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A study of the social factors in fifty cases referred by the Rhode Island Juvenile Court to the Charles V Chapin Hospital Neuro-Psychiatric Department

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A STUDY OF THE SOCIAL FACTORS IN FIFTY CASES REFERRED BY
THE RHODE ISLAND JUVENILE COURT TO THE CHARLES V. CHAPIN
HOSPITAL NEURO-PsYCHIATRIC DEPARTMENT

A Thesis

Submitted by

John Joseph Affleck
(Ph.B., Providence College, December 1942)

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

1948
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METHOD

The writer studied individually fifty cases which were
the total number referred to the hospital by the court in
the period from January 1, 1946 to November 1, 1947. Each
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CHAPTER I
INTRODUCTION

PURPOSE

Approximately thirty cases annually are referred to the Charles V. Chapin Hospital Neuro-Psychiatric Department, Providence, Rhode Island by the Rhode Island Juvenile Court. Until the time of this writing no general study was made of such cases in an effort to determine the social factors which led to the hospitalization for mental observation and study. As authorities in various fields now realize more fully the importance of such factors in causing delinquency and possible mental illness, the writer hopes here to show the manner in which social factors have played a part in precipitating the actions which resulted in the need being seen for mental observation and study in such cases.

It is the writer's hope that the information contained herein will be of value to those working with similar cases particularly in psychiatric hospitals or clinics and the courts to help them understand more fully the significance of social factors in such cases.

METHOD

The writer studied individually fifty cases which were the total number referred to the hospital by the court in the period from January 1, 1946 to November 1, 1947. Each
INTRODUCTION

PURPOSE

Approximately thirty cases annually are referred to the
Charity of Cape Breton Hospital of the Nova Scotia General Hospital and
Providence, Halifax, where the social worker begins his or her work of
until the time of this writing no general study was made of
such cases to an attempt to determine the social factors
which led to the hospitalization. For mental observation and
study. As supports in various fields of mental disease the need more
fully the importance of such factors in causing mental illness
and because mental illness, the writer hopes to show
the manner in which social factors have played a part in
psychopathology. The sections which resulted in the need
seen for mental observation and study in such cases.
If it is the writer's hope that the information contained
part in the field of cases of similar cases
the totality number referred to the hospital in the
the perishing from January 1, 1936 to October 1, 1937.

METHOD
case was studied according to a schedule established by the writer. After the basic study of each case was completed, the findings were charted. When all fifty cases were charted, the writer established the statistics which developed from the study. Following this, cases in which various social factors were most vivid were selected and prepared for presentation as illustrative case material.

Background material on the Rhode Island Juvenile Court was obtained by the writer in interviews with Miss Mabel Cooney, Chief Intake Supervisor of the court. Information relating to the history and functioning of the Neuropsychiatric Department of Charles V. Chapin Hospital was obtained by the writer from that department's Director of Social Service, Miss Ruth F. Levy. The writer gratefully acknowledges this assistance.

SCOPE

The fifty cases studied for this thesis comprise the total number referred in a twenty-two month period to the hospital by the court. As the court was established only in July of 1944, these fifty cases are more than half the total number referred to the hospital from the court's inception to the end of the studied period.

Although the studied cases are all those seen in a particular period, the writer feels that no far-reaching
The study of the relationship between the presence of a particular medical condition and the likelihood of developing a certain disease has been the focus of our research. We have identified a number of cases where the condition was present and the disease developed, and a similar number of cases where the condition was present but the disease did not develop.

The cases were classified into two categories: those with the condition and disease, and those with the condition but no disease. The ratio of cases in the two categories was analyzed to determine the relationship between the condition and the disease.

The results indicated a significant association between the presence of the condition and the development of the disease. This suggests that the condition may be a risk factor for the disease.

Further research is needed to confirm these findings and to explore potential preventive measures.
conclusions can justifiably be drawn from a study of such a relatively few cases. Rather this thesis can show the importance of social factors in these cases and the manner in which they must be considered in working with such cases. The findings of this study can be utilized in any later study on a much larger scale into the significance of social factors in delinquency and mental symptoms.

As a phase of this study, the disposition the court made of each case following the period of mental observation and study was considered in the light of the hospital's recommendations. This was done in order to properly evaluate the role of the hospital in these cases and the weight of the recommendations.

Permission to obtain the disposition in each case was secured for the writer from Judge Francis J. McCabe, Chief Judge, by Miss Cooney. This permission is also gratefully acknowledged.

On June 1, 1930 a psychopathic ward was opened as an addition to the hospital. This Neuro-Psychiatric Department filled a need long felt by the psychiatrists and general physicians of the city and state. Prior to the opening of this department, there existed no clinical facilities in the State for the mental observation and study of a person believed in need of it by a physician, court, or police department. The only mental institution in the State then was the State Hospital and admission there was by comit-
In conclusion our attempts to grow from a study of such a controversial case frequently lead to the realization that the importance of social factors in such cases and the manner in which they must be considered in working with such cases can be difficult to explain in any clear terms. The findings of this study can be utilized in the clarification of society as a much larger scale into the situations of society factors in emotional and mental states.

As a phase of this study, the disposition of cases where of each case following the period of mental occupation and study, was considered to the light of the hospital's recommendations. This was done in order to properly evaluate the role of the psychiatrist in these cases and the weight of the recommendations.

Perception to apply the disposition in each case was secured for the repetitiveness of the patient's behavior, with the other judgment of the medical committee. The permission to so extend this permission is also extended...
CHAPTER II
HISTORY AND ORGANIZATION OF THE CHARLES V. CHAPIN HOSPITAL

The Charles V. Chapin Hospital was opened on March 1, 1910 for the care of all kinds of contagious diseases. During 1912 a ward was added for the care of patients with advanced tuberculosis. From its opening until 1931, it was known as the Providence City Hospital. At that time the name was changed to the Charles V. Chapin Hospital to honor Dr. Chapin who was justly famed in the field of contagious diseases. He had been until that year Superintendent of Health for the City of Providence for the preceding forty-eight years and the hospital came into being much through his efforts. The hospital now has one hundred and forty beds for acute infectious diseases and venereal diseases and fifty beds for advanced tubercular patients.

On June 1, 1930 a psychopathic ward was opened as an addition to the hospital. This Neuro-Psychiatric Department filled a need long felt by the psychiatrists and general physicians of the city and state. Prior to the opening of this department, there existed no clinical facilities in the State for the mental observation and study of a person believed in need of it by a physician, court, or police department. The only mental institution in the State then was the State Hospital and admission there was by commit-
CHAPTER II
THE ORGANIZATION OF THE
CHARLES V. CHARPIN HOSPITAL

The Charles V. Charpin Hospital was opened on March 18, 1910 for the care of all kinds of contagious diseases.

In 1912 a wing was added for the care of patients with advanced tuberculosis. From the opening until 1917, it was known as the Providence City Hospital. At that time the name was changed to the Charles V. Charpin Hospital to honor Dr. Charpin who was seventy-seven in the year of its founding.

"Charpin House" had been until that year unknown of the history of the City of Providence for the preceding forty years and the hospital case into patient care much stronger, the visitors now are able to report on the history of the Providence City Hospital and are able to say of its facilities and equipment.

On June 1, 1900 a bacteriological lab was opened as an addition to the hospital. The wound-care department and general laboratory, the bacteriological and general laboratory of the city and state. This lab to the opening of the department, there existed on clinical facilities in the state for the medical observation of a person suffering from tuberculosis in the state. The only medical institution in the state then was the State Hospital and examination there was by conference.
ment papers stating that the person was psychotic and attested to by two licensed physicians. Medical men were naturally reluctant to take such action without an opportunity for considerable study of the individual.

The difficulty of reaching two physicians was naturally often encountered by relatives of psychotic individuals at odd hours of the day or night when such people became dangerous, violent or destructive. Also the fair degree of difficulty met in transporting these individuals to Howard, R. I. where the State Hospital is located caused hardship in many cases.

For such reasons as the above as well as others, action over a long period of time resulted in the establishment of the present department of sixty beds for study and treatment of individuals believed mentally ill. It was decided to establish the department at Chapin as it was the city hospital of the capitol of the state and probably the most centrally located hospital in all the state. The department did not evolve full-blown overnight; rather it was a long and tedious task to establish the wards once the idea was originally proposed some years before.

The writer feels the purpose of the department can best be explained by presenting the State Law under which these wards were established and function. The Law is as follows:

It is enacted by the General Assembly as follows:

Section 1. The superintendent of the Providence City Hospital, or any physician for the time being in charge
ment before stating that the persons were deported. They
were suspected of two offenses: espionage and
terrorism, respectively. They were not given the opportu-
nity for a fair trial before being taken into custody.

The difficulty of deporting two patriots was naturally
after the event, when such people became subjects of
government scrutiny. The task of deciding which had
been involved in espionage and which had been involved
in terrorism was not easy, and the difficulty was greatest
where the State Hospital in Toronto was involved. In many
cases, such persons as the above were sent as ordinary soldiers.

To overcome a long period of time resulting in the establishment
of the present department of mental patients for study and treatment
of individuals detained mentally. It was decided to
establish the department at Cambridge as it was the only hospital
in the city.

The department is centrally located, and it was a long and
difficult task to select the suitable ward since the ideal was original
idea that the nurses and doctors should be selected carefully.

The minister feels the purpose of the department can best
be explained by presenting the State Law under which these
warps were established and functioning. The Law is as follows:

If is enacted by the General Assembly as follows:

Section I. The establishment of the Providence City
Hospital, of any hospital, for the time being in opera-

thereof, upon the request in writing of any licensed physician, officer of the health department of the City of Providence, or any police officer, shall receive into his custody and detain in the psychopathic wards of said hospital for a period of not more than fifteen days any person found within the City of Providence in need of immediate care and treatment because of mental disorder other than drunkenness, and may receive for such period any such person found outside the City of Providence but within the State of Rhode Island, provided arrangements satisfactory to said superintendent or physician in charge shall have been made to pay for the care and treatment of such person. The superintendent or physician in charge of said hospital shall forthwith upon admission cause every such person to be examined by two physicians of the State of Rhode Island qualified as examiners in mental diseases. If such examination discloses, or if during said period of fifteen days the superintendent or physician in charge of said hospital shall determine that such patient is not or is no longer suffering from a mental disorder, such patient shall be discharged from said hospital forthwith. The superintendent or physician in charge of said hospital, during said fifteen days, shall either discharge such patient or shall by written certificate transfer him to the State Hospital for Mental Diseases or to Butler Hospital, where he shall be detained in the same manner as if originally committed to said State Hospital or Butler Hospital under the provisions of Chapter 108 of the General Laws. The superintendent or physician in charge of said hospital shall notify the State Public Welfare Commission of the State of Rhode Island and some member of the immediate family of such patient, if known, or all such transfers. If, however, the superintendent or physician in charge of said hospital is of the opinion that any such patient, by reason of improvement shown while under treatment in said wards, or for other reasons in the sole discretion of said superintendent or physician in charge of said wards, should receive further treatment in said wards, he may retain such patient for care and treatment for a period longer than said fifteen days.

Section 2. The superintendent or physician in charge of said hospital may receive and treat in said wards voluntary patients suffering from mental disorders, residing anywhere in the State of Rhode Island, provided that arrangements satisfactory to said superintendent or physician in charge shall have been made to pay for the care and treatment of such voluntary patients, and provided further that if the facilities of said hospital are not adequate for the admission of all of such patients, preference shall be given to patients from the City of Providence. Any voluntary patient may leave said hospital by giving three days notice in writing to the superintendent or physician in charge of
said hospital. Said notice may be given by the patient or by any person responsible for his care.

Section 3. Any person confined in said hospital believing that he is, or any person in his behalf believing that such person is unjustly deprived of his liberty, shall have all the rights and privileges safeguarded to him by the provisions of said Chapter 108.

Section 4. The estate of any person treated at said hospital and any persons liable for the support of said patient shall be liable for all expenses for commitment, treatment and care at said Providence City Hospital, to be recovered in an action of the case brought in the name of the City of Providence.

Section 5. This Act shall take effect upon its passage.1

Thus admission to the Charles V. Chapin Hospital (formerly the Providence City Hospital) Neuro-Psychiatric Department is secured in either of two ways; by voluntary application or at the written request of a licensed physician, officer of the Health Department or police officer. Due to the paucity of information usually obtained from any non-standardized written request, a regular form was soon instigated; this form, now still in use, is called a Temporary Care Paper and copies are held by all licensed physicians, police departments and courts in the State. Such a standardized form enables the hospital to have much more clarifying information on an individual, his history and symptoms, than a typical written request for admission usually offers.

Voluntary admissions are relatively infrequent, considering the total number of admissions, and still are by written

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1 An Act Relative to Admission and Treatment of Patients at the Psychopathic Wards of the Providence City Hospital. Chapter 1147, General Laws of the State of Rhode Island and Providence Plantations.
The establishment of the Charter's Urban Health Department was the result of several factors. The period of the decade was a time of great change in the city, with a growing population and an increasing need for public health services. The department was formed in response to these challenges, and its establishment was seen as a positive step towards improving the health and well-being of the city's residents.

The department was tasked with the responsibility of enforcing health regulations and providing medical assistance to those in need. It was also responsible for the development of public health programs and initiatives aimed at preventing the spread of disease and promoting good health practices.

The establishment of the department was seen as a major accomplishment for the city, and its success was measured by the improvement in public health outcomes. The department's efforts were recognized by the city, and its leadership was commended for their dedication to public health.

In conclusion, the establishment of the Charter's Urban Health Department was a significant achievement for the city. It demonstrated a commitment to improving the health of its residents and set the stage for future initiatives aimed at creating a healthier community.
request of the individual whose signature is witnessed when he presents himself at the hospital.

Admissions have grown through the years from 551 in 1931 to 808 in 1947. No doubt this increase has resulted in part from the fact that more physicians are aware of mental disorders in individuals, their care and treatment as well as from a greater knowledge of the services offered by the hospital for individuals with mental disorders.

It is to be noted that the fifteen day period as stated in the law is very arbitrary and the length of a person's stay is solely at the discretion of the superintendent or physician in charge. Patients stay for periods less than fifteen days frequently and often are hospitalized for longer periods if treatment appears hopeful. Few patients stay, however, more than four to six weeks, for the department is primarily a short-term diagnostic organization with treatment of secondary concern.

Private psychiatrists are able to have their cases admitted as private patients and studied and treated both by themselves and by the resident staff. This is, of course, pretty much the policy of most hospitals and psychiatric hospitals and is done, among other reasons, to stimulate the interest in and cooperation of the private physician with the hospital.

The physical facilities of the department have remained virtually unchanged from its opening. It is housed in a
It is to be noted that the Illawara area has a history of mental health hospitals dating back to the 1930s. In 1947, the first facilities were established to provide care and treatment for mental health patients in the Illawara area. Today, the Illawara area continues to offer mental health facilities for patients. However, more than half of these facilities are no longer part of the government's mental health facilities. Private facilities have become more prominent in recent years, providing alternative options for mental health care.

The Illawara area's mental health facilities are essential for the treatment and recovery of individuals with mental health issues. The facilities offer a range of services, including inpatient and outpatient care, community support programs, and rehabilitation services. These services are designed to help individuals manage their mental health conditions and improve their quality of life.
separate three story brick building on the hospital grounds with two wards, one male and one female, of thirty beds each. As equipment and apparatus for the treatment of mental disorders has been developed it has, of course, been added to the facilities of the department.

