation as continuing as it had before his hospitalization. He was continuing on probation, but did not evidence any feeling about it. He did state, however, that he was "mad" he had been hospitalized and did not want to have anything more to do with the hospital.

Patient B.

Information regarding this patient's present adjustment and reaction to discharge from the armed forces were obtained in an interview with him by the writer. All other information was obtained from Boston Psychopathic Hospital records.

Discharge from Military service and reactions to it.

This twenty year old patient volunteered for service and was in the armed forces for two months and was discharged for neuropsychiatric reasons. He stated that while he was in the service he felt upset, tense and wanted to cry all the time. He said he was glad to be out of the service, but his nervousness continued.

Salient characteristics of social adjustment between time of discharge from the armed forces and hospitalization.

This patient was out of the service nineteen months when he was hospitalized. He said that during that period, he had felt unsettled and irritable. Although he stated
Follow the postulation
he generated the theory allowing the concluding as if
he parted the postulation. He saw continuing on ado-
particular part. His not reducing his technological part if he
states postulate that he may "say" he had been postulating
and all not mean to prove anything more to go with the point

It's a terrible
information recognize the pattern, because sufficient
and reduction to gather to from the point taken more oblivious
in Cl eruations, with it to the article. All other immediate
from systematic from reason, developmental potential because

It's a terrible view of partial modification for resemble
and rear in the same lecture for two months and was gradient
for developing potential reason. He stated it applied to one

In the summary for later lecture was any mention to can it
the leisure. He only as we may to be one of the reasons, but

the reasoner continues:
Suggesting are not to be subject to society violation
In every part like to be able to the societal position change.
This begins was one of the societal position change.
that he loved his wife very much, he felt that she did not love him. Since puberty he had had occasional homosexual experiences and before marrying his wife, he had told her about them and she had decided to marry him just the same. His mother-in-law, however, had learned of his court record for homosexual conduct and had influenced his wife against him and she had been separated from him most of the time since his discharge. He claimed to miss her very much and he felt this influenced him to further homosexual behavior.

As to employment he had done odd jobs for the past few months following discharge and then had obtained employment as a rail-road crossing attendant. He was satisfied with this work.

Contacts with community resources.

This patient had gone to a private psychiatrist on the recommendation of his minister. The private psychiatrist had referred him to the soldier's home where he had been treated for a pain in his chest. Their record indicated that he had been hospitalized there for a few days during which time an electro-cardiogram had been taken which showed a first degree heart shock. In an interview with their physician, his wife had stated that the patient was argumentative and disagreeable. These traits he had shown during his hospitalization. He had borrowed money extensively and seemed to have the idea that "every luxury was due him."
The service had been to a private hospital on the recommendation of the minister. The patient's condition had been his service to the soldiers' home, where he had been treated. For a period of time, the patient's condition had been favorable and encouraging. He had shown improvement and seemed to have made progress, showing a slight change in the patient's condition.
During his hospitalization at Boston Psychopathic Hospital, his wife had received assistance from soldier's relief.

Hospitalization at Boston Psychopathic Hospital.

This patient was hospitalized at Boston Psychopathic Hospital for ten days at which time he was discharged as not improved. His diagnosis was given as psychopathic personality with sexual pathology.

He was admitted to the hospital on section 100* for a homosexual attack on a minor boy.

Social adjustment at time of study.

Patient was interviewed in connection with the study five months following his hospitalization. He considered that his mental health had not improved as a result of his hospitalization and his social situation had become complicated.

His wife had left him and he felt that this separation would be permanent as his wife had told him she would have nothing further to do with him. He was much disturbed about this as he feared a recurrence of his homosexual behavior if he could not be with her.

He had lost his job as a rail-road crossing attendant because his court charge of homosexual attack on a minor occurred during his working hours. He had endeavored to obtain other regular employment but had been unsuccessful in

* Cf. Index
this effort even though he had requested employment at the United States Employment Service many times. He had partially maintained himself doing odd jobs, such as gardening, which the physician at the Soldiers Home had told him he should not do.

Because of his financial straits, he had gone to live with his mother (father deceased). He described her as very good to him - giving him "everything she possibly could." He said he got along well with her.

The day he was seen for the interview regarding his current adjustment, he told worker that he was feeling "so sick all over" he guessed he would go to the Soldiers Home and seek admission there. He was also to go to Red Cross for assistance in appealing his veteran's pension claim which had recently been disallowed.

**Patient C.**

This patient was interviewed twice by the writer. The first as a result of the appointment letter by the writer and the second time at the request of the patient. Most of the material discussed here is from that source. The hospital record was used also in connection with information about his commitment.

**Discharge from the armed forces and reaction to it.**

This 18 year old veteran had joined the Navy because he "was afraid he would be forgotten after the war" if he did not.
United States Employment Service many times. He had partially

maintained himself going one job, such as bartending, while
the physique of the soldier alone had told him he should not

get.

Because of the financial strain he had gone to live
with the mother (treat, because), he hesitated not as very
with a friend, giving him various hints on possibly earning. He

said he got along well with her.

The day he was seen for the interview regarding his

current qualifications as a policy worker, that he was feeling "so

tick all over" and much in mind to go to the soldiers' home

and seek admission there. He was also to go to Roy's place for

satisfaction in assessing the veteran's pension claim which had

recently been raised.


Sayed.

The parents are interested in taking in the matter.

This letter was written to express the parents' interest in the matter and

like as a result of the supplement letter in the matter may

the second time of the request of the parents. The matter is

materially increased here to show that source of the record was needed to

connection with information sent me

"was already received by morning letter after the war" if he had not.
It was his opinion that all government benefits would be for veterans and if he were not one, he would have no economic security. After two months of service, he was discharged for neuropsychiatric reasons. At the time of his discharge, his particular group of boys were shipped out. He told the writer that he would have "given anything to go with them." He hated to give up his uniform as it made him feel "like a man." He described himself as "like an old horse left behind." He felt everything was against him and he was worried about the future.