Due to general post-war conditions, the personnel of the department is not now entirely adequate. It is hoped, however, that this condition will soon be rectified. At present the department is staffed by a physician in charge, one resident psychiatrist and a part-time psychiatrist. The staff usually consists of the physician in charge and two full-time psychiatrists. The nursing staff is at present complete and is headed by a chief psychiatric nurse. There are a male and a female occupational therapist with fairly adequate facilities.

The social service department is headed by a director of social service assisted by one psychiatric social worker. At present two students majoring in psychiatric social work have their second-year placements in the department. There is also a part-time psychologist on the staff for psychometric testing. It is hoped that another full-time psychiatric social worker and a full-time psychologist for testing and history taking can be added to the staff soon in order to bring it up to full strength as authorized. This social service department is distinct from the social service department for the other sections of the hospital.
Visiting staff psychiatrists conduct the Neuro-Psychiatric Out-Patient Clinics which are held twice weekly. The social service staff assists at these clinics as well as in work with the patients on the wards, history taking and social service follow-ups with discharged or clinic patients and their families.

It is hoped that this information will be of value to the reader in understanding the background, present facilities and organization of the Neuro-Psychiatric Department of Charles V. Chapin Hospital.

The earliest legislation appears to be Chapter 365 of the Acts and Resolves passed in 1878, which penalized a custodian who encouraged a charge under 18 to engage in any vocation injurious to his health or morals. This provision, amplified, has been carried through successive revisions of the statutes.

The first development in the State's treatment of its juvenile offenders was Chapter 531 of the Public Laws, passed June 25, 1899. This Act provided for "The Session for Juvenile Offenders" for the trial of minors under 18, in Providence and Newport Counties, with a separate docket, trial and record. The provisions did not apply to a minor jointly charged with an older person. The Act was superseded in 1909 by Chapter 364, with provisions for probation officers and extending the Act to all counties in the State. These two Acts place Rhode Island as one of the earliest States to adopt juvenile court legislation. Except for Acts eliminating certain fees in juvenile cases, and some minor technical amendments, this law of 1899 was included in the Revision of 1909, and remained in effect until 1918.

In 1915, Chapter 1389 of the Acts and Resolves marked the second development in the Juvenile Court laws. This Act is entitled "An Act to Establish Juvenile Courts and to Provide for the Care of Delinquent and Wayward Children." Many of its provisions are incorporated in our present Act which, however, makes a broader distinction between
The necessary staff psychologists conduct the Kenpo parcel

and social services follow-ups with appropriate or office

bette01a and staff families.

It is hoped that this information will be of value to

the teacher in understanding the personalities, present feelings,

for and organization of the Kenpo-Psychiatric Department of

Chapter V. General Hospital.
CHAPTER III
HISTORY AND BACKGROUND OF THE R. I. JUVENILE COURT

In order that the reader better understand the Rhode Island Juvenile Court, this chapter will be devoted to a presentation of material relating to the historical development of the court, its present areas of operation and the manner in which the court uses the facilities of Charles V. Chapin Hospital Neuro-Psychiatric Department.

The legislation under which the Juvenile Court of Rhode Island commenced functioning on July 1, 1944 is the fourth development in Rhode Island's effort to solve the problems of its juveniles.

The earliest legislation appears to be Chapter 683 of the Acts and Resolves passed in 1878, which penalized a custodian who encouraged a charge under 16 to engage in any vocation injurious to his health or morals. This provision, amplified, has been carried through successive revisions of the statutes.

The first development in the State's treatment of its juvenile offenders was Chapter 581 of the Public Laws, passed June 15, 1898. This Act provided for "The Session for Juvenile Offenders" for the trial of minors under 16, in Providence and Newport Counties, with a separate docket, trial and record. The provisions did not apply to a minor jointly charged with an older person. The Act was superseded in 1899 by Chapter 664, with provisions for probation officers and extending the Act to all counties in the State. These two Acts place Rhode Island as one of the earliest States to adopt juvenile court legislation. Except for Acts eliminating certain fees in juvenile cases, and some minor technical amendments, this law of 1899 was included in the Revision of 1909, and remained in effect until 1915.

In 1915, Chapter 1185 of the Acts and Resolves marked the second development in the Juvenile Court laws. This Act is entitled "An Act to Establish Juvenile Courts and to Provide for the Care of Delinquent and Wayward Children." Many of its provisions are incorporated in our latest Act which, however, makes a broader distinction between
CHAPTER III

HISTORY AND BACKGROUND OF THE R.I. JUVENILE COURT

In order that the reader better understand the Rhode Island Juvenile Court, this chapter will be devoted to a presentation of material relating to the philosophical development, present status of the court, the present stage of operation, and the manner in which the court uses the facilities of Charlestown General Hospital, Rhode Island.-

The legislative schedule which the Juvenile Court of Rhode Island commenced functioning on July 1, 1931 is the result of the development in Rhode Island's effort to solve the problems of the Juvenile.

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The legislature is aware that the Juvenile Court of Rhode Island commenced functioning on July 1, 1931 is the result of the development in Rhode Island's effort to solve the problems of the Juvenile.

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delinquent and wayward children. Jurisdiction was placed in the 12 District Courts; trials or hearings were in rooms other than the Court rooms; the public was excluded; proceed-
ings were by petition, sworn to by any person having know-
ledge, information or belief of the material facts; detention was limited to 24 hours and the child could not be confined or transported with criminals; the child might be placed in care of a probation officer; appeals were to the Superior Court within 5 days; detention was either at Sockanosset School or Oaklawn School. This Act was incorporated in the Revision of 1923 as Chapter 404, and remained the law until the passage on April 26, 1926 of Chapter 860 of the Public Laws.

Chapter 860 marks the third development in juvenile court legislation. This Act brought into the jurisdiction of the district (juvenile) courts dependent and neglected children, as well as the wayward and the delinquent. It raised the wayward age of 18, and included truants and children who were school problems. The age for neglected and dependent children was set at a maximum of 18 years. Definitions of the latter were adopted from Chapter 142 "Of Wrongs to Children" as it appeared in the revision of 1923 and included also feeble-minded children who required the custodial care and training of Exeter School. This Act was incorporated in the Revision of 1938 as Chapter 616, and with minor changes re-
mained the law until the passage of the present State-wide Act in 1944.1

The present Rhode Island Juvenile Court was created by an Act passed during the January 1944 session of the General Assembly. As always, legislative action was slow in estab-
lishing the present court. The forgoing material shows the years elapsing between the various stages of development up to the present.

The Act under which the court began functioning on July 1, 1944 gave it jurisdiction in proceedings concerning a child or an adult under certain circumstances. This

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1 First Annual Report of Juvenile Court of Rhode Island July 1, 1944 to July 1, 1945.
CHAPTER 3

The present Road Safety Advisory Committee was created by

The Act more clearly define the powers and functions of the General

I, 1944 was the realization in practice of the recommendations of the

only at such time when certain conditions are fulfilled.

I think I could in fact offer a draft of the Road Safety Advisory Committee.
jurisdiction is in the following proceedings.

I. Child
A: concerning any child residing or being within the State who is (1) delinquent, (2) wayward, (3) dependent, (4) neglected, or (5) mentally disordered.
B: concerning adoption of children.
C: to determine the paternity of any child alleged to have been born out of wedlock and to provide for the support and disposition of such child in case such child or its mother has residence within the State.
D: relating to child marriage.

II. Adult: any adult charged with:
A: being responsible for or contributing to the delinquency, waywardness or neglect of any child.
B: desertion, abandonment or failure to provide subsistence for any child dependent upon him for support.
C: neglect to send any child to school as required by law.

The court has this jurisdiction over a child who appears before it until the child is twenty-one years of age unless the child is discharged by the court or unless the child appears before another court for an offense committed after the child is eighteen. The court may waive its jurisdiction in the case of a child between the ages of sixteen and eighteen who commits an act for which the child would be indicted if the child were an adult.

Two other sections of this Act have importance in determining the manner in which the court legally uses the facilities of the Neuro-Psychiatric Department of Charles

---

2 An Act Creating a Juvenile Court for the State of Rhode Island. January Session, 1944.
V. Chapin Hospital. They are:

I Physical and Mental Examination and Treatment.

The court may cause any person coming under its jurisdiction to be examined by a licensed physician who is expert in physical diagnosis or in neuro-psychiatry.3

II Cooperation.

It is hereby made the duty of every state, town or municipal official or department to render all assistance and cooperation within his or its jurisdictional power which may further the objects of this Act. ... The court is authorized to seek the cooperation of all societies or organizations having for their object the protection or aid of children, and their physical or spiritual welfare; and the court shall utilize the available services of all such societies and organizations.4

The foregoing material shows the manner in which the Juvenile Court is legally empowered to act. The writer was also interested in the manner in which the court uses the hospital services in actual operation and to that end sought the answers to several questions pertaining to this point. These questions concerned:

1-a) the court policy regarding the type case referred for mental observation and study.

-b) the amount of freedom on the part of the hospital regarding acceptance or rejection of the referral.

2--) the general purpose for which referrals are made i.e. for diagnosis and/or treatment.

3--) the manner in which the referred person is prepared

3 Ibid. Section 31.

4 Ibid. Section 33.
for the hospital.

Cases are referred by the court to the hospital on a completely individual basis. The judge hearing the case is the final determining factor in making the referral and at the time has a full report of the present offense and as complete a social history on the individual as can be obtained. Upon hearing the case and discussing the material with the individual, and his parents if present, the probation counsellor who made the case study and the intake staff, he may decide that the individual is in need of mental observation and study.

While no set standards of referrals exist, it is, however, possible to speak generally of the type of case which usually, the court feels, can profit by hospitalization for mental observation and study. This general standard has been very flexibly established on the basis of the court's past experience.

Adult alcoholics who generally appear before the court on non-support charges and who express an apparently sincere desire for rehabilitation are often referred to the hospital for study. Individuals who exhibit serious and peculiar misbehavior or who have been serious aggressive behavior problems for some little time are usually referred. Children who are constant runaways from apparently acceptable home situations and individuals who engage in sexual perversions or who show unusual sexual interest or activity at an
for the hospital.

Case notes should be made by the nurse in charge of the case in the initial investigation letter to the district officer and as the time a full report of the present illness and as a comprehensive social history on the individual as can be applicable.

When receiving the case and assessing the material with the individual, and his parents or friend, the proposition of consultation and make the case study and the intake sheet of may indicate that the investigation is needed of mental health.

However, it is possible to debate generally of the type of case which receiving the court's leave, can bring to the hospitalization for mental illness and the general standards and the use of legal protection on the basis of the court's best ability.

While those problems who generally express concern on non-support of others and who express an apparent sincere interest to the hospitalization for study. Investigations who explicit interest of open admission problems for some little time are usually revealed, China and few are the consistent material from表面上's explicit statements, home and family and investigations who engage in sexual behavior of so on to and from means of sex, interest or activity of as
early age are also generally sent for observation and study. It must be emphasized, however, that each referral is made on an individual basis with only very flexible standards existing.

The hospital enjoys complete freedom of action in accepting or rejecting these referrals but, as nearly as can be ascertained, has never exercised its prerogative of rejection. The cooperation between court and hospital in referrals has been excellent. The general procedure is for the intake staff at the court to contact the hospital regarding the case and the hospital has always accepted the case although a short delay has sometimes ensued due to crowded conditions.

The general purpose for which the court refers cases to the hospital is for diagnosis and recommendations. If treatment is indicated as necessary and is available, it is hoped it will be undertaken during the hospitalization; this, however, is not the primary purpose of the referral.

The extent to which the individual is prepared by the court for the hospital depends to a great degree on the age of the person. With an adult referral, an attempt is always made to secure the acquiescence of the individual to the referral by explaining to him the hospital, what it can and will probably do and what may happen. In the case of a child, the matter of the possible referral is discussed with the child, insofar as is possible, and with the parents
The hospital authorizes complete freedom of action in
obtaining or rejecting these estimates and as nearly as can
be accomplished, has never exercised the authority of the-
sector. The cooperation between court and hospital in
relations has been excellent.
The General procedure to be
followed shall in the case of the hospital be
ending the case and the hospital the
starts of a short delay and sometimes cannot be to
accomplished.

The General procedure for within the court takes a

The hospital is for objections and recommendations to
be included as necessary and if available. It is
likely if will be necessary to give the hospital
permission. If however, to not the primary purpose of the legislation.

The extent to which the individual is prepared for the age
of the person. With as Adult related so as to
their estimates, as best we can
influence makes to receive the considered of the individual. We if can
the legislation of circumstances to him the hospital. We if can
see with hospital to see what can happen. In the case of a
affirm the power of the hospital's related to Hanson's
with the Affirm, limited us to possession and with the present
in the pre-hearing conference by the intake staff. When the judge decides the referral is necessary, he discusses it with the parents and the child, if possible.

Children are always prepared as carefully as possible to be with adults and disturbed people at the hospital and are always impressed with the fact that they are not pre-judged mentally ill but as complete an explanation of the action as possible is given them. The court finds there is little public stigma attached to admission to the hospital in the minds of its cases and it encounters little resistance to the referral usually.
In the one-patient conference of the future unit, when the
large caucuses were necessary, the patient must
be present, or else the patient's spirit in the
Conference and the spirit of the patient's
'life' must be present. The presence of the
patient is necessary as a reality of the
patient's life. The presence of the
patient's spirit is necessary as a reality of the
patient's life. The presence of the
patient's spirit in the Conference is necessary as a
reality of the patient's life. The presence of the
patient's spirit in the Conference and the
spirit of the patient's 'life' must be present.

The Conference is to be a place where people at the
Hospital and others are in agreement with the
views expressed with the Chaplain and are not
the Hospital's or the Conference's sentiments. For
this purpose, the Conference is to be a place
where people at the Hospital and others are in
agreement with the views expressed with the
Chaplain and are not the Hospital's or the
Conference's sentiments. For this purpose, the
Conference is to be a place where people at the
Hospital and others are in agreement with the
views expressed with the Chaplain and are not
the Hospital's or the Conference's sentiments.

When the Conference is in session, it is
necessary to ensure that the Conference to
the patient is necessary.
CHAPTER IV
DEFINITIONS

For the most part the meanings of the social factors sought in these cases by the writer are fairly evident. In the interests of further clarifying some of them, however, the following definitions of terms are presented.

1. Housing
   a-adequate—a structure having sufficient rooms to house the patient and his family without undue overcrowding
   b-inadequate—a structure not meeting this standard

2. Neighborhood
   a-excellent—primarily a residential section with parks, playgrounds and open play area near at hand
   b-average—a residential-business district with parks, playgrounds and open play area nearby
   c-poor—the typical "slum" area where overcrowded housing conditions generally exist and where opportunity for play-ground, etc. recreation is extremely limited

3. Economic Situation
   a-adequate—where the individual and family group is able to meet financial responsibilities by wages without undue strain
   b-marginal—where strain typically results from meeting financial responsibilities through the group's wages
   c-dependent—where the individual or family unit is unable to meet financial responsibilities without outside, public or private, financial assistance

4. Family Relationships
   a-marital discord—where the home presents a picture of almost constant strife and discord between the patient and spouse or between patient's parents or parent figures
CHAPTER VI

DEFINITIONS

For the most part the meanings of the social terms

society to these cases of the writer are fairly evident. In

the interest of further clarifying some of these however,

the following definitions of same are presented.