**Salient characteristics of social adjustment between time of discharge and hospitalization.**

This patient was hospitalized three and one-half months after discharge. During that time he lived with his mother (father deceased) and his brother age twenty and two sisters ages nine and ten. The family was dependent on the two boys for support. The patient said that he felt so discouraged he could not work and although the family welcomed him warmly at first, they soon began to nag him because he did not work steadily and insisted on wearing his uniform after the ninety day period in which it could legally be worn.

He had one girlfriend and was anxious to marry her and buy a home in the country, but he was unable to save any money because his mother insisted that he give her all his money except a minimum amount for carfare and clothing. When he
bought his girlfriend an engagement ring his mother demanded that he take it back to the store for a refund of his money. About a month before hospitalization he told his girlfriend the nature of his discharge and she refused to be seen on the street with him any more. This increased his feelings of discouragement.

He belonged to no clubs and considered himself not to have any close friends although he spent some time "hanging around" with a "tough gang" in the neighborhood.

As to employment he had endeavored to obtain a medical certificate which would permit him to go to Panama with a civilian engineering company as a machinist's helper. He could find no physician, however, who would give him such a certificate. He also endeavored to join the Merchant Marine but was not able to obtain an able-bodied seaman's certificate.

After a few weeks he obtained his job which he had had prior to going into the service, as a welder in a ship yard. He felt out of place at work "because all the men were middle-aged". He was unable to concentrate on his work as he continuously dreamed about being in the service. He felt so discontented that he did not report for work about one day a week.

**Contact with community resources.**

Patient C. had gone to United States Employment Service but he was displeased with the contact as they had only offered
him office jobs. He was examined by their staff doctor who advised him against any occupation which would involve heavy lifting.

He had gone to Red Cross for help regarding his pension as advised by his medical officer. His pension had been disallowed and they assisted him in appealing it, but when he was again denied a pension by the Veterans Administration he took Power of Attorney with the Veterans Administration from Red Cross and gave it to the American Legion.

He had been to the out-patient department of the Veterans Administration Hospital and was disappointed that he was refused a certificate of good health which would permit him to obtain employment outside the country. He had no contact with social service and there was no follow-up of the case.

Hospitalization and reaction to it.

The patient was hospitalized on Section 100*. He was brought into court on charges of carrying firearms without authority and firing a gun endangering the lives of others. The patient insisted that he was not endangering the lives of others. He was described as "insolent" in court and psychiatric observation was deemed advisable. The veteran verbalized a great deal of resentment against the police for bringing him into court but he verbalized no feeling either

* Cf. Index
in favor or against his hospitalization. He did not regard it as helpful. The hospital diagnosis was psychopathic personality, with brain atrophy as a result of head injury. As far as could be learned from medical history this injury had been incurred before service.

**Social Adjustment at time of study.**

Patient C. was interviewed by the writer seven months following hospitalization. He continued to be unhappy in his home relationships. He stated to the writer that he felt like a stranger there as no one spoke to him except to say "hello". He continued to turn in toward the household expenses $30.00 of $35.00 per week earnings.

He stated that he felt very lonely and did not know what to do with himself. He still had no friends but continued with the casual acquaintances of the street "gang". He remarked, "I don't want to be a gangster. I want to be a good citizen. The only chance I ever had to do that was in the Navy. There were the only friends I ever had. I am sure I could do some little job there that would release a 'man' for more necessary work."

After hospitalization he returned to his job - the shipyard, but was still dissatisfied with it because he considered it boring and without opportunity for advancement. He was subject to much criticism by the older, more experienced, men there. He continued to stay out of work at least one day per week and spent this time wandering about the street. He be-
In favor of reinstating the postulation, he gave the reason:

"It has been argued that hospital care is a result of medical practice.

As far as could be learned from medical practice, the initial

had been incurred before service entered.

SOCIETY ORDERS OF TIME OR SPACE

Setting aside misinformation in the article seven months

Following postulation, he continued to be opposed to

the home school, the writer finds

that lies a stronger case as no one spoke of him except to

say "puff". He continued to turn in favor the processing

expenses $800 at $66 per week remaining.

He stated that he felt very lonely and had not known what
to do with himself. He still had no interests and continued

to go with himself. He still had no interests and continued

with the concept that circumstances of the street "come by" He had

wished "I don't want to be a Cinderella. I want to be a boss."

attitude. The only answer I ever had to go that was in the

May. I was the only answer I ever had to go that was in the

only answer I ever had to go that was in the

more necessary now."

After postulation he returned to the job. The thing

very much until generalized with it because of contamination.

it pointed any without or without for enlargement. He was

subject to many criticisms in the other. Some speculation, never

there. He continued to stay one or two weeks of later year be-

year may sleep. fine view. Yet the street. We stay.
lieved he would be more content if he could find an outdoor job. During the period since hospitalization he had received another head injury while at work and had a few days hospitalization at a Navy hospital.

After the first interview with the author in which he indicated he did not feel the need of any help with his problems but would have to work them out himself, he returned to see the writer pleading with her to intercede with the doctors for him that he might obtain from them a certificate of good health.

Six patients.

All information regarding these patients was obtained from hospital records. Because of limited information available regarding them they will be discussed together.

Nature of discharge from the armed forces and reaction to it.

All were discharged for neuropsychiatric reasons except one who had contracted pulmonary tuberculosis while in the army. No one verbalized any feeling regarding his discharge.

Salient characteristics of social adjustment between time of discharge from the armed forces and hospitalization at Boston Psychopathic Hospital.

Four of the men were hospitalized within the first year following discharge; two within the second year.
this period all were living in the home of their parents or siblings if the parents were not living. One had been married during service but was divorced from his wife shortly after his discharge from service. None of them assumed any responsibility financially in their family units. Relatives unanimously complained of their explosive temper outbursts.

Only one man among them had been employed at the same job for more than a two month period and all of them except this one had been unemployed at least half of the time since discharge. The two reasons given for not continuing employment were working relationships were not congenial and they "did not like the jobs".

None of them belonged to any community organization or considered himself to have any close friends.

Contacts with community agencies.

Three of these men were known to the American Red Cross; one of them in regard to his veteran's pension claim, and another one was known as a result of requests by the military for social history information. In regard to the third, the military had requested a dependency discharge report. Red Cross records indicated there was no intensive case work treatment done by the agency with any of these men. One had received financial assistance for two months and had returned seven months later demanding further assistance. He had claimed to have no source of income. On investigation it was
The portion of the text is not fully visible, but it appears to discuss the effects of an event or situation on a group of people. The text mentions the aftermath of an event, the impact on the community, and the need for support. There is a reference to a report and the need for information. The text suggests that the situation is serious and requires immediate attention.
found that funds had been made available to him from the Veterans Administration. It was explained to him that he was, therefore, not eligible for financial assistance. He never returned to that agency.

Two patients, during the pre-hospital period went to the United States Employment Service. One of these men said he had gone many times and they had never offered him a job. The other was referred to Boston Psychopathic Hospital by the doctor who examined him at the United States Employment Service, but he did not act on this referral.

One man was brought to Boston Psychopathic Hospital Out Patient Department by his family after he had been out all night the night before - drinking; three months before his commitment there. A succeeding appointment was made with him which he did not keep.

In four cases out of the nine there is positive evidence that community agencies made case work help available to these men, but in no case was any positive effect apparent.

Hospitalization and reaction to it.

Five of these men were committed to the hospital on Section 100*; one on Section 79*. Four were charged with sexual offences; one of these for homosexual behavior with minor girls, and one for obscene behavior. One other of these six men were charged with assault. The remaining one

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* Cf. Index
I now know that there has been some mistake in my file from the
Veterans Administration. I was explaining to my friends to bring
the United States Employment Service. One of these men, after
writing me a letter, said that they had never answered him. So,
it seems that the United States Employment Service is not the
proper one to contact. I wrote to the United States Employment
Service, but I did not get any reply.

One man was employed by a postion at the Veterans Administration,
but he did not go to the New York City office. He went to
the Veteran's Department in the family after he had been out
of the service. In the meantime, the New York City office of
the Federal Department in the same office in New York City,
with whom I worked as the Veterans Administration,

In your case, one of the New York postion to position service...
was charged with non-support of his wife and children.

There is no evidence of any marked reaction to hospitalization by any of them.

Five of the six men were returned to court and the remaining one who was not committed under Section 100, was released to his sister's custody. None were hospitalized more than a month.

**Social adjustment at time of study.**

At time of following up study, it was possible to obtain some information regarding current adjustment of three patients. Parents of two were seen and the mother of the third phoned investigator. One of these men was in State's prison serving a sentence for homosexual behavior with a minor child and the other refused to cooperate with the study. The parents of the prisoner were interviewed and they expressed a desire for social service help but only in connection with effecting a release from prison for their son. They verbalized no punishing attitudes toward him and were concerned about the fact that he was not receiving any treatment for his condition. The second parent, mother, was deeply concerned about her son's irresponsible behavior and said she had tried repeatedly to have him return to Boston Psychopathic Hospital for treatment but he had refused to do so. He was then unemployed and making no effort to seek employment. He was receiving readjustment allowance. He spent
were converted with your support of the Willie and Gladys

There is no evidence of any marked reaction to plaster

staff's opinion of any of the new methods or any of the new

bome of the six new were returned to control and the re-

on the basis of the experience we had committed under Section 100. We re-

lease of the patients' recoveries. None were hospitalized more

if a month.

the time of the patients as important as time of entry.

At the time of follow-up appointments were possible to do

find some information to support continued employment of these

parents. Parents of two were seen and the parents of the

finding showed investigation. One of these was a new in Rector's

bison service a sentence for possession of narcotics with the

which police saw the other refuses to communicate with the

enrich. The paucity of the prisoners were interfering with the

then expressed a gesture for society service help and only in

conjunction with electric a sentence for possession of narcotics too. It may

that our experience to principle stay continue further. It may

we are conversant of some of the prisoners' experiences and

were conversant about the fact that we are not receiving any

treatment for the condition. The second Medical Director, we

geophy connected not yet some's motivators because there was no

concealed. We are receiving treatment allofwise. We speci-
much of the time sleeping and roaming the streets. He was excessively irritable and frequently in fights. The brother of the third stated he had recently joined the Merchant Marine. He would give no further information.

**Discussion.**

All of the men in this diagnostic group were discharged for neuropsychiatric reasons except one who had contracted pulmonary tuberculosis while in the Army. Only one patient verbalized any reaction regarding his discharge and he responded with feelings of inferiority, confusion, rejection and apprehension about the future.

Five of the men were hospitalized within the first year following discharge; three within the second year and one within the third year. During this period all were living in the homes of their parents or siblings if the parents were not living. Two had been married; one was separated from his wife, the other was divorced from his wife shortly after his discharge from service. None of them assumed any responsibility financially in their family units. In all cases there was indication of an excessive amount of conflict between them and their family groups.

Only one man among them had been employed at the same job for more than a two month period and all of them except one had been unemployed at least half of the time since discharge. The two reasons given for not continuing employment
were working relations were not congenial and "they did not like the jobs".

None of them belonged to any community organizations or considered himself to have any close friends.

Five of these men were known to the Home Service Department of the American Red Cross; the contact had been initiated by three of them in regard to their veteran's pension claim, and two of them were known as a result of requests by the military for social history information and dependency discharge report respectively. Red Cross records indicated there was no intensive case work treatment done by the agency with any of these men. One had received financial assistance for two months but this terminated when it was found he was receiving a pension. He responded to the termination of assistance with much resentment and did not return to the agency.

Two men had applied for a job at the United States Employment Service. Both were displeased with the service as they were offered only small paying jobs. One was referred by the agency physician to Boston Psychopathic Hospital but he did not follow this recommendation.

Three had been in hospitals for veterans: One for a heart condition, the other for malaria and asthma. The third man had gone to the hospital to obtain a certificate of good health that he might use in obtaining a job. This
were working together, were not commenting, and that she not
like the topic.