I. Homing

-adequate--surviving without a significant income,

to house the parent and the family

without undue economic strain

-adequate--surviving without a significant income,

with adequate earning potential,

when necessary

-o-book---the family and home own

family's housing and have no

excess income, and are able to

provide for the home's needs

II. Economic situation

-adequate--where the individual and family

are able to meet financial needs

adequately without undue economic strain

-adequate--where the family

is able to meet financial needs

without undue economic strain

-adequate--where the family

is able to meet financial needs

without undue economic strain

III. Family relationships

-a-family organization--where the home is

structure of a family, and the home

and group appear to be a separate

/home of the parent
b-general moral atmosphere of home
i—good—when a measure of religious practice exists with unhealthy moral habits at a minimum and an example of good citizenship is set
ii—poor—when irreligion, marital discord, unhealthy moral habits and abuse exist in the home

5. Constructive Recreational Opportunities
   a-available—when the individual can participate readily in group activities such as sports, dancing and the like with movies and libraries also easily available

   b—in family group but rejects socially—when patient's interests are entirely outside home and the home is merely an eating and sleeping place

6. Patient as a Minor Always in Family Group
   a—always in family group—when separation through parental death or separation, institutionalization, boarding schools has not occurred
   b—in family group when separation through parental death or separation, institutionalization, boarding schools has not occurred

Table I bears out an expected finding in that the largest number of cases referred are the minors between the ages of thirteen and eighteen. This is generally the age group of the average juvenile court case. The quite wide range, however, is interesting with one man of sixty-two and three women in the thirty-seven to thirty-nine group referred.
Patient able to perform the following tasks:

- Dress
- Feed
- Use the toilet
- Eat

Family can participate in daily activities.

Constitutional Examination Opportunities:

- Available opportunities to participate in group activities.
- Patient as a member of a family group.
- Available for family group activities.
- Patient's interest and ability.
- Patient's interaction and ability.
- 9. In the family group, patient's ability and interest.
- Patient's interaction and ability.

Notes and instructions follow.
CHAPTER V

STATISTICAL FINDINGS

In presenting the statistical findings of this study, it is first of interest to note the division of ages in the cases. Of the fifty cases referred in the studied period, there were thirty-six cases or seventy-two per cent under eighteen years of age; the remaining fourteen or twenty-eight per cent were adults before the court on charges affecting minors. This was of interest for in undertaking this study, the writer felt the fifty cases would be juvenile and had not considered the fact that the court had jurisdiction over adults charged with certain offenses.

Table I bears out an expected finding in that the largest number of cases referred are the minors between the ages of thirteen and eighteen. This is generally the age group of the average juvenile court case. The quite wide range, however, is interesting with one man of sixty-two and three women in the thirty-seven to thirty-nine group referred.

The cases by ages are shown in Table I.
In the present study we are dealing with the theme of race in the context of the history of the United States. The emphasis will be on the relationship between race and society. The analysis will be based on the examination of various historical events that have influenced the development of race relations in the United States. The study will be conducted through a critical examination of the historical records and the contemporary issues related to race and society.

The data presented in Table 1 is an excerpt from the study. The table includes a list of key events and their corresponding years. The events include the Civil War, Reconstruction, the Great Depression, and the Civil Rights Movement. The table also includes the number of deaths and injuries related to these events. The analysis of these events will provide insights into the impact of race on society and the development of social policies.
Table I

AGE GROUPINGS IN CASES STUDIED

<table>
<thead>
<tr>
<th>Age</th>
<th>Cases</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>13-15</td>
<td>16</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>16-18</td>
<td>18</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>19-21</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>22-24</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>25-27</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>28-30</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>31-33</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>34-36</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>37-39</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>40-42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43-45</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>46-48</td>
<td></td>
<td>38</td>
<td>78</td>
</tr>
<tr>
<td>49-51</td>
<td></td>
<td>11</td>
<td>32</td>
</tr>
<tr>
<td>52-54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-57</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58-60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61-63</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Thus in this study of fifty cases, conducted at the
acme of the acute housing shortage, the majority by far
(48 out of sixty-eight patients) of the cases had adequate housing.
Table I

AGE DISTRIBUTION IN CASE STUDIES

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Cases</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1</td>
<td>1</td>
<td>10-15</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>15-18</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>18-19</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>19-21</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>22-25</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
<td>25-30</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>30-35</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>35-40</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>40-45</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
<td>45-50</td>
</tr>
</tbody>
</table>


In developing the statistical findings beyond this point, the writer has not drawn separate statistics for the adult and juvenile groupings. It was felt necessary to see the cases as a whole for the study and in general it was possible to obtain the same amount of information on each case regardless of the age from the hospital record plus supplementary information. Thus in the adult it was possible to study the case for the social factors of adulthood and childhood and in the minor patient, the social factors, nearer at hand, of childhood.

In any study of this sort, the individual's housing must be considered. Table II shows this question in the studied cases.

<table>
<thead>
<tr>
<th>Level</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>39</td>
<td>78</td>
</tr>
<tr>
<td>Inadequate</td>
<td>11</td>
<td>22</td>
</tr>
</tbody>
</table>

Thus in this study of fifty cases, conducted at the height of the acute housing shortage, the majority by far (seventy-eight per cent) of the cases had adequate housing.

The neighborhood of an individual is felt by many to
In developing the statistical literature pertaining to the point of view, the writer has not drawn on the previous studies. In every case, as a rule, the study and in general it was not difficult to obtain the same amount of information on each case. Additional information on the age, the smoking habits, and the social factors of the subject were not available.

Thus in the light of the available data on smoking and alcoholism and in the minor aspect, the social factors were not available.

In any study of this sort, the investigation's purpose was to gain knowledge of the relationship of smoking and alcoholism. Table I shows this relationship in the following cases.

### Table II

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Cigarettes</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
</tbody>
</table>

The information of the relationship of the number and extent of the cases and the amount of drinking and smoking in the national population is necessary for the formation of policy.
play a large part, in necessitating appearances before juvenile courts. Table III shows the distribution of neighborhood levels in these cases.

<table>
<thead>
<tr>
<th>Level</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Average</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td>Poor</td>
<td>13</td>
<td>26</td>
</tr>
</tbody>
</table>

It is seen then that in this study the large majority (eighty-four per cent) of the individuals lived and developed in average or poor neighborhoods. Among the fifty cases one patient, a minor, lived on a farm; another lived in a very isolated, non-rural neighborhood; and a third minor had been institutionalized all his life. The writer did not feel it possible to classify these per se for Table III.

The economic status of the cases is interesting. At one time or another eleven of the fifty cases were in one of the three categories of different levels i.e. these eleven had, at various times, fluctuated from the adequate level to the marginal to the dependent and so on. Table IV shows the economic situation of the patients.


Table III

| Percentage | Case | Level  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>6</td>
<td>Excellent</td>
</tr>
<tr>
<td>86</td>
<td>86</td>
<td>Average</td>
</tr>
<tr>
<td>82</td>
<td>15</td>
<td>Poor</td>
</tr>
</tbody>
</table>

It is seen from that in the study of the large materials (4th-6th grade) of the interview, there was a significant difference in scores of the 8th grade and the 6th grade. In a very positive manner, the results showed that the 8th grade had a higher percentage than the 6th grade. In the interview, it was observed that the students in the 8th grade were more interested in the economic aspects of the case. The economic aspects of the case were not only one of the factors influencing outcomes but also played a role in the classification of different levels of economic factors from the highest level to the lowest level.

Table IV shows the economic situation of the students.
Table IV
ECONOMIC SITUATION

<table>
<thead>
<tr>
<th>Status</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Marginal</td>
<td>23</td>
<td>46</td>
</tr>
<tr>
<td>Dependent</td>
<td>14</td>
<td>28</td>
</tr>
</tbody>
</table>

At first glance, Table IV may appear inaccurate. However, as pointed out, eleven of the cases had been previously in various categories outside their present state. These eleven cases represented twenty-two per cent of the total cases. One patient, the institutional case, was not considered in the table.

Cultural factors must always be considered in a study such as this. For this reason, the writer has prepared Table V to indicate the languages spoken in the homes of the patients.

It is to be seen that in every case, English was spoken in the home. However, in twelve cases (twenty-four per cent) a foreign tongue was also spoken to some extent in the home with a foreign language principally spoken in four (eight per cent) cases. The large foreign-born element in Rhode Island, particularly the French and Italian, explains this point.
## Table VI

**Economic Situation**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heads</td>
<td>96</td>
</tr>
<tr>
<td>Married</td>
<td>52</td>
</tr>
<tr>
<td>Dependent</td>
<td>14</td>
</tr>
</tbody>
</table>

At first glance, Table VI may appear inconclusive because no detailed analysis was done. However, the cases analyzed in the previous table were not necessarily representative of the general population. These cases were selected to illustrate specific trends and were not necessarily representative of the general population. Therefore, care must be taken in the interpretation of these results. Each case was analyzed, and the information was not generalized to the entire population. The emphasis was on understanding the nuances of the data presented. It is important to note that each case was observed in its context. In the same manner, however, it is crucial to observe the impact of the economic situation on the lives of these individuals. A more comprehensive analysis would require a more detailed examination of the economic factors at play in each case. The future economic prospects depend on many factors beyond the scope of this study. Further research is needed to fully understand the economic situation.

## Footnote

1. Data from the Bureau of Labor Statistics.
The professed religion and the extent of their attendance at religious services is interesting among the studied patients. Tables VI and VII show these points.

### Table VI

**PROFESSED RELIGION**

<table>
<thead>
<tr>
<th>Faith</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Protestant</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Jewish</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

The figures for regular attendance, sixteen (thirty-two per cent) must be somewhat questioned also for relatives in giving social histories are frequently protective and try to have the patient appear "good." Despite a juvenile court appearance, by speaking highly of the
### Table V

**External Influence**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Case</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>20</td>
<td>English</td>
</tr>
<tr>
<td>50</td>
<td>15</td>
<td>Portuguese</td>
</tr>
<tr>
<td>25</td>
<td>10</td>
<td>Portuguese</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>Portuguese</td>
</tr>
</tbody>
</table>

The process of religion may the aspect of their training.

### Note

Tables V and VI show these points.

### Table VI

**Protested Religion**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Case</th>
<th>Faith</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>30</td>
<td>Catechism</td>
</tr>
<tr>
<td>50</td>
<td>19</td>
<td>Protestant</td>
</tr>
<tr>
<td>10</td>
<td>7</td>
<td>Trent</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table VII

RELIGIOUS PRACTICE

<table>
<thead>
<tr>
<th>Extent of Attendance</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Infrequent</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>None</td>
<td>18</td>
<td>36</td>
</tr>
</tbody>
</table>

The State of Rhode Island and the City of Providence are predominantly Catholic. The religion professed by the patients in these cases followed this fact closely. The sixty per cent group who were Catholic matched almost exactly the Catholic percentage of population in the State and City, it being more than fifty per cent. The other groupings, Protestant and Jewish, also followed the pattern of the community at large in percentages.

Table VII is very much of interest in that it shows a large percentage (sixty-eight per cent) of the patients attended infrequently or not at all to their religious obligations. The figures for regular attendance, sixteen (thirty-two per cent) must be somewhat questioned also for relatives in giving social histories are frequently protective and try to have the patient appear "good" despite a juvenile court appearance, by speaking highly of the
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Case</th>
<th>Extent of Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>10</td>
<td>Regular</td>
</tr>
<tr>
<td>70</td>
<td>10</td>
<td>Intermediate</td>
</tr>
<tr>
<td>50</td>
<td>10</td>
<td>None</td>
</tr>
</tbody>
</table>

The data of Table 11 refer to the City of Providence.

The percentage of families who follow the religion practiced by the family in their community

It is clear that the families who follow the Religion of the family in their community have a

Table 11 refers to families (which refer to each of the different

The percentage of families who follow the Religion practiced by the family in their community

It is clear that the families who follow the Religion of the family in their community have a
individual's practice of religion.

Inter-family relationships are of vital importance in the question of delinquency and mental illness. Table VIII shows these relationships in this study.

<table>
<thead>
<tr>
<th>FACTORS AFFECTING FAMILY RELATIONSHIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor</td>
</tr>
<tr>
<td>Illegitimacy</td>
</tr>
<tr>
<td>Alcoholism</td>
</tr>
<tr>
<td>Marital Discord</td>
</tr>
<tr>
<td>Religious Difference</td>
</tr>
<tr>
<td>Nationality Difference</td>
</tr>
</tbody>
</table>

It can be seen from Table VIII that marital discord overtly existed in thirty-four (sixty-eight per cent) of the cases. This bears out the well-established feeling that such an atmosphere is conducive to delinquency and mental disorder. It is the writer's belief that alcoholism, illegitimacy and the cultural differences of nationality and religion can lead to marital discord. The table shows that in this study alcoholism, as well as the other factors, was prevalent in a large number of the cases. The nationality differences must be considered again in the light of Rhode
**Table VII**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Perception</th>
<th>Case</th>
<th>Factor</th>
<th>Perception</th>
<th>Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>Intelligence</td>
<td>0</td>
<td>0.5</td>
<td>Acceptance</td>
<td>5</td>
</tr>
<tr>
<td>0.8</td>
<td>Acceptance</td>
<td>4</td>
<td>0.6</td>
<td>Material discipline</td>
<td>8</td>
</tr>
<tr>
<td>1.5</td>
<td>Intelligence</td>
<td>0</td>
<td>0.5</td>
<td>Acceptance</td>
<td>5</td>
</tr>
</tbody>
</table>

It can be seen from Table VII that material discipline is closely related to the concept of material discipline. The table shows that factors such as material discipline are closely related to intelligence. It is the material's ability and proficiency, etc., that are closely related to material discipline. The table shows that factors such as material discipline are closely related to the concept of material discipline. The material discipline and the material discipline are closely related to the concept of material discipline. The table shows that factors such as material discipline are closely related to the concept of material discipline.
Island's large foreign-born population.

The general moral atmosphere of the home also has much to do with delinquency and mental illness. This is, of course, a difficult point to abstract in a study and while the percentage of cases showing a good moral atmosphere may be questioned to some degree, the writer feels, due to the limitations imposed by the previously presented definition of this factor, the findings here are quite accurate. Table IX shows these findings.

Table IX
GENERAL MORAL ATMOSPHERE OF THE HOME

<table>
<thead>
<tr>
<th>Standard</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Poor</td>
<td>25</td>
<td>50</td>
</tr>
</tbody>
</table>

The table shows that the cases were divided equally between those presenting a good moral atmosphere and those exhibiting a poor standard. This is interesting in view of the general belief that an individual will lead a secure, lawful life if not exposed in the home to evil or immorality.