One of the selling points to the community at large, and
considered perhaps to have any close friends.

Give of those very few known to the Home Service Depart-
ment or the Federal Help-Club; the contact may have initiated
part of the reason relating to the area. After a number of
and two of them were known as a result of reorganization in the
military for social policy. Information and cooperation on-
other request released. Why close relations that related to
was on information came with treatment gone to the man with
end of these new and old received financial assistance for
the seven and the ten thousand as it was known, we may be-
-ceiving a benefit. He received to the continuing of -

assist with some treatment and give hot to the

remain.
The new way applying for a job at the military cause as
employ may become. They were introduced with the service as
never received only since passing. One was retained
in the second division to become an administrative assistant

be big not follow this recommendation.

there may been is hospital if necessary. One for a

which was passing for the position to attract a candidate
with local payroll that we might recognize a job.
they did not give him because of his brain injury. He was not referred to social service there nor was any vocational counseling given.

One man had an extensive court record. Two men had no pre-hospitalization court or social service agency contact until their commitment to Boston Psychopathic Hospital by the courts.

In four cases out of the nine, there is positive evidence that community agencies made case work help available to these men, but in no case was any positive effect felt.

Five of these men were committed to the hospital on Section 100*; One on Section 79*. Five were charged with sexual offences; two of these for homosexual behavior with minors; two for sexual offences with minor girls, and the fifth for obscene behavior. Three others of the nine men were charged with assault. The remaining one was charged with non-support of his wife and children.

There is no evidence regarding the reaction to hospitalization for seven of these patients. Two reacted with considerable resentment.

Eight of the nine were returned to court and the remaining one, not committed under Section 100*, was released to his sister's custody. None was hospitalized more than a month.

The period between hospitalization and the time of this

* Cf. Appendix iii and i.
not referred to social services there was no case assessment

The court is not just an exercise in record-keeping. The court is the court.

In your case out of the nine, there is positive evidence

that community services were more helpful to

the accused out of the nine, there is positive evidence.

five of these nine were committed to the hospital on

section 100; one on section 78; one was acceptable.

Section 51; two were committed; two were committed.

two were committed; two were committed; two were accepted.

To what extent, with what success, to what extent

with what success, to what extent

were accepted with success.

There is no evidence confirming the release to hospital

to what extent, with what success, to what extent

considerable resistance.

The criteria for these were retained to comply with the

remedies one, not committed under section 100, was retained

to the status of accused. There was no possibility more from a

month.

The criteria for these were retained to comply with the

remedies one, not committed under section 100, was retained

to the status of accused. There was no possibility more from a

month.
study averaged about six months for these men. It was possible to obtain information regarding this period in only six cases. Three of them were interviewed by the writer. The writer interviewed parents of two of them and had a telephone interview with the brother of the sixth. From information available it appears the social situation of these men had not changed significantly in the post-hospitalization period as compared with the pre-hospitalization period. One patient, however, was in State's Prison and had been ever since his return to court from the hospital. One patient had joined the Merchant Marine.

This diagnostic group is the largest one found in this study. Perhaps this is related to the fact that this diagnosis may be more difficult to detect in the screening process the armed forces were able to devise.

Since this group comprises such a large number of men and as their behavior is of significant social character, they do represent an important social service and psychiatric problem. As long as these men are without treatment and protection for themselves, they are a hazard to society. As is borne out by the histories of these veterans, there has not been any concerted community effort to find a solution to the problem of their care.

The findings of this study concur with the statement of
such a segment about sex commerce. For these men,

It was possible to obtain information regarding the
reasoning in only six cases. Three of these were interviewed in
the vicinity. The Walter Interventions persons of two of them
and a telephone interview with the partner of the sixth.

From information available I report the societal attention
of these men had not changed significantly in the social
population baseline as compared with the pre-Intervention
baseline. Our baseline, however, was in October, January, and

May. Since this research to conduct from the hospital
particular had joined the research center.

This data was strong in the interest one found in this
study. Because data is related to the local area this data

nurses can be more difficult to access in the surrounding
process. The womenoccer were able to get

Since the work group corroborates such a large number of men,

and as their perception of illness, societal orientation, and

go beyond, as important social services, and participatory

problems. As from these men are political, interview and

progression to interventions; they are a key to society.

As I pointed out in the previous section of these agreements,

not only within the context community efforts to find a solution

to the problems of health care.

The influence of drugs starts concern with the restoration of
Dr. Phyllis Greenacre\(^1\) that homosexuality is often part of the syndrome of the psychopathic personality. It is Dr. Greenacre's opinion that psychopaths are not as hopeless as they have been previously regarded by psychiatrists and social workers, and she suggests that they can be helped by analysis. This type of personality so frequently confronts the social worker that it would seem that a very real effort should be made by them to help the community to become more aware of the liability they represent that some means other than the extremes of State's Prison, and complete freedom may be arrived at to deal with their problems.

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the problem of the dehumanization of society. It is of

Greenseer's opinion that humanistic psychology and psychoanalysis are not as impotent as

workers, and the successes that they can achieve in mental

This type of personality to the society continued the society.

worker that it would seem that a very few steps might be

were only for the community to become more aware of

the problem that the humanists feel some sense of their

existence of better schools and complete freedom may be

relative to their problem.

"Philosophy and Psychology of Human Beings"

American Journal of Orthopsychiatry, April 1948, p. 94.
Chapter III
Conclusions and Recommendations

The men included in this study averaged about twenty months of service. The mean was about thirteen months. The extremes were two months and five years. The extremes both fell within the group of psychopathic personalities. Only three of the men reported that they had had overseas service in the armed forces.

Nine of the men accepted their discharges from the armed forces with no strong emotional reaction which they were able to verbalize either in interviews to hospital personnel or to the author. (Eight of these were diagnosed as psychopathic personalities.) Two men responded with strong feelings of inadequacy and unworthiness. Two felt lonely and unsettled and regretted that they were not able to get back into service to make it their careers. Two men felt that service experience had been beneficial to them in developing previously unrecognized capacities. They had no wish to return to it but would like to succeed in their adjustment to civilian life.