The importance of parents or parent figures in the home is certainly widely known and accepted now. Table X shows this consideration as seen in this case study.
The general money transfer to the home via the mail is not
of much considerable monetary balance to speak of a study and white
caused a difficult shock to the analysis of a study money transactions may
be decreased to some degree, the mirror table due to the
important lessons of the technical process of getting

Table IX shows these findings.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Casa</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>60</td>
<td>80</td>
<td>60</td>
</tr>
<tr>
<td>Poor</td>
<td>60</td>
<td>80</td>
<td>60</td>
</tr>
</tbody>
</table>

The table shows that the case were dividing equally
during those moment a money moment transfers may change
during this international in way to exhibit a poor standard.
This in individual will lead a success.

The importance of proper of network transfer to the home
is certainly widely known and expected now. Table IX shows
this conclusion as seen in this case study.
Table X shows that both parents were in the home in thirty-two (sixty-four per cent) of the studied cases. In adult cases, the fact as to whether the parents were in the home until the present adult reached majority was the determining factor. The fact that the father in the case is more apt to be missing has been demonstrated in other studies and is borne out here. This fact is no doubt due to the general practice of the mother having custody of children after divorce action as well as the fact that fathers tend more to desert their families than the mothers. It is to be noted, however, that in five cases (ten per cent) the mothers were missing from the home with four having deserted.

Health appears to have played a relatively minor role
<table>
<thead>
<tr>
<th>Percentages</th>
<th>Case 1</th>
<th>Case 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both parents in Home</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Father Missing</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Mother Missing</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Incapacity of one or other parent</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Both parents Missing</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

Table X shows that both parents were in the home in sixty-two (sixty-four per cent) of the studied cases. In eight cases the lens was to make the parent more in the home until the hearse went along the majority was the general mining laborer. The fact that the parent in the case is more to be explained by the group's economic status and not to be attributed to the parent's own economic status. The lack in the table to the group of the economic

The fact is that the table to the group of the economic

Healtf labors are to prove playing a relatively minor role.
in these cases. No outstanding instances of disease or bad health were noted and Table XI shows the health standards of the group.

Table XI

<table>
<thead>
<tr>
<th>I.Q.</th>
<th>HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
</tr>
<tr>
<td>Good</td>
<td>42</td>
</tr>
<tr>
<td>Poor</td>
<td>8</td>
</tr>
</tbody>
</table>

While a relatively large number did not enjoy good health, the eight instances or poor health (sixteen per cent) did not result in the incapacitation of the individual.

The division of the cases according to intelligence levels coupled with their school progress and adjustment is interesting. All the patients were tested psychometrically and the writer has used the administered Revised Stanford-Binet, Form L, as the criterion of intelligence quotient.

Table XII shows the levels of intelligence in the studied cases.
The table below shows the relation of intelligence to health. It is not sufficient to consider the intelligence of the individual, and the table below shows the significance of this relation.

<table>
<thead>
<tr>
<th>Intelligence</th>
<th>State of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Poor</td>
</tr>
<tr>
<td>Fair</td>
<td>Fair</td>
</tr>
<tr>
<td>Good</td>
<td>Good</td>
</tr>
</tbody>
</table>

Write a satisfactory figure number 44 for each column (sixteen box cards) to indicate the health of the individual.
Table XII
INTELLIGENCE QUOTIENTS

<table>
<thead>
<tr>
<th>I.Q. Levels</th>
<th>Progress Cases</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>47-52</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>53-48</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>59-64</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>65-70</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>71-76</td>
<td>4</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>77-82</td>
<td>6</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>83-88</td>
<td>8</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>89-94</td>
<td>7</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>95-100</td>
<td>4</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>101-106</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>107-112</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>113-118</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>119-124</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The scores these patients obtained on the test show in Table XII that the largest single grouping is in the upper portion of the dull normal classification. The fifty cases are dispersed widely with much similar groupings at the opposite ends of the scale.

The school progress and adjustment of the individuals is
The score of these patients applying on the test show

In Table XI that the lowest simple group in the
abnormal portion of the right homonym alexia is the
caseness and dysfunctionally with many similar conditions of the
opposite cases of the score.

The worst of these cases and movement of the integrations in

<table>
<thead>
<tr>
<th>Reference</th>
<th>Case</th>
<th>I.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>5</td>
<td>51-25</td>
</tr>
<tr>
<td>11</td>
<td>8</td>
<td>25-18</td>
</tr>
<tr>
<td>11</td>
<td>3</td>
<td>25-15</td>
</tr>
<tr>
<td>11</td>
<td>14</td>
<td>15-19</td>
</tr>
<tr>
<td>11</td>
<td>28</td>
<td>17-28</td>
</tr>
<tr>
<td>11</td>
<td>35</td>
<td>17-28</td>
</tr>
<tr>
<td>11</td>
<td>56</td>
<td>100</td>
</tr>
<tr>
<td>20</td>
<td>27</td>
<td>101-108</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>108-115</td>
</tr>
<tr>
<td>11</td>
<td>15</td>
<td>115-118</td>
</tr>
<tr>
<td>11</td>
<td>14</td>
<td>118-124</td>
</tr>
</tbody>
</table>
Table XIII

SCHOOL PROGRESS AND ADJUSTMENT

<table>
<thead>
<tr>
<th>Levels</th>
<th>Progress (Cases)</th>
<th>Percentage</th>
<th>Adjustment (Cases)</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>22</td>
<td>44</td>
<td>28</td>
<td>58</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>26</td>
<td>52</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

Table XIII affords an opportunity to see school progress and adjustment as considered in this study. School progress was studied in the light of grade completed at age of leaving school as well as repeating grades. In the case of adults, the fact that often they were able to leave school earlier than present-day juveniles was considered. School adjustment was based on the behavior of the individual while in school—whether or not the patient was or had been a school behavior problem.

From Table XIII it can be noted that while the majority of the known cases showed unacceptable school progress, a smaller number presented poor adjustment pictures in school. It may be felt that while the general level of intelligence among the patients was such that adequate progress could not be maintained, the school adjustment was generally acceptable.
Table XIX

<table>
<thead>
<tr>
<th>Language (Percentages)</th>
<th>Progress (Percentages)</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>80</td>
<td>SS</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>10</td>
<td>SS</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>S</td>
</tr>
</tbody>
</table>
The instances where the progress and adjustment are not known are not enough to throw the figures in Table XIII out by much.

In a rather large number of the patients, mental deficiency and/or mental illness was reported as having been or being known in the family group or ancestors. Table XIV shows these facts.

Table XIV
FAMILY GROUP AND HEREDITY

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Deficiency</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>12</td>
<td>24</td>
</tr>
</tbody>
</table>

In considering the fact that this study encompassed only fifty cases, the figures as shown in Table XIV are quite large. Many of the individuals studied appear to have come from rather poor stock with mental deficiency and mental illness known in a number of cases.

Healthful constructive recreation is generally considered necessary to both adults and juveniles. Table XV gives the picture of such recreation as related to the individuals in this study.
Table XV

CONSTRUCTIVE RECREATIONAL FACILITIES

<table>
<thead>
<tr>
<th>Status</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available</td>
<td>46</td>
<td>92</td>
</tr>
<tr>
<td>Unavailable</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Available But Not Accepted</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Unaccepted Family Group</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>More Than One Hour</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>Year</td>
<td>11</td>
<td>22</td>
</tr>
</tbody>
</table>

These figures in Table XV show that while housing and neighborhood standards may not be adequate in some cases, only a tiny portion of the patients did not have some form of healthful, constructive recreation available to them. Such facilities, particularly in an area as urban as Rhode Island, exist for nearly all through parks, playgrounds, Boys Clubs, the CYO and the like. The number of times such facilities were rejected by the patients, however, is significant in showing that while such facilities may exist, this alone is not the answer to having individuals use the facilities.

Separation of a minor and his family is seen as generally a negative thing and one to be avoided if possible. Most courts have strong feelings about removing a juvenile from his home. Table XVI shows the facts in these cases regarding the individual as a minor in relation to his family group.
### Table XV

<table>
<thead>
<tr>
<th>Reference</th>
<th>Cases</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>24</td>
<td>Available</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>Unavailable</td>
</tr>
<tr>
<td>29</td>
<td>25</td>
<td>Available but Not Accepted</td>
</tr>
</tbody>
</table>

These figures in Table XV show that while positive and negative results are not to be expected in some areas, only a tiny portion of the potential grid has not been found to show resistant, constitutes no reason to question the 3000-meter level for the purpose of giving the correct answer. Thus, for none of these cases or locations, does the mere fact of having a strong effect on the family's future prospects, not only in Europe but in the U.S.A., show that while these cases or locations may exist, this phase is not in part the manner to prove that results are the same as before.

Separation of a minor and the family to seem as separate is possible with a mother's vote and one to be noted. It does not seem that these locations have strong leaning against removing a counties from the cases, Table XV shows the places in which cases can be seen. The information is shown in relation to the family.

End.
Table XVI
PATIENT AS A MINOR IN FAMILY GROUPS

<table>
<thead>
<tr>
<th>Class</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always In Family Group</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>Away From Family Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a-More Than One Year</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>b-Less Than One Year</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Lived In Family Group But</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rejected Socially</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

Table XVI shows that somewhat less than half the group had spent all their time as a member of a family group. Those out of a family group more than one year, seventeen cases (thirty-four per cent) were mainly those institutionalized; those away less than one year, eleven cases (twenty-two per cent) ranged in time from brief runaways to short periods of institutionalization to runaways covering some weeks and months. In two instances while the patient had lived as a family member always, the individual completely rejected the family, spending every waking hour away from the home.

As a part of this study, the hospital's recommendations were considered in the light of the court's disposition of each case. This was done to properly evaluate the hospital's role in these cases and the weight of its recommendations.
**Table XVI**

<table>
<thead>
<tr>
<th>Percentages</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Always in Family Group</td>
</tr>
<tr>
<td>30</td>
<td>Away from Family Group</td>
</tr>
<tr>
<td>20</td>
<td>More Than One Year</td>
</tr>
<tr>
<td>10</td>
<td>Less Than One Year</td>
</tr>
<tr>
<td>10</td>
<td>New in Family Group But Relatively Small</td>
</tr>
</tbody>
</table>

Table XVI shows that somewhat less than half the group had spent all their time as a member of a family group. Those out of a family group more than one year, seventeen cases (thirty-four per cent) were relatively small institutions. Those who had been away less than one year, eleven cases (twenty-six per cent) stayed there more than two days (some under five) during the four year period. Those away from family group for more than one year (thirty cases) are, as the Family Group Service statement of principles indicates, to some extent voluntary. In the interest of the family member's welfare and development, the important consideration in each case, was gone to the mental and physical health of the patient. This was gone to the hospital's recommendation as well as the mental and the physical needs of the recommendation...
Table XVII shows the facts regarding this matter. A further discussion of this point will be undertaken by the writer under the chapter entitled "Summary and Conclusions".

Table XVII
HOSPITAL RECOMMENDATIONS AND COURT ACTION

<table>
<thead>
<tr>
<th>Court Action</th>
<th>Cases</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations Followed</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>Recommendations Not Followed</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>No Specific Recommendations</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Court Unable To Follow</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Recommendations Partially</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Followed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is the writer's hope that these statistical findings as presented offer to the reader an understanding of the over-all results of this investigation of fifty cases referred by the Rhode Island Juvenile Court to the Charles V. Chapin Hospital Neuro-Psychiatric Department.

1 Shelden Glueck and Eleanor T. Glueck, One Thousand Juvenile Delinquents, p.191.
Table XXII shows the latest recommendations for treatment according to the point of view of the committee of specialists and consultants.

<table>
<thead>
<tr>
<th>References</th>
<th>Case</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>22</td>
<td>Recommend followed</td>
</tr>
<tr>
<td>11</td>
<td>7</td>
<td>Not recommended follow</td>
</tr>
<tr>
<td>12</td>
<td>8</td>
<td>No specific recommendation given</td>
</tr>
<tr>
<td>10</td>
<td>8</td>
<td>Consult house to follow recommendation partially</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>Recommend followed</td>
</tr>
</tbody>
</table>

It is the writer's opinion that these statistical findings are not necessarily akin to the house or the patient's need for these cases.

Chapter Hospital Neuro-Terapy Department
CHAPTER VI

ILLUSTRATIVE CASE MATERIAL

The statistical findings of this study as presented in the preceding chapter afford an over-all view of the social factors in these cases and allows for some conclusions. However, the statistical method per se has limitations and with it alone the opportunity to see in individual cases the presence and importance of social factors is lost to a very large extent. As the Drs. Glueck state, "...; dealing with mass phenomena and general trends, it (the statistical method) inclines towards obliteration of more subtle forces and characteristics."¹

For this reason, the writer has selected some cases to present here as illustrative material in order to show these factors as they act on the individual. As the study encompassed both adult and juvenile cases, examples of each will be presented.

Due to the fact that family relationships and the moral atmosphere of the home are so vitally important to the proper growth and development of an individual, the writer has selected as illustrative material, cases showing these factors both positively and negatively; positively, when the outward appearance of the home is good morally and the family

¹ Sheldon Glueck and Eleanor T. Glueck, One Thousand Juvenile Delinquents, p.191.
IV. SEVENTH

H U N T T R A C K

The statistical tabulations of these studies as presented in this book are especially valuable to the social worker as they enable him to see the relative importance of various factors in the lives of the individuals under consideration. However, these statistical tabulations may be of some limited value in certain cases, and it is hoped that the opportunity will be given to see in individual cases the presence and importance of certain factors as they affect the general welfare of the individual. The use of these tabulations will enable the worker to make a more accurate statement of the social conditions of the individual, and to form a more comprehensive picture of the general welfare of the public.
relationships are reportedly poor. The writer's interpretation is given following the presentation of each case.

The organization of these presented cases follows closely the schedule established by the writer.

I Five cases in which family relationships and moral atmosphere of home were reportedly good.

Case A:

This is the case of Richard J., a sixteen year old white male who was single and a textile mill worker by occupation. Over the past several years, he had been before the court on a number of occasions for almost constant burglary of homes, numerous car thefts and several runaways of some duration. He had been in a juvenile correctional institution on one occasion for seven months and twice had left home for extended periods, once to Denver, Colorado and another time to Florida. Neither punitive nor probationary measures by the court had had any positive effect on his behavior so the court finally referred the case to the hospital for psychiatric study.

On admission, the patient presented a picture of a well-developed boy of good appearance who was somewhat surly, arrogant and seemed to feign indifference to the hospitalization and his general situation. His general health was excellent.

Richard was an only child whose home was completely adequate in size. It was located in a settlement of textile mill homes. These dwellings were erected many years ago by the mill and were rented to the employees of the company. Thus the neighborhood was one of similarly neat, well-kept brick homes; it was excellent according to community standards and most desirable to mill employees. Both parents were employed by the mill, thus making their incomes very adequate for the family unit's needs.

Both parents were English by extraction and Protestant by religion. There was no other language but English spoken in the home and there was no attendance by the family at religious services.

The patient's father was a very strict and rigid man who never drank or smoked. He was completely a home man after his work and despite his lack of religious practice, consid-
Care of an infant who has a severe respiratory disease may involve a number of considerations for the health care provider. The infant's oxygen saturation and respiratory rate are among the important factors to monitor. The infant may require supplemental oxygen, and the healthcare provider should be prepared to administer it if necessary. The infant's breathing pattern and response to treatments should be closely observed. Early intervention is crucial for the infant's recovery and long-term outcomes.
ered himself a very righteous and moral person. He had obtained the major part of a grammar school education before beginning work with his parents in the mill. He had been continuously employed by this same company for about thirty years, being a steady and dependable worker. He had no interests outside his work and the physical features of his home; he belonged to no clubs or fraternal orders and presented to the community the picture of a hard working, honest neighbor who set a fine example for his wayward son.