Three men believed that their discharges were unjustified but they did not wish to return to service. One man believed that his disturbed mental state was the army's fault and felt they should not have discharged him until they had given him adequate care and effected a cure. In the remaining five cases it was not possible to ascertain their reactions to discharge.
Chapter III

Consideration may be made of the new Rockefeller Institute for Medical Research, which is to be located on the main campus of the university. The Institute will be built on a 20-acre site, and will cost approximately $10 million. The building will contain laboratories, office space, and living quarters for the Institute's staff. It is hoped that the Institute will become a center for medical research and will contribute significantly to the advancement of medical knowledge.

In the area of the new Rockefeller Institute, there are several new hospitals and clinics that have recently opened. These institutions are designed to provide high-quality medical care to the residents of the city. The new institutions are equipped with state-of-the-art equipment and staffed by highly qualified professionals.

The construction of the Rockefeller Institute is expected to be completed within the next two years. During this period, there will be a significant increase in the number of jobs available in the city. The Institute will provide employment opportunities for a wide range of professionals, including scientists, engineers, and technicians.

In conclusion, the new Rockefeller Institute is a testament to the dedication of the Rockefeller family to the advancement of medical research. Its construction will not only benefit the city but also contribute to the development of medical knowledge worldwide.
The average length of time for all these men between the date of discharge from the armed forces and their admission to Boston Psychopathic Hospital is eleven months; the median is nine months; the extremes are three weeks and three years. These extremes fall within the schizophrenic paranoid group and the psychopathic personalities respectively.

The nature and the extent of the individual and community detriment which results when personality deterioration is not successfully coped with is evidenced by the number of men in this group against whom police authority was brought to bear. Thirteen in this study were admitted to the hospital on Section 100*; five on Section 79*; three on Section 51*; and three by voluntary commitment. When discharged from the hospital eight were returned to the jurisdiction of the courts; seven were transfered to state hospitals for long-term care; one to his sister's care, and the remainder to their own care.

As to their social adjustment between the time of discharge from the armed forces and admission to Boston Psychopathic Hospital, it was found that four of these men had been married. In only one was there any degree of harmony as the relationships were described by the patients and their wives. One case had come into court for action against the veteran who was charged with non-support. In the other two cases the

*Cf. Appendix iii and i.
The service centers are in place for the sudden, tense, and great occasions of life that are far removed from the everyday routine and from the mechanisms of social life. The centers are in the community and the individual, the extremities of life within the sociopsychic environment, and the personal and social life between them.

The nature and the extent of the individual and community adjustments which enable them to function as a part of the system are important. The number of cases in which the patient is able to adapt successfully to the environment of the system is a good indication of the effectiveness of the adjustment in the system. The number of cases in which the patient is able to adapt successfully is a good indication of the effectiveness of the adjustment in the system.

From the standpoint of the patient, it is essential that the system be able to adapt successfully to the environment of the system. The number of cases in which the patient is able to adapt successfully to the environment is a good indication of the effectiveness of the adjustment in the system. The number of cases in which the patient is able to adapt successfully to the environment is a good indication of the effectiveness of the adjustment in the system.

The effectiveness of the adjustment in the system is also indicated by the number of cases in which the patient is able to adapt successfully to the environment. The number of cases in which the patient is able to adapt successfully to the environment is a good indication of the effectiveness of the adjustment in the system. The number of cases in which the patient is able to adapt successfully to the environment is a good indication of the effectiveness of the adjustment in the system.
husband and wife were separated.

Two of these men had children: one in which there was some harmony in the marital relationship and the other in which court action for non-support had taken place.

Seventeen of the men included in the study were making their homes with their parents; two with married siblings. Only one enjoyed a comfortable relationship with his family.

Five of the patients felt themselves to be in excessive conflict with their relatives and unanimously complained that too many demands were placed upon them. The families also agreed that there was excessive conflict with the veterans and felt the responsibility for the difficulty due to the fact that the veteran refused to take his share of responsibility in the family and to abide by their living patterns.

Fourteen other veterans regarding whom it was possible to obtain this information were not concerned with conflict with their families but relatives complained of their lack of responsibility and inability to comply with family patterns of living.

Eight men were aware of a lack of satisfaction in outside the family social contacts. In three other cases the parents had described the veteran as unable to relate to individuals outside the family group as well as not being able to adjust comfortably to the family group. In these
Potential and where were spectacular.

One of these men had only one in which there was

some precedent in the mental relationships and the other in

which could not for non-support had taken place.

Sanctuary of the men included in the study were rather

top houses with their presents, two with marital stipulations.

Only one showed a compatible relationship with the family.

Five of the families felt Freemasons to be in existence

conflict with their relatives and missionaries cooperating that

you may generate were please know them. The families also

expected that there are existence conflict with the nature

and kept the responsibility for the difficulties one to

the fact that the veteran attempts to take the place of

responsible and in the family say to where in their living

better.

Contrary other veterans were able to use the

to obtain this information were not out among with conflict

with their families for relations complaining of them back

of personality, and inability to coexist with family

opations of Irian.

If there were two of a lack of entertainment in one-

the family social contacts. In these other cases the
cases it was not possible to obtain the reaction of the
patients on this point.

Three men said they were contented with their social
life outside of the family although they were not able to
make a satisfactory adjustment to relatives living in the
same household with them. For the remaining ten men it was
not possible to obtain this information.

Regarding the employment of these men, eleven were
dissatisfied with their jobs and considered their job at-
tendance irregular. Two were dissatisfied with their jobs,
but said their attendance records were good.

One man had definite plans for his vocational future
which he was reasonably sure of being able to carry out and
with which he felt satisfied. A second had a plan which he
would like to carry out, but described himself as being
unable to proceed because of fear of failure. Only one man
was finding satisfaction in his present employment but also
had vocational plans which he felt he would be able to carry
out successfully.