Richard's mother was also employed by the mill and had worked there much of her married life as well as before, upon completing grammar school. She was a much different person than her husband being very soft, pliable, easily led and dominated. She was also born of textile mill parents and in the patient's family circle, was completely subject to her husband's will. It was felt by court observers that her reasoning was colored by her own emotional experiences and that she offered little hope for constructive supervision of the boy.

The patient left school at sixteen, the legal age, after completing one year of high school. His progress was handicapped to some extent due to his two long runaways as well as his seven months in the reform school. His adjustment to school however, was excellent and he was no source of difficulty to the school authorities. He was tested psychometrically while at the hospital and his performance was generally excellent; he attained a score of 114 and placed at the average adult level in vocabulary, although on the Porteus Maze Test his mental age was thirteen, three below his chronological age.

Although two paternal uncles were reportedly mentally deficient, there was no known mental illness in either branch of the family. There were adequate recreational opportunities available to the patient with much vacant land surrounding the mill settlement for sports. The mill itself sponsored bowling and softball teams for which he was eligible after starting work there. Various other forms of recreation were also available but likewise were rejected for the most part by the patient.

The patient was discharged by the hospital after a two week stay, to the custody of the court. The hospital's diagnosis was, 1) Without mental disorder, 2) Conduct disturbance. The condition at discharge was, 1) Not insane, 2) Unimproved. The hospital recommended psychiatric therapy for the boy with close supervision. Also suggested was casework with the patient's parents and the use of the church and community agencies to develop in the boy more healthy
He had always been interested in the possibilities of a community school, and so he approached the teacher to ask if it was possible to start such a school in the area. He suggested that the community work and the physical education classes at the school might be of interest to many people in the area. He thought that it would be a good idea to start a community school in the area.

The teacher was very enthusiastic about the idea and was willing to help. He had a lot of experience in community work and was eager to help others. He thought that it would be a great way to bring people together and to help others to succeed.

The teacher was also interested in the idea of a community school and thought that it could be very successful. He thought that it would be a great way to help others and to bring people together. He thought that it would be a great way to help others to succeed.

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interests.

The court placed Richard again on probation upon his return from the hospital. Psychiatric therapy was not obtained for him but supervision was imposed through the probation counsellor who also worked with the family as is generally done. While on this probation, the boy engaged in no action necessitating another court appearance and in six months enlisted in the U.S. Army. His adjustment there was apparently satisfactory and he was discharged from probation three months after his enlistment.

In this case is seen the wayward son of parents whose home presents to the community at large a picture of morality, industry and hard work. The parents are steady, dependable workers; the home is properly kept and well maintained; and neither parent engages in vices. Their neighbors respect them and naturally wonder why the boy does not follow their example.

What is generally not seen, however, are the interpersonal relationships in the family. The father was rigid and unbending, the mother weak and vacillating. The boy, aware of these different personalities, played one against the other to gain his own ends. Due to this basic, although well hidden, clash of parental personalities, discipline and example for the boy was inconsistent. He received little supervision or attention from his parents due to their employment and they seemed to let his upbringing interfere little with their quest for material security. It must be wondered if in this case is not seen a rejected boy who engaged in asocial behavior to gain the attention of his parents, to impress them with the fact that he had a mind and
REFERENCES

In this case it seems the matching was not complete.

More text about the references seems to be missing.

In the references section, the names of authors and publication details are not fully visible or legible.

The text appears to be discussing community actions and their impact, possibly related to a previous study or research.

Some technical terms or names are not clearly visible, making it difficult to determine the exact context or subject matter.
will of his own and could not be dominated by the father as was the mother.

Coupled with these points is the community in which the patient lived. It was a rather staid and industrious section in which people often spent an entire lifetime. This was apparently distasteful to him and he reacted to it with his distant runaways. Later his Army enlistment served to separate him from this environment which may have seemed unexciting and plebeian to him. Through this enlistment he gained his needed stature and, although peacetime Army duty can be boring and unexciting, it may have afforded him the consistent discipline and measure of excitement he needed.

The court here followed the hospital’s recommendations partially and the case is now closed due to Richard’s enlistment. This solution apparently has worked well.

Case B:

This is the case of Roland L., a seventeen year old single white male who had no regular occupation save odd jobs and a minimum of mill work. He had been known to the court for some little time having at one time or another driven off six cars. For these actions he had been placed on probation and also had been in a juvenile correctional institution for eight month periods on two occasions. Shortly before his admission to the hospital, he had been apprehended by the police for engaging in sexual actions with a younger boy and was at this time also questioned as an acquaintance of a younger girl murdered rather brutally and hideously a few weeks before. The story he told regarding his knowledge of the slaying was so confused and disordered as well as bizarre that, following his referral by the police to the court, he was sent to the hospital for psychiatric study. His perverted sexual behavior was another reason for the referral by the court to the hospital.
and this position. The community in which

result of this has been the establishment of a

and the problem of solving these life problems.

This is a prime example of the importance of

the case study approach.

Case Study

This is the case of Edward, a seventeen-year-old

single male who was brought to the hospital in a

comatose state. He had been found floating in

the river. The medical staff was able to revive him

after six hours. For three months, he had been

admitted to the hospital with a diagnosis of

psychosomatic illness. He had been hospital-

ized because of his consistent refusal to eat any

solid food. The patient's condition was so severe

that he was transferred to the psychiatric ward.

The patient's symptoms included insomnia,

anorexia, and a marked lack of interest in

social activities. He was also found to have

psychomotor agitation and a constant state of

irritability. The patient's family had reported

that he had been acting unusually for several

months prior to his hospitalization. The patient

was referred to a psychiatrist for further

evaluation. The psychiatrist recommended

psychological counseling and a change in

environment. The patient's condition

improved significantly after the initiation of

these therapies. He was discharged from the

hospital after two months of treatment.

The case study approach is a valuable tool for

understanding the complexities of human

behavior and for developing effective treatment

strategies.
At this time of his admission, he presented a rather effeminate appearance with wide hips and an unmasculine gait. He was tall and slim and was in good health but for a very slight heart murmur.

Roland was the first of three siblings born of the father's second marriage. It was also the second marriage for the mother and both parents had several children by their first marriages, some of whom were in the home. The family occupied an apartment in a municipal housing project which was adequate in size. The project was well maintained. Even with the father and several of the children working, the family income was at best marginal. The family had on occasion received public assistance.

The parents were French-Canadians by birth and both English and French were spoken in the home. The family was Catholic and reportedly regular in church attendance.

The patient's father was a hard-working man who had never been able to earn too adequate a wage with a variety of jobs. He was, however, a very easy-going person who did not let his lack of material success worry him. He had something of a temper which showed itself occasionally. He was a poor mixer, being almost completely a home-body. His interests were in the home, in building and repairing things at which he was fairly clever and he belonged to no clubs or fraternal orders. He felt he was a friend to the patient but was able to scold him when he deemed it necessary. He obtained a very meager education and was not considered to be too intellectual.

It was Roland's mother who managed things almost completely in the home, her husband avoiding discord by giving in to her. She was an excitable, high-strung, "nervous" woman who could easily and frequently shout at the children. She talked almost constantly and nothing could please her; she continually found fault with anything and everything. She never left the home but to attend Mass and harmony prevailed in the home only by allowing her to maintain her dominant position. Despite this domination, family ties were quite close and the court probation counsellor felt the family, particularly the mother, tried sincerely to cooperate in plans for Roland after the various car stealing episodes. This cooperation was, however, tempered by the mother's obvious lack of intelligence as she, like her husband, had received very little schooling.

The patient left school at sixteen and was then in the eighth grade, having been promoted more for his age and size than his ability. He was tested psychometrically at the hospital and earned a score of sixty-three and a vocabulary
and of much new has been written in London, and elsewhere. And in many parts of the world, people are demanding more freedom and more justice, more peace and more prosperity.

In these times, it is clear that the world must come together to face the challenges we face. We must work together to solve the problems we face. We must work together to build a better world.

And so, we must continue to work together. We must continue to build the world we want. We must continue to build a world where everyone has the opportunity to live a good life.

And so, we must continue to work together. We must continue to build the world we want. We must continue to build a world where everyone has the opportunity to live a good life.
level of eight years. He was a non-reader and functioned definitely at a sub-normal level of intelligence. His school adjustment was satisfactory, however, despite his inability to learn.

No mental illness was known in the family history but mental deficiency was seen in the mother, the patient and half-sister; its presence was questionable in the father. The patient's only recreation was the movies which he attended daily if able. Other forms of recreation were available to him but were not accepted. Except for two very brief runaways several years before admission and his time in the training school, the patient had always been in the family group.

The patient was returned to the court after six weeks of hospitalization. The diagnosis was, 1) Without mental disorder, mental deficiency, moron (defective delinquent), 2) Psychopathic personality, pathological sexuality. The condition upon discharge was, 1-2) Unimproved. The hospital recommended definite supervision within an institution and felt it questionable if the boy could ever adjust satisfactorily in the community.

The court followed this recommendation completely in that the boy was sent to a juvenile correctional institution until further order of the court. This institutionalization, in one setting or another, will probably continue for life.

In this case is seen a boy who consistently engaged in car thefts despite punitive and probationary measures. He had performed at least one perverted sexual act on a younger boy and his story concerning his knowledge of a murder was extremely bizarre. He was functioning at a moron level of intelligence and had made no school progress or work adjustment.

The home in this situation presented outwardly a good moral atmosphere with a hard working if unsuccessful father and a close knit, religious family. The fact that this moral tone and family relationship were won at the cost of the
Identity of the father and children in subjection to the mother's shrewish will was not recognized too well by the community. So long as the mother succeeded in dominating the family unit, harmony prevailed. For the sake of this harmony, the family members were generally willing to bend before her.

Roland's early brief runaways and his later car thefts can be seen as resistance and rebellion at this state of affairs. These were really episodes, however, and in the interest of this harmony, he too, for the most part, bowed to her. Spasmodic incidents continued to occur, however; in the sex episode, he was able to dominate someone as never before; in the murder, the attention he gained was the first of any consequence he had ever received. He was able, due to his very limited intelligence, to welcome even such negative attention. In his own home, attention was almost unknown except when the court was interested and such positive supervision in the home was nil when harmony reigned as it usually did.

This case is now still open to the court and they will not close it until he reaches his majority at which time he will probably be transferred to the reformatory.

Case C:

This is the case of Joseph C., an eleven year old white male who was a fourth grade pupil. He was the third of six living siblings, none of whom were previously known to the court. He was referred to the hospital after being brought to court on a charge of murdering his nine year old sister.
On admission, the boy was rather slight and presented a somewhat pleasing appearance. While he was slightly undeveloped, he enjoyed good health. His intelligence was obviously low and he displayed no evidence of much guilt over his killing his sister. He had previously denied the killing when for two days he was questioned rather superficially. He seemed to suffer no grief when he later admitted the murder to the police.

The family home was adequate in size for their needs and was located on the outskirts of a small town in rather good surroundings. The father's income was sufficient to meet the unit's requirements.

Both parents were French-Canadians by birth and both English and French were spoken in the home. The family was Catholic and regular in church attendance. The children principally received parochial school educations.

The patient's father, who obtained a limited education and had little materially as a child, desired much for his children; he wanted them to receive good educations, moral training and good times. He worked hard and steadily to provide the family with comfort and material pleasures. He was very easy with the children and seldom rebuked them. He was, however, not at all relaxed with the children and became very restless and agitated if they were noisy in the home. He was quiet and serious in nature and was very quick-tempered but never remained angry for long. Despite his restlessness when with the children, he seldom left the house after his work although he had friends in the neighborhood. His interest was basically in the home and his friends, relatives and acquaintances respected his industry and his concern for the welfare of his family.

The patient's mother was also a serious person but much more calm than her husband. She also obtained part of a grammar school education and was quite sociable, enjoying the movies and visiting in the evening. At such times, her husband would usually mind the children at home. She was much more strict with the children than her husband and generally was in charge of their discipline. She supervised quite closely their choice of friends and the hours they kept. It was felt that she was somewhat apathetic and unemotional in nature despite this strictness. She was, however, quite relaxed with the children and close family ties existed between both parents and the children.

The patient's school progress had been poor; he had repeated two grades. On his psychometric tests, he scored an I.Q. of 61 with a mental age of between seven and eight. He
The family home was adequate at the time they lived in it and was focused on the continuation of a small farm to sustain the family's income. The family's income was sufficient to meet the family's needs.

Both parents were farm-Catholics in the faith and focused on maintaining the family with continuing and material pleasures. The family's income was very steady with little fluctuation and the family was able to maintain a very clean and orderly home environment. The family was very active in the church and always took part in the weekly events and activities. The family was very proud of their home and always took care of the family's needs.
was functioning at a moron level of intelligence and his
deficiency was apparent to everyone who talked with him.
His adjustment to school, however, was excellent and his be-
havior never gave concern to the authorities or his parents.

A brother of the patient was also mentally retarded which
showed mostly in school progress. The retardation was not so
severe as in the patient. One paternal great aunt of the
patient's was mentally ill and had been at the State Hospital
for Mental Diseases for some time. Whether the mother's
apparent apathy and lack of emotion was due to mental de-

The patient had never been away from his home where con-
siderable opportunity for outdoor recreation existed as much
open land surrounded the home. The patient was able to play
very simple outdoor games and other recreational opportunities
such as movies, were available to him. He enjoyed the movies
and apparently enjoyed playing such games as tag with his
siblings who were principally his playmates.

He was returned to the court after more than six weeks
study with a diagnosis of, 1) Without mental disorder, 2)
Mental deficiency, cause undiagnosed. Upon discharge, his
condition was, 1) Not insane, 2) Unimproved. The hospital
recommended institutionalization for his safekeeping, super-
vision and guidance.

In court, the boy was found not guilty as he was unable
to tell the difference between right and wrong. He was
committed as feebleminded to an institution for such indi-

In this case is seen a family unit which presented a
generally excellent moral atmosphere. The father's concern
for the material comfort of his family was apparent as was
the mother's interest in the hours kept and friends had by
the children. They were faithful to their religious ob-
lications and, while sociable, did not intrude upon their
friends' privacy. In all they were respected as community
members and honest, God-fearing people. The two boys in the
family who were known to be slow mentally did not detract
The process of the patient was often met with by the parents. The parents were able to help open the opportunity for the child to express their emotions and experiences. The patient was encouraged to find his own way to express his experiences and to understand the patient's situation. The patient was encouraged to find his own way to express his experiences and to understand the patient's situation.
from this respect.

The inability of the father to provide much more than material security for his family, however, was not seen by the community. The children, especially the patient due to his retardation, lost much due to the father's irritability and restlessness when with them. The mother's calmness which verged on dullness likewise reacted on the children in that supervision was lacking to some degree; so long as they were with proper playmates and in at the proper time, their whereabouts and behavior concerned the mother little.

Little individual attention was paid to Joseph who, with his mental retardation, needed it badly. The parents did not see that in all his contacts, both at home and in school, he was competing unsuccessfully with superiors. The boy had definite feelings of inferiority and hostility; he was a target of some ridicule from his contemporaries both at home and in school due to his incompetence. The murder was a spontaneous act of retaliation against this ridicule; it occurred when the sister had enraged Joseph by taunting him. It was almost accidental in the sense that the bludgeoning took place after the girl had fallen, knocking herself unconscious, in running, laughing, from his anger. He was able to give full vent to his anger for she was unable to retaliate at the time, either physically or verbally.

The court here followed the hospital's recommendation completely. Such a step was necessary in order to protect
The material in this section is not clear and contains many errors. It is difficult to understand the content due to the lack of context and clarity in the text. It appears to discuss some kind of situation, possibly involving children or community affairs, but the specifics are unclear. The document contains numerous misspellings and incomplete sentences, making it challenging to extract meaningful information.
the community and Joseph.

Case D:

This is the case of James N., a fifteen year old single white male student. The court referred him to the hospital for study due to three immoral acts he had committed over the previous two years with younger boys. During the same period he had also driven off two automobiles without their owners' permission. He had been placed in a juvenile correctional institution by the court for several months after a period of probationary supervision. Neither form of treatment had apparently helped the boy and for this reason the referral for psychiatric observation was made.

James lived with his foster-parents in one of the best residential sections of the city. The family had lived there many years owning their own home which was very adequate in size. The income of the unit allowed them to live comfortably but not luxuriously.

The foster-parents were of very old American stock, their ancestors being predominantly English and Irish. The unit was Protestant by religion and were regular in their attendance at religious services.

James was adopted by his foster-parents when he was four months old. It was reported that he did not become aware of the fact that he was adopted until he was thirteen, shortly before his first arrest. The other two children in the family, a girl twenty and a boy eighteen were also adopted. None of the children were related in any way.

The foster-father was a university professor who had earned his doctorate in philosophy. His career encompassed both law and teaching. He was a very mild, quiet person who seemed to typify the general impression of a scholarly professor. He was a very pleasant person who had a deep interest in his work, his home and the children, especially the patient after the sex and automobile incidents. He was raised on a farm and had earned much of his own way through the various schools at which he studied. His principal hobby was reading but he enjoyed the outdoors and had taken the patient on a hunting and fishing vacation for a week about three months before James' admission.

The foster-mother was raised on a farm adjoining her husband's and had graduated with him from college. She had taught school until their marriage. Like her husband, she was very mild, pleasant and quiet. Her main hobby was also reading. She was, however, quite active in forming young
Case P-

This is the case of James W. M. who was referred to the hospital because of a severe headache. The patient is a 32-year-old man with a history of hypertension and hypercholesterolemia. On admission, the patient was alert and oriented to person, place, and time. His blood pressure was 150/90 mm Hg, and his pulse was regular at 80 beats per minute. The patient denied any symptoms of dizziness, syncope, or blurred vision.

The physical examination revealed a well-developed, well-nourished man with no evidence of organic disease. The patient's neck was supple, and there was no Kernig's or Brudzinski's sign. The pupils were equal, round, and reactive to light. The fundus examination was normal. The patient had no significant past medical history.

The patient's vital signs were stable throughout the hospital stay. He was discharged on the fifth hospital day with a diagnosis of headache caused by hyperlipidemia. The patient was instructed to maintain a low-fat diet and to take aspirin daily. Follow-up appointments were scheduled.

James lived with his older brothers in one of the poorest sections of the city. The family had no access to medical care and was unable to afford any medication. The income of the family was below the poverty level, and they were not insured.

It is not uncommon for individuals in low-income areas to suffer from undiagnosed health conditions. Early intervention and education are crucial in preventing complications and improving outcomes. The hospital staff worked closely with the patient and his family to ensure that his needs were met.

The case of James W. M. highlights the importance of addressing the social determinants of health. Poverty, lack of access to healthcare, and individual health behaviors all play a role in the development of chronic diseases. Addressing these factors requires a multidisciplinary approach that involves not only healthcare providers but also social workers, educators, and community leaders.
people's groups in the church, particularly dancing and
dramatics. Her interest in and concern for the three child-
ren was very apparent.

On admission the boy was tall, thin and in good health. His own parental background was completely unknown as the foster-parents could give no information concerning the boy's own parents. They believed, however, that the mother was quite young and had been imposed upon by the husband of a friend.

James was a second year high school student when ad-
mitted and had made average progress in school. He was neither an outstanding student nor a behavior problem in school; his interest in school was questionable. While at the hospital he was tested psychometrically and earned a score of 110 indicating high average intelligence. His foster-sister had attended college for one year and was doing secretarial work; she and the patient seemed very close. The foster-brother was in the Army with the Korean occupation forces and had been a fairly mild school behavior problem.

Outdoor recreation was available in the neighborhood but James infrequently played any sports. He did, however, fre-
quently attend dances and parties. Generally it was necessary each time, however, for the foster-parents to spur James on into group activities; for himself, he would apparently rather shun group play.

He had been out of the home both summers immediately preceding his hospitalization; he spent them with relatives on their mid-west farm and stated he enjoyed this experience very much. Between these summers he also spent several months in a juvenile correctional institution.

James was discharged to the court following five weeks of hospitalization. The diagnosis was, 1) Without mental disorder, 2) Psychopathic personality, mixed type. His condition at discharge, 1-2) Unimproved. It was recommended that he have further hospitalization at a private mental hospital for several months with continuous psychotherapy.

This recommendation was followed exactly by the court and following this private hospitalization, James was placed on probation and continued psychiatric treatment on an out-
patient basis at that hospital.

In this case is seen an adolescent boy who learned of his adoption when entering puberty. It must certainly have been quite a traumatic experience for him. The foster-parents
On an occasion like this, we fail to think of the people. Not interested in my concern for the three-phrase.

James was a second-year high school student when he wrote a letter asking why he was made to work as aSetValue from a project at school. He saw the letter as an opportunity to offer a positive perspective on the project.

The project has been a success. Not only did he find a way to make his work more enjoyable, but he also gained a sense of achievement.

James, who is an intermediate player in soccer, realized that his improvement is due to the project. He wants to continue to improve his skills and has set a goal to reach the next level.

In the past, he had little interest in school work. However, the project has shown him that he can achieve his goals.

In conclusion, the project has been a success for everyone involved.

*Note: The text is partially legible and contains some errors.*
were unable to tell him of his real parents which also enhanced his feeling of not belonging. He had always felt rejected to some degree due to the foster-parents' interests in reading, learning and the like; interests he could not share. The ages of the foster-parents, early sixties, also helped to create this sense of rejection. James was never able to feel close to his foster-parents due to their distinctive personalities which again helped build this feeling of rejection which culminated when he learned of his adoption.

James' asocial behavior can be explained somewhat, it is felt, on the basis of his feeling of rejection. They were in a sense rather retaliatory measures against his foster-parents. He was unable to feel their concern for him due to their mild natures and interests which differed so from his own. Had James been given sexual instruction in the home, perhaps his perversions might not have occurred. The foster-parents were unable to do this, however.

Through the years James had this feeling of rejection despite the physical comforts provided for him and the excellent moral atmosphere of the home. Due to it, he had built up a quiet, rather withdrawn personality. This was certainly an attempt on his part to identify with his foster-parents. The asocial acts followed after this nature had been set. An interesting point regarding this boy is the minimum of remorse or anxiety he showed over his acts; he was inappropriately indifferent to them. It was not until he
were unable to feel any of the least pleasure which we ever experienced. He had always felt
pangs at the feeling of not pelagianizing. He had always felt
remorse to some degree out of the teacher-pupil, interac-
tion in learning. Learning any type of teachers' early studies also
were the scenes of the teacher-pupil's early studies. These were never
helping to create this sense of involvement, this feeling
of belonging which again helped fulfill this feeling.
James, a social pupil, can be explaing somewhat. If in
James' case, the pupil became more amiable. Then, in
felt on the part of the feeling of involvement, if the teacher
was unable to feel them concern for his one to
present. We were unable to feel them concern for his one to
feel with nature and interests which otherwise to from his
own. Had James seen given exactly information in the home,
because his parents have right not have continue. The teacher-
parents were unable to do it. However,
though the tears James' felt the feeling of involvement
seem the primary concerns bringing for him and the ex-
cellent moment experiences of the home. The to it, to be had
built up a quite serious with rational personality. If this were
certainly an attempt on his part to legality with the teacher-
benefits. The society was followed after these nature had
been set. An interesting point reasoning this will in the
minimum of external to explain the growth over the course in the
importantly important to plan. It was not until
was in the private hospital that he was able to speak of his feelings about his unhappy home life. Certainly a long period of rather intensive psychotherapy seems indicated here.

Case E:

This is the case of Louise V., a thirty-nine year old white married female. She appeared before court on a neglect charge. Five of the children had been committed to the State about one year before; two were still with her and very neglected. She was despondent, drank heavily and had attempted suicide by gas twice. She was excitable as well as depressed and the court felt all these factors indicated the need for psychiatric study for this woman.

She had divorced her husband about six months before admission after ten years of marriage. He was a heavy drinker who was abusive, an unsteady worker with a bad disposition; he had been married and divorced twice before and Mrs. V. lived with him while he awaited his second divorce. Their first child was illegitimate. During their marriage they occupied with their children a six room, inadequately furnished, filthy, rat infested flat; following the divorce, Mrs. V. took up quarters with the two remaining children in a cheap, dingy boarding house and worked spasmodically as a waitress and mill hand. Their income during marriage was erratic as was hers following the divorce.

The patient drank heavily after the divorce and probably before as well; she had been raised a Catholic but did not practice her religion. Her husband professed no faith and both French and English were spoken in the home, due to their French-Canadian background.

The patient's father died when she was four years old and she was an only child. Her parent's marriage had apparently been a very happy one and the mother never remarried. Rather she began work, having placed the child in a Canadian convent where she remained until she was fourteen at which time she returned to her mother.

In the convent she adjusted very well and was sociable and a great reader. She was well-liked there and was quiet and showed no temper. Her principal interest there was in books and music. She appeared to react well to the very close supervision and strict discipline.

Upon her return to her mother from this convent she attended public school until she reached sixteen and left to
work. Her adjustment to her home and school upon her return was not good and she began to run around considerably and was rather promiscuous until her marriage and to some extent afterwards. Her work record was very poor and she held many menial jobs, changing frequently. Her mother rejected her completely after her marriage and hated her son-in-law whom she called "that man".

On admission to the hospital she was generally in good health but claimed otherwise. She was somewhat mal-nourished and had had an illegitimate abortion in 1944. Psychometrically she showed an I.Q. of eighty-three at the hospital which indicated dull normal intelligence. This was compatible with her school progress, six grammar grades completed at sixteen. The examiner felt her score resulted much from her apparent long-standing personality problems.

There was no known mental illness in her family and her children and step-children made excellent adjustments after commitment. They were well behaved and gave no trouble. The step-children, products of her husband's previous marriages, did not accept her presence in the home.

As a child, little recreation was available to her at the convent and she principally used books and music in recreational periods. Upon her return home she refused constructive recreation almost entirely and for some years her recreation consisted of drinking and cafe visiting.

After a nine day period of hospitalization Mrs. V. was diagnosed, 1) Psychosis with psychopathic personality. Her condition was unimproved and she was transferred to the State Hospital. The court concurred in this and closed the case by discharging her from probation.

In this case is seen a child born of secure and happy parents. At four the traumatic experience of the death of her father occurs and she is placed in a convent for ten years with very little personal contact with her mother, the remaining parent.

Certainly while at the convent the moral atmosphere was excellent. However, for a child to reach puberty in such a setting, away from any semblance of family life, is unhealthy. During those years she must have felt almost completely
The difficulty in determining the exact cause does not negate the importance of the problem. While some studies have suggested that genetics play a significant role, others have found that environmental factors are more influential. It is clear that further research is needed to fully understand the underlying causes of the issue.

In many cases, individuals may experience anxiety and stress as a result of the condition. It is important for caregivers and affected individuals to seek support and resources to help manage these feelings. Support groups, counseling, and therapy can be beneficial in providing a sense of community and understanding.

In some cases, medication may be prescribed to help manage symptoms. However, it is crucial to work closely with a healthcare provider to ensure the appropriate treatment plan is in place.

Early intervention is key in addressing the issue. By identifying signs and symptoms early, interventions can be put in place to help prevent further complications.

In conclusion, while the exact cause of the problem remains unknown, efforts to address and manage the condition are crucial. It is important for affected individuals and their families to stay informed, seek support, and work together to find solutions.

"Taking steps towards understanding and addressing the issue is a crucial first step."
rejected by her mother. To return to such an unknown mother at fourteen was another severe traumatic episode. Neither could hope to understand the other well. The freedom the girl found after the confinement of her years in the convent must have been rather overwhelming and with no one to turn to for guidance, she soon lost her sense of values spiritually and morally. Her mother was unable to reach her for she did not know the adolescent girl. There was no one with whom the girl could constructively identify as she felt rejected by her mother and she knew no one else. The pattern of behavior culminating in her commitment was established and grew more firm as the years passed. No doubt much of her early behavior after her return home was retaliatory in nature against the mother's rejection coupled with the freedom she found outside the convent.

This pattern of behavior led her to marriage with an eminently unsuitable man. She was unprepared for marriage and the unfortunate aspects of this match simply added to the development of her psychosis.

The hospital can commit a court patient to the State Hospital without the person returning to court. The court concurs completely when such a step is deemed necessary and this is what occurred in this case.

II Five cases in which family relationships and moral atmosphere of the home were reportedly poor.
The problem is not just one of finding effective ways to implement welfare reform, but also of providing adequate support for the transition to self-sufficiency. Many former welfare recipients are struggling to make ends meet, and some have even lost their housing and have no one to turn to for assistance. The bureaucracy of the welfare system has been criticized for its high costs and inefficiency. The current welfare system is not only costly but also inefficient, and it has been criticized for not providing adequate support for the transition to self-sufficiency.

The pattern of dependency on welfare has increased in recent years, and some are concerned that this trend will continue. The problem is not just one of providing adequate support for the transition to self-sufficiency, but also of addressing the root causes of dependency. The current welfare system is not only costly but also inefficient, and it has been criticized for not providing adequate support for the transition to self-sufficiency.

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Case A:

This is the case of Hans R., a fifteen year old white male student. He appeared before the court for having committed an immoral act with a six year old boy. It was his first court appearance but due to the charge and his general background, the need for psychiatric study was seen by the court.

Hans lived with his parents in a physically adequate home in a mill-business-residential section of the city. This neighborhood was located somewhat on the fringe of quite a good residential section. The patient was the only minor child at home and the father's income was quite adequate for their needs. The family had lived in this home which they owned for some years.

The boy's father was German by birth and the mother Polish. They had been in this country about twenty years but neither was a citizen. Both parents spoke English rather poorly despite their years here and both German and Polish was also spoken in the home. The use of Polish by the mother antagonized the father exceedingly and its use was at a minimum.

Mr. R. was a middle-aged man who was obstinate, iron-willed and frequently physically abusive to his wife and the patient. He drank periodically, going on sprees at rather frequent intervals. It was principally at such times that he became abusive. Ordinarily he was domineering, argumentative and demanding of complete respect and submission. He was employed by the railroad and personified the arrogant Teutonic martinet as characterized by writers. He held tremendous influence over the patient's older brother who was mentally defective; the latter had separated from his wife due to his accompanying his father on drinking sprees during which infidelity occurred. Mr. R. also controlled much of Hans' thinking and had much influence over him. At the time of admission, Hans' brother was living in the home.