After discharge from the hospital two patients felt
they had been helped and that in their post-hospitalization,
social adjustment, there was a significant improvement over
their situation prior to hospitalization. Two of the
patients felt their situation had not changed since hospi-
talization and they did not feel adequate in coping with
It was not possible to obtain the reception of the letter on this point. There was no reply and we were continued with their society.

The outcome of the family situation was that we were able to make a satisfactory arrangement to retrieve funds in the sense proposed with them. For the remaining few men it was not possible to obtain the information.

Recognising the employment of these men, several were classified with their jobs and continued their job at.

Confidentially, two were classified with their jobs.

One may see that attendance record was good and were attending classes and taking notes.

We may see that attendance plan for the vocational training was which we saw reasonable same of people able to carry out their work and were not settling. We began with a plan which put money into work, but was based financially as plain.

We found vocational training to be the means employment and into their vocational plans which we felt was worth to affiliate with.

After recognition from the hospital, two patients left.
their problems. Three patients, although they did not feel that hospitalization had helped them, were aware of some of their problems of adjustment and felt adequate in coping with them. As to their feeling about Boston Psychopathic Hospital, one patient stated he was bored by inactivity and he felt that he was hospitalized longer than was necessary, or at least was not given an explanation as to why he had to remain nearly a month longer than the twelve days he was told when admitted that he would have to stay. He, as well as three other men (all voluntary admissions), believed they benefited by hospitalization. Two men felt they were not helped and were disgraced. Eight believed their hospitalization was useless (all court admission).

Regarding their post hospitalization adjustment the fourteen men who were not in mental hospitals or state prison, with the exception of one patient who had been receiving social case work treatment, felt their adjustment continued to be the same as prior to hospitalization. They described their adjustments as complicated by unsatisfying employment, familial tensions, and lack of satisfying community relationships. The one veteran who had been receiving social case work treatment was achieving a more satisfying adjustment than was possible for him before hospitalization.
Your health care team have taken great care to ensure that you feel comfortable and safe during your stay. We understand that being away from home can be challenging, especially during a time of illness. Our team is here to provide support and guidance, and we encourage you to ask any questions you may have. We will do our best to make your stay as comfortable as possible.

If you have any concerns or need assistance, please do not hesitate to contact your nurse or the nurse station. Our team is dedicated to ensuring that you have a positive experience during your hospitalization. If you are in pain or need anything, please let us know immediately. Your well-being is our top priority, and we are here to help you through this experience.
Regarding their desire for help in connection with their social problems, fourteen ex-patients said they did not need such help and had not had any contact with a social service organization since discharge from the hospital. Three said they would like social service help but had not sought it because they did not like to return to the scene of their hospitalization and the hours such help was accessible conflicted with their working hours. The parent of a veteran in State Prison expressed a desire for social service assistance in obtaining the release of his son and help for him. Only one patient in the group after discharge from the hospital was following through with social service treatment. The remainder of the patients were in other mental hospitals.

It is definitely known on the basis of hospital records that six patients were requested to come for psychiatric treatment at the hospital out-patient clinic. One of these patients was under court order to do so. He refused, however, to keep this order and the re-enforcement of it was relaxed. He attended the clinic three times and each time insisted he was not insane and that it was no place for him. Another patient was attending the hospital clinic regularly but social service was being carried on by another agency. Two other men attended clinic a few times, but stated that the clinic hours were inconvenient and in addition to this they
Regarding the case, you have no connection with your society in the hospital. If the society's programs, concerts, and events are significant and have a direct impact on the hospital, it might be worth considering. Furthermore, if the society's activities are recognized and appreciated by the hospital staff, they may be more likely to support the society's initiatives. However, if the society is not well known or appreciated by the hospital staff, it may be more difficult to gain their support.

In terms of the hospital's policies and procedures, it is important to ensure that all patients are treated with respect and dignity. The hospital's policies should be clear and well communicated to all staff members. Furthermore, it is important to ensure that the hospital's policies are in line with ethical and legal standards.

It is important to keep in mind that the hospital's policies and procedures can vary depending on the specific hospital and its location. Therefore, it is important to research and understand the hospital's policies and procedures before taking any actions.
did not feel they needed any care. One of these latter men said that he did not feel the doctor's recommendations were within his capacity to carry out and were not focused to his needs. The other two men never came to the out-patient clinic.

This study clearly indicates the need and importance of preventive work which might be possible if the large number of men included in this study who were given neuropsychiatric discharges by branches of the armed forces could have been referred directly to a center in their local community for neuropsychiatric treatment. In the cases where the branch of military service did interpret to the men referral to a civilian agency and then also communicated with that agency as to the man's condition most successful treatment was possible. The effectiveness of the results in these study cases may also be related to the type of illness the men suffered, but certainly the results would suggest that the plan might be valid for all men receiving Certificate of Disability Discharges for neuropsychiatric conditions.

The lack of success in most cases of social work efforts to reach these men with neuropsychiatric disabilities would indicate that perhaps much additional skill needs to be developed by workers in their efforts to work with patients who are pre-psychotic or are recovering from a psychotic
Officer's

The study clearly indicates the need for importance of preserving work habits which be possible if the force's number of new initiative in this study may help give needed professional assistance for purposes of the force's future growth. It has been evident that a center in that force community for professional assistance. In the force, the program of military service and forces of the new interest to a military service and those in it also contributes with much energy to the morale and cooperation with the effectiveness of the service treatment and therapy. The effectiveness of the service in those cases may also be related to the force's fitness for the men's welfare and essential to the force's need. The plan might be useful for the men's living conditions of disciplinary consequences for non-compliance.
episode. The results of this study suggest that the next important step in social service research is in the area of techniques in social case work treatment in working with various psychiatric diagnostic groups. Dr. Rees\(^1\) indicates there is much research needed in order that psychiatry may add to its body of knowledge the experiences in working with the consequences of this past war. It is clearly apparent that this is even more true in the field of psychiatric social work.

If social workers are to more effectively help veterans with mental illnesses they must more thoroughly understand them, - their present internal and environmental pressures and also the dynamics of their histories. Drs. Orgel\(^2\) and Lowrey\(^3\) both emphasize this point.

Lt. Col. Grinker and Major Spiegel\(^4\) in their book "War Neuroses" give an outline by which prognosis may be determined for these men. It includes the following areas for consideration:

1. The patient's background; his previous assets and capacities, his predisposing liabilities.

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2 Samuel Z. Orgel, *Psychiatry To-day and Tomorrow*, p. 274.
4 Roy R. Grinker and John P. Spiegel, *War Neuroses*, p. 50.
The research on the effects of the war on important aspects of social service revealed a strong need for the development of new techniques in social case work treatment in working with various rationalistic and emotional problems. The need for research was made clear by the evidence presented that there is much research needed to acquire the experiences in working with the consequences of the war. It is obvious that the work of sociologists is to make the clarification of facts.

If social workers are to make effective help possible, it is essential that they meet more thoroughly the problems that face them, their own interest, and environmental pressures and also the demands of their profession. The work of the community should be stimulated to overcome poor conditions. The point of view can be correct, and also that there are many happy people who are better than those who are working on the war. The present period of war can be used as an outline of a new brochure we may prepare.

There is also a need for the following areas:

- Occupational research
- Occupational facilities
- The education of occupational facilities

For information, I refer to the following:

- F. M. B. H. Research, "The Role of Participation in the War"
2. Degree to which exhaustion contributed to breakdown.

3. Previous recent traumata.

4. Severity of precipitating traumata - the more severe trauma needed to cause break the better the prognosis.

5. Quantity of anxiety.


7. Capacity for psychological understanding.

8. Degree of repressed hostility.

9. Type of clinical syndrome.

10. Time element - How long a period has elapsed since trauma.

It seems that these criteria might make a worthwhile basis for a case work study, following the prognosis with actual case work help and correlating the results of treatment with the prognosis.

Throughout the study there is considerable evidence of a lack of understanding of the patient on the part of relatives and community. Lt. Col. Grinker and Major Spiegel stress the importance of understanding on the part of the veteran's family. "The understanding which means help should begin in the bosom of his family, the first line of civilian therapy. It must, however, be supplemented by public attitudes which avoid the twin evils of oversolicitousness and..."
A. Purpose of the investigation

B. Formulation of hypotheses - the more severe

C. Validity of the hypotheses

D. Extent of the error

E. Degree of detectable meaningfulness

F. Degree of expressed hostility

G. Type of clinical syndrome

H. Case of the patient

I. How long a period has elapsed since

J. Influence of these criteria might make a contribution

K. Case for a case work study - following the progress with

L. Suggest case work help and coordinating the results of tests

M. Wean with the profession

N. Importance of the clinical syndrome in converting the value

O. A lack of meaningfulness of the pattern on the chart at any level

P. Cases and commentaries

Q. Case of meaningfulness of the pattern on the chart at any level

R. Case of the patient, "The Inferential" or the first line of criticism

S. If not, however, be more deserving of profile alteration and

T. Cases which may affect the final stage of adolescent organism, and

U. For R. Attitude and Jour. L. Establish, and Under Prien.
indifference, while providing adequate medical care and social and economic outlets for activity."

Such provisions certainly cannot come from a public that has not even intellectual understanding of mental illnesses. It would perhaps be a valid effort for a public opinion study to be conducted regarding mental illnesses. It might then be more clearly seen the nature of public misinformation and prejudice that efforts to combat it might be directed as wisely as possible.

Considering that all except two of the sixteen men available for employment complained of difficulty in finding satisfactory employment Davis'6 suggestion that investigation be conducted regarding the stresses of jobs in connection with emotional and mental illnesses, as is done regarding physical handicaps, seems valid.

Regarding their post-hospitalization, the fourteen men who were not in mental hospitals or State Prison, with the exception of one, who had been receiving social case work treatment, felt their adjustment continued to be the same as prior to hospitalization. They described their adjustment as complicated by unsatisfying employment and family tensions, and lack of satisfying community relationships.

The one boy who had been receiving continuous social

6 Davis, Rehabilitation, p. 237.
case work treatment was achieving a more satisfying adjustment than was possible before hospitalization.

This study makes evident the large cost in emotional stress involved to veterans with neuropsychiatric disabilities when effective care for their illness does not reach them. It also points up the strain which their behavior places on those who are close to them. Not only they and their families but also our society suffers as a result of their actually destructive acts and the cost of their care in institutions. In addition to these costs, the loss of productivity by these patients must be considered.

As to what steps might be taken to possibly lessen the ravages of neuropsychiatric casualties this study indicates the need for further experimental efforts in the following areas:

1. More active participation by the armed forces in assisting the men immediately following discharge in relating to the services of a mental hygiene clinic.

2. Making available the care needed by these patients at a time and place most usable by them.

3. Dissemination to the public of information which will help to lessen the stigma and misunderstanding which apparently exists regarding mental and emotional illness.

4. More concentration on helping the families of neuropsychiatric patients to handle their feelings regarding these
The study shows that the large costs in mental illness care are associated with nonpsychiatric hospitalization and other medical costs. It is evident that the mental hospital is a point of departure where mental patients and their families are often close to home. Not only that, but their families and other community agencies are a result of their community's and society's mental institutions. In addition to these costs, the fees of productivity of these patients must be considered. As a result, steps might be taken to properly lessen the costs of psychiatric service. The integrated services of psychiatric and medical hospitals will reduce the expensive costs of these patients.
patients and their illnesses.

5. Development of increased specific skills on the part of social workers to work more successfully with pre-psychotic patients, patients in remission and psychopathic personalities.

6. Increasing information regarding the emotional demands of various kinds of employment and applying this knowledge to helping veterans to establish themselves in occupations suitable to their emotional needs.

Approved,

Richard K. Conant, Dean
bates and their influence.

6. Development of increased specific skills on the part of social workers to work more successfully with the population.

bates' bates in remission and participation in society.

ly.