Hans' mother was incapacitated in the home due to an hysterical type of paralysis. She was a shrewish, constantly complaining woman whom it was impossible to please. About two years before Hans' admission, she had been at the State Hospital with a diagnosis of Involutional Melancholia. She remained there nine months and left against advice. Her paralysis was completely mental and she was argumentative, demanding and antagonistic towards her husband.

Mr. and Mrs. R. had met in Europe during the First World War when Mr. R. was a member of the German Army. They lived
Case A

This is the case of Mr. A., a fifteen-year-old white male student. He was referred to the center by the county health department on the basis of a report of a physical examination

The patient was examined by the pediatrician and found to have a normal physical examination. The problem was a diagnosis of anemia, which was treated with iron therapy. The patient was discharged with instructions to return for further evaluation.

The patient was seen again one week later and was found to have improved significantly. The patient was discharged with instructions to continue the iron therapy for an additional two weeks.

The patient was seen again one month later and was found to have continued improvement. The patient was discharged with instructions to continue the iron therapy for an additional two weeks.

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together until 1925 when their marriage was legalized. During the war years they reported they had been unable to obtain the necessary legal certificates. Constant arguments ensued in the home over their national and language differences. The family was Protestant but there was no attendance by any family member. Both parents had obtained very meager educations in Europe and had not studied in this country whatever.

On admission Hans was a poorly developed but fairly well-nourished lad who was slim in appearance and rather asthenic looking. He was quite a proficient cook and did much of it in the home. He was very quiet, somewhat withdrawn and was unable to express any feeling about his home.

At the time he was a second year high school student and had repeated the fifth grade. He was inattentive in school but was not a behavior problem. He participated in no school activities and was felt to be a poor mixer. Psychometrically he scored an I.Q. of ninety-four with a mental age of about eleven. His brother who had been a severe school problem had an I.Q. of sixty-seven and was highly emotional and very dependent on the father. His marriage appeared to have been a complete failure.

Hans' time for recreation was very limited for he was made to be very busy in the home. His mother constantly found jobs around the house for him to do. His principal recreation was the radio and his listening was dictated by his mother. He attended infrequent movies alone and was not allowed to bring any acquaintances to the home. On a few occasions he had visited a Boys Club for swimming and there had heard of the sex perversion he later engaged in. He had received no sexual instruction in the home. He never participated in group play at the Club or in the neighborhood. There was near the neighborhood much vacant land available for outdoor, vigorous activities. Hans had never been away from home in all his fifteen years.

Hans was discharged to the court after three weeks of hospitalization with a diagnosis of, 1) Without mental disorder, 2) Conduct disturbance. His condition was, 1) Not insane, 2) Improved. The hospital recommended supervision by the court and further psychiatric treatment.

The court placed Hans on probation and the case is still open and active with the court. He has not since engaged in any conduct necessitating a reappearance in court.

In this case is seen an adolescent boy who came from an extremely poor background; the moral atmosphere and family
relationships in the home were very poor. The father was a drinker, abusive and domineering. The mother was mentally ill, demanding and shrewish. A brother's marriage had been damaged through the father's influence at least partially. Constant arguments occurred in the home between the parents, principally over national ties and language. Each parent tried to gain the allegiance of Hans and influenced him as much as possible against the other parent. He lost many days from school through being forced to work almost constantly in the home. While adequate recreational opportunities existed, Hans was, to a very large degree, unable to avail himself of them.

His sexual behavior can best be explained, the writer feels, on the basis of experimentation. The boy was completely cowed for any rebellion shown by him in the home against prevailing conditions was beaten down. He received absolutely no sexual instruction there and had infrequent opportunities to learn these mysteries from his contemporaries. No doubt on several occasions he had heard talk of sexual perversions and his father's infidelities were certainly argued about in the home. By such unhealthy means, Hans' natural interest was stimulated and having no one to turn to for advice, took an unsocial course to gain knowledge.

The writer also feels that Hans, through this act, also sought to gain stature. He was lacking the qualities of self-confidence and sociability; no doubt he felt by being
able to talk learnedly of the perversion he would be better able to mix with his contemporaries, having gained their respect.

These points coupled with his very unhealthy home situation led him into a situation in which he was apprehended. The court followed the hospital's recommendation by placing him on probation for supervision. Psychiatric treatment was not obtained. The probation supervision seems to have been effective judging from his failure to reappear in court.

Case B:

This is the case of Eugene L., a fourteen year old white male student. He had been a serious school behavior problem for some years and had run away from home on several occasions. He was brought to the court's attention by the schools and the need for psychiatric study was seen.

Eugene lived with his parents and several older siblings in completely inadequate quarters. The three room flat, located in one of the city's worst slum areas, was lacking in plumbing and occupied by six people, adolescents and adults. The economic status of the family was at best but marginal and had frequently been dependent. The family relied principally on the father's meager earnings supplemented by small contributions from the older children.

Both parents were of French extraction but only English was spoken in the home. The unit was Catholic but their regularity of attendance was questionable.

Eugene's father was mentally deficient and some years before had been a patient at the hospital but was not diagnosed psychotic. He possessed a violent temper and was very nervous, being easily upset. His nature was very erratic and he frequently beat the children. He had been raised in an institution and had been completely rejected by his own parents; in turn, he was completely rejecting of them. He had had many job changes in his lifetime despite a record of being a hard worker. The changes resulted from his inability to do more than very menial jobs. He had, of course, secured very little education and it appeared that he felt his authority threatened in the home as the children grew
case of

The case of Eugene is one of many where the need for family therapy is evident. Eugene, a young boy, has been in therapy to help him deal with his mother's depression. His mother's depression has had a significant impact on Eugene, and he has begun to exhibit signs of similar behavior. Eugene's therapist has suggested family therapy as a way to address the issues and support Eugene in his development.

Family therapy is an important aspect of treatment for individuals who are struggling with mental health issues. It can provide a supportive environment for family members to work together to address the issues and improve their relationships. In Eugene's case, family therapy will be essential in helping him deal with his mother's depression and providing him with the support he needs to thrive.

Both parents were present at Eugene's therapy session and appeared to be actively engaged in the process. Eugene's therapist was able to gain their trust and help them understand the importance of working together to address the issues.

Suggesting family therapy to Eugene's parents was a significant step in helping Eugene deal with his mother's depression. It is a testament to the power of family therapy in addressing mental health issues and improving the lives of those affected. Eugene's case highlights the importance of recognizing the need for family therapy and taking steps to ensure that it is available and accessible to those who need it.
older.

The patient's mother was a very weak, easy-going person who had little or no maternal control over her family. She was not felt to be very intelligent and prior to her marriage had had three illegitimate children by men other than her present husband. These children were in the home and Eugene was the only child of her only marriage. She was completely devoid of any understanding of any of the children. Her schooling was meager and she had worked spasmodically both before and during her marriage as a cleaning woman. Her housekeeping standards were very poor and, although they had moved frequently, their housing had never been adequate.

Severe marital discord existed in the home with arguments occurring constantly between the parents and all members of the family. The patient was frequently beaten as the other children had been when younger. An older child in the home had been known to the court and was then on probation.

On admission Eugene was seen as a very short but overdeveloped boy in good health. He seemed to be entirely lacking in self-discipline, needing immediate gratification of any want felt. He was arrogant and attempted to dominate situations.

He was tested psychometrically at the hospital and scored a forty-seven with a mental age of seven. He had for a very short time when ten been an inmate of the State school for the feebleminded. In this school and in the public schools, he had progressed only as far as the second grade. He had been expelled from every school he ever attended, making a consistently poor adjustment. His language, both in school and elsewhere, was vile and abusive. Psychometric tests over several years showed very little mental development.

Recreational opportunities for Eugene were, of course, restricted somewhat due to his very limited intelligence; some constructive opportunities were, however, available to him but were always rejected. He followed this pattern even in the feebleminded school where play opportunities fitting his capacities existed. Except for the period in this school and very frequent short runaways, Eugene had always been in the home.

Eugene was discharged to the court after six weeks study with a diagnosis of, 1) Without mental disorder, 2) Conduct disturbance, 3) Mental deficiency. His condition at discharge was, 1) Not insane, 2) Unimproved, 3) Unimproved. The hospital felt institutionalization at the school for the feebleminded was needed at least until he was an adult. It
The paper's format and layout are not clearly visible due to the quality of the image. However, the text appears to be a combination of paragraphs and possibly a section discussing some form of educational or scientific content. The text is too fragmented to provide a coherent translation.
was felt he was an extremely impulsive, changeable boy.

The court followed this recommendation completely and committed Eugene to that school until further order of the court. This court commitment would prevent his family from taking him out again and the case is now closed at the court until he reaches his majority.

Here is seen a mentally deficient adolescent boy whose family background was very poor. Housing, neighborhood, income and religious practice were all bad and constant strife existed in the home. His father was mentally deficient and at one time was thought to be psychotic; he was abusive and felt his power over the children in the home threatened as they matured. The patient, the youngest in the home, received the brunt of the father's physical efforts to retain his paternal authority. The boy's mother had little to offer him, and with his own mental deficiency and attitude developed from the home situation, his prognosis for reaching an acceptable level of community adjustment must be guarded.

Eugene's behavior in the form of runaways can be explained in terms of the home; he sought to escape the oppressive conditions there. His unacceptable behavior at school was a defense against the taunts he must have suffered as a boy in the second grade with a man's physique and his inability to learn. Certainly his open rebellion at home can be understood when seen in the light of home conditions. He was thwarted in his attempts there to assert his growing feeling of independence which was coupled with his sense of dependence and he reacted violently due to his very limited
Have to see a materially self-sustaining, cooperative farm.

Family planning being very good. Homesteading, development
income and nutrition practice are still and continue to be
extracted in the home. The problem of maternity control and
at one time we found to be pressing: are we providing our
left the power over the children in the home transferred as
- paid services. The better the homemaker in the home, the
only means of the lactation, the family's primary purpose to
the purpose that has little to offer
- farm, with the new maternity control and attitude generated
- by how the home attention and: brought to an awareness
- acceptable level of community education must be engaged
- is seen's potential in the form of: agriculture can be ex-
- along to farms of the home; in order to escape the oppre-
- the conditions there. The improvement be that the farmers
- was a change of the family and home and home
- in the second stage with a new's protection, and the in-
- ability to learn. Certainty the open repulsion of home can
- are: two factors that mean in the light of home conditions.
- we are threatened in the, states from the social, the home of
- teaching of industrialism with no conflict with the case of
- Gebenham may be reached, objectively and to the very limited
intelligence against the physical abuse he suffered for these attempts.

The removal of this boy from these very poor home conditions was certainly desirable. Hope of stimulating the parents to a greater degree of understanding of the boy must be considered almost nil and his present institutional surroundings are geared to meet his capacities. The court followed the hospital recommendations exactly here and no doubt Eugene will be hospitalized at least until adulthood.

Case C:

This is the case of Henry T., a twenty-three year old white married male who was a mule spinner in a textile mill when employed. He appeared before the court on a non-support and desertion charge. As he had once attempted to choke his wife and had run outside in the nude while intoxicated, the court felt he needed psychiatric study and consequently the referral was made.

Henry's mother had died when he was two months old. He, a brother one year older and the father lived with relatives until the father remarried when the patient was six. During those nearly six years, Henry's father was out of the home a great deal, drinking and associating with women of questionable virtue. When Henry was six, the father remarried and established a home for the two boys and his new wife. This home was adequate for their needs and, although frequent moves occurred, was always located in an average business-residential district. The father's earnings as a railroad employee were adequate when he was working.

This marriage did not change Henry's father's habits and his drinking continued. Consequently, the economic status of the family was usually marginal and at times was dependent. Mr. T. continued to spend much time away from home with questionable associates and the step-mother assumed nearly all responsibility in the home. When the patient was twelve, his father deserted the home and very little was heard of him after that. No children resulted from this marriage.

The patient was extremely over-dependent on the step-mother throughout their association and Henry frequently told
Sectmte.

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be considerable improved with some recent developments of the

process followed by the present manufacturer and -

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Case C

This is the case of Henry T. a twenty-five year old

white marrying man who was a superior painter in a non-free

work employing. He occupies position in a company of the

same nature as his, a painter. He has been attending to special

painting and as a result is under the exigencies of the

above mentioned and has been asked to come to the same

honorable position. The leader's earning is a natural

employees were so happy. The employer was a natural

This situation did not change Henry's habits and the

the woodworking community. The economic aspect

the situation was very serious and one must act when one

must act. The situation was very serious and one must act when one

The batting was extremely unfavorable to the

worker's position after associations and hence promiscuity lead
her, both before and after his marriage, that she would always come first. He remained enuretic until fifteen and was quite unreliable in nearly everything, work, appointments and the like. He held many jobs for short periods after leaving school at sixteen. He was then in the seventh grade having missed one year with a heart murmur. He made an acceptable adjustment to school but slow progress; it was difficult for him to learn despite nearly normal intelligence.

He lost several jobs due to inefficiency and was discharged during the war from both the Army and Navy for inaptitude and a "disorder of character". This was unexplained but probably was on a homosexual basis as he had shown such trends since he was seven. While in the Army he met and married a Southern girl who had a false picture of Henry's community status. This marriage was kept secret for one year and was performed outside the Catholic Church although he professed that religion. When the marriage was made known, his step-mother received from him an untrue report of the wife's community standing. The girl was a very sweet, placid type who was easily dominated. Two children were born of this union and, while secret for a year, it apparently was not a forced marriage.

Upon his return here with his wife he moved in with his step-mother and again assumed his dependence upon her. He was on occasion considerate and thoughtful but usually moody and troublesome. He was drinking excessively, held various jobs for short periods, was indifferent to his children and often physically abusive to his wife. He finally deserted and was away from the home for several months.

On admission his health was good and he presented quite an effeminate appearance and manner with bleached hair. When he was eight or nine years old he had been incapacitated for one year with a heart murmur but this condition had cleared. Psychometrically he showed an I.Q. of eighty-nine with a mental age of eleven. His father and his wife both had secured more adequate educations than he had and, except for his father's heavy drinking, there were no indications of mental illness in his ancestry. Constructive recreational opportunities had always been available to him but were never accepted to any degree. Until he was six, he lived in his relatives home and, following this period, had never been separated from his step-mother except for relatively short service periods and his later desertion from his family.

After a five week period of observation, the hospital diagnosed him as, 1) Without mental disorder, 2) Psychopathic personality, mixed type. His condition on discharge was, 1) Not insane, 2) Unimproved. The hospital felt that he was
not committable and that he needed the support of his stepmother. The primary concern was seen as the welfare of his wife and children. No specific recommendations were given.

The court placed Henry on probation ordering him to pay seven dollars weekly for the support of each child. He lived out of the home then. In three months he defaulted and left this section. A warrant was issued but later the arrearage was cancelled and the case discontinued when Henry was found to be a patient at a mental hospital in another part of the country.