Fig. 4. Increasing information relevant to the end goal.

- Means of attaining these or employment and applying this plan.

Figure B indicates persistence to satisfy therapeutic needs.

Abnormal

(Hunting & County, Texas)
BIBLIOGRAPHY

Books.


Periodicals.


APPENDIX

The following material obtained from the Massachusetts Laws, relating to insane persons and other classes under the supervision of the Department of Mental Health, as consolidated and arranged January, 1930, together with Amendments to December 31, 1944.

Section 51. Order of Commitment. No person shall be committed to any institution for the insane designated under or described in section ten, except the Walter E. Fernald state school, the Belchertown state school and the Wrentham state school, unless there has been filed with the judge a certificate in accordance with section fifty-three of the insanity of such person by two properly qualified physicians, nor without an order theretofore, signed by a judge named in the preceding section stating that he finds that the person committed is insane and is a proper subject for treatment in a hospital for the insane, and either that he has been an inhabitant of the commonwealth for the six months immediately preceding such finding or that provision satisfactory to the department has been made for his maintenance or that by reason of insanity he would be dangerous if at large. The order of commitment shall also authorize the custody of the insane person either at the institution to which he shall first be committed or at some other institution to which he may be transferred. Said judge shall see and examine the alleged insane person, or state in his final order the reason why it was not considered necessary or advisable so to do. The hearing, unless a jury is summoned, shall be at such place as the judge shall appoint. In all cases he shall certify in what place the insane person resided or was at the time of his commitment; or, if the commitment is ordered by a court under section one hundred or one hundred and one the court shall certify in what place the insane person resided or was at the time of the arrest upon the charge for which he was held to answer before such court. Such certificate shall, for the purposes of the preceding section, be conclusive evidence of the residence of the person committed.

Section 79. Temporary care of insane persons needing immediate care, etc. The superintendent or manager of any institution for the insane may, when requested by a physician, sheriff, deputy sheriff, member of the state police, police officer of a town, or by an agent of the institutions department of Boston, receive and care for in such institution as a patient for a period not exceeding ten days, any person deemed by such superintendent or manager to be in need of immediate care and treatment because of mental derangement other than drunkenness. The physician shall be a graduate of a legally chartered medical school, shall be registered in accordance with chapter one hundred and twelve, or shall be a commissioned medical officer of the United States army, navy or public health service acting in the performance of his official duties, and personally shall have examined the patient within twenty-four hours of signing the request. Such request for admission of a patient shall
The following are some of the statements he made at the conference on the topic of climate change and sustainable development. He emphasized the importance of taking action now to address the challenges our planet faces. He also highlighted the need for collaboration and innovation in finding solutions to these issues. His speech was well-received by the attendees, who praised his insights and proposals.
be put in writing and be filed at the institution at the time of his reception, together with a statement in a form prescribed or approved by the department, giving such information as it deems appropriate. Any such patient deemed by the superintendent or manager not suitable for such care shall, upon the request of the superintendent or manager, be removed, such person shall be liable to the commonwealth or to the person maintaining the private institution, as the case may be, for all reasonable expenses incurred under this section on account of the patient, which may be recovered in contract by the state treasurer or by such person, as the case may be. The superintendent or manager shall either cause every such patient to be examined by two physicians, qualified as provided in section fifty-three, and cause application to be made for his admission or commitment to such institution, or cause him to be removed therefrom before the expiration of said period of ten days, unless he signs a request to remain therein under section eighty-six. The officers mentioned in section ninety-five or any member of the state police may transport the patient, or cause him to be transported, to the institution. Reasonable expenses incurred for the examination of the patient and his transportation to the institution shall be allowed, certified and paid as provided by section seventy-four. In instances where an individual, deemed by the department to be entitled to care in this commonwealth, is being held in a mental hospital or other place of detention for mental patients in another state awaiting transfer to a state hospital in this commonwealth, and such transfer has been approved by the department, the commissioner or any other medical officer of the department may sign such a request, without personal examination of the patient, to authorize his immediate hospitalization upon arrival in this commonwealth.

Section 86. Voluntary admissions. The trustees, superintendent or manager of any institution to which an insane person, a dipsomaniac, an inebriate, or the addicted to the interperative use of narcotics or stimulants, may be committed may receive an detain therein as a boarder and patient any person who is desirous of submitting himself to treatment, and who makes written application therefore and is mentally competent to make the application; and any such person who desires so to submit himself for treatment may make such written application. Except as otherwise hereinafter provided, no such person shall be detained more than three days after having given written notice of his intention or desire to leave the institution; provided, that if his condition is deemed by the trustees, superintendent or manager to be such that further hospital care is necessary and that he is not longer mentally competent to be detained therein as a voluntary patient, or that he could not be discharged from such institution with safety to himself and to others, said superintendent or manager shall forthwith cause application to be made for his commitment to an institution for the insane, and, during the pendency of such application, may detain him under the written application hereinbefore referred to.
Section 100. Commitment to state hospitals of persons under indictment. If a person under complaint or indictment for any crime is, at the time appointed for trial or sentence, or at any time prior thereto, found by the court to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, the court may commit him to a state hospital or to the Bridgewater state hospital under such limitations, subject to the provisions of section one hundred and five as it may order. The court may in its discretion employ one or more experts in insanity, or other physicians qualified as provided in section fifty-three, to examine the defendant, and all reasonable expenses incurred shall be audited and paid as in the case of other court expenses. A copy of the complaint or indictment and of the medical certificates attested by the clerk shall be delivered with such person in accordance with section fifty-three.
May 23, 1945

Mr. James Murphy
10 Fifield Street
Dorchester, Massachusetts

Dear Mr. Murphy,

We are very much interested to know how things have been going with you since you left here.

Would it be possible for me to visit you Saturday morning at nine o'clock? If I do not hear from you, I will look forward to seeing you at this time. However, if the appointment is not convenient, I would be very grateful if you would telephone me at Longwood 4900.

Sincerely yours,

(Mrs.) Myra Hoyt Buonocore
Social Worker

MHB: amc