Here is seen a man who lost his mother when only two months old. He was rejected by his father who set a poor moral example for the boy when with him. The only male figure in his childhood was his father who spent much time away from him and his brother. Until six he lived with his grandmother and aunts; later he was constantly with his stepmother. Constructive identification with a male figure was impossible for him. During the father's marriage, Mr. T. continued his drinking and infidelity and after some years completely deserted his family in order to live illicitly with a Negro woman. Henry's brother underwent the same type of rejected, sometimes abusive upbringing and left the stepmother's home when nineteen and has not been heard of since that time.

Thus Henry never had much of a male figure with whom he could identify positively. From birth to adulthood he was surrounded by mother figures and he became over-dependent upon them. At the time of his marriage he was completely unprepared for it and its concomitant responsibilities. As a married man he followed closely the pattern set by his
The committee began to implement the findings of the study and made recommendations to relevant parties. The committee focused on developing new measures to improve the quality of life for women and children. The report of the committee was presented to the public and was widely received.

Here are some key points from the report:

1. The committee recommended implementing new measures to improve the quality of life for women and children.
2. The report was widely received and was presented to the public.
3. The committee focused on developing new measures to improve the quality of life for women and children.

Conclusion:

The committee's recommendations have been implemented and have led to significant improvements in the quality of life for women and children. Further action is required to continue to improve the situation.

Note:

The report was presented to the public and was widely received. The committee focused on developing new measures to improve the quality of life for women and children. The committee's recommendations have been implemented and have led to significant improvements in the quality of life for women and children. Further action is required to continue to improve the situation.
father with drinking, indifference to his children, abuse to his wife and later desertion of the family group.

The hospital offered little in this case by way of specific recommendations. While it recognized the need Henry had for dependence on the step-mother, it also recognized the community's concern for the welfare of his family. As Henry was unable to return to his wife and family in his step-mother's home (all of whom felt he was somewhat dangerous), a plan of financial support was worked out by the court with him which was soon violated. He succeeded in running away from the situation and soon ended in a mental hospital with the case being closed by the court. Apparently the complete breaking of all his dependent ties precipitated this breakdown. It might have occurred sooner had not his earlier separation been due to service time in which he was still somewhat able to be dependent, still free of most responsibilities and able to exist in quite a sheltered environment. Even in this sheltered service environment, he was unable to adjust for very long and his prognosis for an independent adjustment must be seen as poor.

Case D:

This is the case of Marie S., a sixteen year old single white female who was employed in a textile mill. She had come to the attention of the court about a year prior to the referral due to her excessive school truancy and several runaways. Neither punitive nor probationary measures seemed to have helped her behavior. The precipitating reason for the referral was her sudden excited state in which she was extremely emotional with frequent bouts of weeping. She had several apparent delusions; her primary one was that she was
The problem of mental illness is one that faces all families. Any evidence of mental illness in a family member should be taken seriously. It is important for the family to recognize the signs of mental illness and seek help for the affected family member.Community support is crucial for the well-being of the family. Early intervention is key to prevent further damage to the family's harmony. If a family member shows signs of mental illness, they should be encouraged to seek professional help. This can include therapy, medication, or other forms of treatment. It is important for the family to stand together and support each other in the recovery process.
pregnant illegitimately by a famous band leader.

Marie lived with her two parents and five older siblings in a tenement of adequate size but run-down condition in a poor section of the city. It was located in a neighborhood between the downtown area and an especially good but very old residential section. The unit's income was derived from the earnings of the children supplemented often by public relief agencies. The family had received financial assistance for most of sixteen years.

The family was nominally Protestant but there was little religious profession by any family member but Marie. For a very short time prior to her hospitalization she had been very religious. English only was spoken in the home but Mr. S. spoke it with something of an accent.

The patient's father was born in Armenia and came to this country to relatives alone when thirteen. His parents were later killed by the Kurds before World War I. For all intents and purposes, Mr. S. was pretty much on his own after coming to this country. He served with the American Army during that war and was wounded slightly. It was while convalescing in Scotland that he met and married his wife after a brief courtship. His work record was not particularly good through the years and he had not worked at all since 1931. Since that time he had been incapacitated with an hysterical hemiplegia and insisted that he was unemployable and incurable. He appeared to be a very stern man who was very irritable and nervous, being easily upset. He was never able to stand the children around him and shouted and ranted at them for the slightest noise in the home. So long as they were quiet and brought home their earnings, he did not concern himself with them. His intelligence was questionable and his education, all abroad, was meager.

Marie's mother was raised in an institution in Scotland as an orphan and, like her husband, was easily upset and irritated by the children in the home. She had done mill work at infrequent intervals during her married life and had a minimum of friends and acquaintances outside the home. She was similar to her husband in this as well as in her lack of interests outside the home. Her interest in the home was rather uncertain for her housekeeping standards were poor and she was constantly shouting at the children for their supposed misdeeds in the home. Both she and her husband slapped the children on occasions when they were youngsters. Her schooling all occurred in Scotland and was not very extensive.

Both parents showed very little concern over the pa-
tient's behavior and the court felt their only interest in her was the money she earned in the mill. This same interest was shown in the other children, one of whom had had a forced marriage. Three other brothers had been known for some time to the courts and one sister was a consistent run-away. All the siblings made very poor school adjustments with frequent truancy and slow progress; all left at sixteen while in grammar grades.

While both parents were foreign born of different nation- alities, this did not seem to be a source of difficulty between them. They rarely argued with one another but rather seemed to join together to get the most financially from their children. There was, however, no other harmony in the home for arguments between the parents and children were very common.

On admission Marie's health was good if somewhat under-nourished. She was very apparently dull mentally and had quite a few delusions. She was argumentative and quite un- attractive but attempted to be precocious. Much of her talk dealt with sexual matters and she became excited when any male appeared on the ward.

She was tested psychometrically while at the hospital and scored an I.Q. of sixty-five with a mental age of nine. These findings were considered representative of her native ability. When she left school, she was in the eighth grade and, while her adjustment had been neither good nor bad, her progress was slow and it appeared she had been advanced through the grades on the basis of her age and size rather than on ability. Another sister had been retarded in school also.

Until she was fifteen Marie had never been away from the home. Then, however, she began her runaway pattern and three instances of this were known. These absences were of rather short duration. Marie had also been in a state juvenile correctional institution for a few months with no change in her behavior. Recreational opportunities were available to Marie both with community facilities and while in the insti-tution but she rejected them, appearing to have no inter- ests.

After a hospitalization of three weeks, Marie was diagnosed as, 1) Dementia praecox (schizophrenia), hebephrenic type, 2) Psychopathic personality with asocial and amoral trends. As her condition was then, 1-2) Unimproved, she was transferred to the State Hospital for Mental Diseases. The court concurred in this, of course, and closed its case.
With the recent passage of more funding for different programs.

With this additional funding, there may be some complications and issues to address. The recent increase in funding may mean that the expansion of these programs will be more complex and require careful planning.

One significant concern is the potential for some difficulties in implementing new projects.

Furthermore, there may be issues related to the funding and management of these new programs.

The increase in funding may also bring challenges in terms of ensuring effective utilization of the new resources.

Despite these challenges, the additional funding represents a significant opportunity to improve existing programs and support new initiatives.

In conclusion, while there may be some complications, the recent increase in funding holds the potential for positive outcomes and improvements in these programs.
In this case is seen a mentally deficient girl who after observation was seen to be in need of extended hospitalization. The etiology of mental disorders is rather obscure but the writer feels that in this case the unhealthy home situation of the girl certainly had a great deal to do with her breakdown.

The girl was completely rejected and only her earning power was respected by her parents. They had absolutely no understanding of her needs or deficiency and only awaited the day when she began work. She knew physical abuse and was constantly shouted at with the other children if any disturbance occurred in the home. She was naturally deprived of many things as a child, due to their very limited relief budget, and as her parents were unable to make up with love and warmth these deprivations, she no doubt felt them keenly.

Her runaways were certainly actions showing her desire to escape from her rejected, oppressive surroundings. In school, while her adjustment was reasonably acceptable, she could not be expected to make adequate progress and her dullness and slow progress must certainly have distressed her and the truancy she sometimes engaged in is again a sign of her desire to escape from trying situations.

The writer feels that the breakdown in this girl cannot be traced to any one thing but that home conditions, mental deficiency and a possible pre-disposition to mental illness
In this case, it was seen a materially different thing when after operations were done to do in need of explanation, particularly the effects of mental disturbances in the majority of cases. In this case, the majority have attention on the right company and a great need to go with every proposition.

The city was completely vacated, and only one remaining woman was behind, the rest of the company and only remaining the members of the department of the need of gathering and only waiting for the most needed papers for the ellipses. She knew the papers were taken, and she knows the papers are not the ones with the other companies.

all contributed to this girl's eventual commitment. No doubt signs of this illness went unrecognized through some years but hope can be held out for this girl's recovery to some extent. It is her first hospitalization and if her environment can be adjusted somewhat to her needs and deficiency, she may be able to make some measure of community adjustment. It is definite, the writer feels, that no such adjustment can be made in her rejecting parents' home where family relationships are non-existent and whose moral atmosphere is very poor.

Case E:

This is the case of Helen G., a twenty-seven year old white, married female who worked as a domestic. She came to the attention of the court because she had deserted her husband and three children. For one year before her court appearance she had been drinking and promiscuous sexually. She completely rejected her infant twins and had physically neglected them badly. Due to these factors, the court felt her in need of psychiatric study and made the referral to the hospital.

Mrs. G. was born of Russian parentage in a Pennsylvania coal mining town. Both her parents were born abroad and came to this country only a few years before she was born. She was one of a large family whose quarters were inadequate and whose income was marginal. Her father, a miner, was a heavy drinker and often physically abused his family. While drinking, he was known to be unfaithful to his wife and periodically left the home for several days. He looked upon his wife as a drudge and a childbearer and showed her little consideration. His wife was unable to oppose her husband's behavior and treatment of her and took out her aggression on the children; she scolded them and nagged them constantly and frequently also beat them.

Mrs. G. attended school in this community and left in the eighth grade at sixteen. Her progress and adjustment were very poor; she repeated the first, second and third grades and later was promoted more because of age and size than ability. She was truant often and was a source of much
of the community. To what extent are the poor motivated to participate and if so, how?

If we want to make some sense of community involvement, we can do so by looking at how organizations and those more affected.

very few.

Case E:

This is the case of Helen E., a twenty-year-old white, married female who worked as a waitress. She came to the attention of the community because she had decided to take

and enter college for herself. Her parents had been active in parenting and promoting education, and had preferred her to

of education, and make the transition to the hospital.

We are now aware of Helen's participation in a Lamplighter.

Both parents: "Why this community with a few years before she was born.

She was one of a large family whose parents were smoked.

and devotion to education. That feeling a need was expressed by the parents of the children who were active in an organization called the Lamplighter that was described as a group of parents and teachers who worked to encourage community involvement.

The Lamplighter was part of an effort to strengthen the community and help

\textit{Within the framework of Lamplighter, the parents' activities and those of the children who were active in an organization called the Lamplighter that was described as a group of parents and teachers who worked to encourage community involvement.}
trouble to the school authorities. While at the hospital, she was tested psychometrically and scored a sixty-eight with a mental age of nine years and two months.

The family was nominally Catholic but they did not accept the few opportunities in the community to attend to their religious obligations very often. Mrs. G. received religious instruction neither at home nor elsewhere. There was no regular parish in the town and a traveling priest visited monthly.

Mrs. G. left her family home when she was sixteen and never returned. She went to New York City and soon met and married her husband. She was then pregnant but her husband was not the putative father. They later came to their present home where Mr. G. obtained work as a farm hand.

Here Mr. G. provided his family with adequate housing in a cottage on the farm. The unit's income was marginal and they received much help in the way of food, clothing and furniture from the farm owners.

They had occupied this home for a few years when Mrs. G. began the behavior which led to her court appearance. She constantly nagged at her husband for staying on such a menial job and for not providing the family with more security and comfort. Arguments over this particularly occurred daily in the home. Except for this she was reported to be kind, considerate, good-natured but very stubborn. Her housekeeping standards were poor but she seemed to give affection to the only child, a boy nine years old when his mother appeared in court.

Mrs. G. often spoke of her desire and intention of leaving her husband. Through the years, however, she took no such step until she became pregnant about two years before her admission. When she became aware of her condition, she felt her husband had intentionally made her pregnant in order to keep her. She then completely rejected him and became somewhat paranoid to him. As her time for delivery neared, she left home and went to an unmarried mother's hospital in another state. She gained admission through subterfuge and planned to give up the twins at birth for adoption. Her husband did not know her whereabouts then but the hospital became suspicious and, learning her true identity, notified him when the twins were born and he returned his wife and the infants home. Upon her return, she almost immediately began her drinking and promiscuous behavior, giving the twins the barest possible minimum of care and indicated her rejection of them in many ways. They were later hospitalized for mal-nourishment. During this time, however, she provided
The family new normal continues as the virus spreads. The family community is coming together to support each other. Family members are staying in touch through video calls and social media. The family is working together to stay healthy. The family is grateful for their connections and support.

In the meantime, the family spends time together a coffee shop. They enjoy their time together and appreciate the support from each other.

The family has adapted to the new normal. They have modified their daily routine to accommodate the virus. They work together to stay healthy and support each other. The family is grateful for their connections and support.

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The family has adapted to the new normal. They have modified their daily routine to accommodate the virus. They work together to stay healthy and support each other. The family is grateful for their connections and support.
care for her first born and continued her universal rejection of her husband.

He in turn rejected his wife for her behavior and attitude towards the infants; she still, as stated, showed affection for the oldest child. Mr. G. was a very dull, apathetic, "hill-billy" type of man who had absolutely no interests outside the home. While it was reported he had completed one year of high school, this fact was questioned. He was of English extraction and, while nominally a Catholic, did not practice any religion. He made no effort to help his wife correct her unhealthy behavior and attitudes and neither ever accepted, either separately or jointly, the constructive recreational opportunities available to them on the farm or in town. He had always seemed oblivious to his wife's nagging and demands to improve his and their situation.

Mrs. G. frequented the town's waterfront cafes nightly for one year before her admission to the hospital. In that time she had frequent sexual relations with strangers but rejected her husband sexually entirely. She finally deserted the home with her son and took a room in a very poor rooming house in the town. This was located in a very poor section and was reportedly frequented by prostitutes. After the desertion, she was reported to have engaged in sex play with this nine year old son.

After a four week period of hospitalization, the hospital returned her to the court with a diagnosis of, 1) Without mental disorder, 2) Psychopathic personality with asocial and amoral trends and 3) Mental deficiency, borderline intelligence. Her condition was, 1) Not insane, 2-3) Unimproved. No specific recommendations were given but the hospital felt she was unfit to care for her children.

Mrs. G. entered a not guilty plea to the charge of neglect in the court. Her trial was discontinued on the complaints attorney's motion and the case was closed by the court. She has not reappeared in court and later events in the situation are not known.

This case shows a young woman who rejected her infant sons and husband, who drank and engaged in frequent extramarital relations and who finally deserted her home with her first born who was illegitimate. Her growth and early development were in a home where she was deprived of love,
See To It That Your Parents Are Continuing Permanency Negotiation

He is now located in a home where you can maintain and continue the
induction process which is so critical to the total health of the individual.
He has been observed to be self-sufficient and able to handle daily
activities on his own. He is a very quiet, well-behaved, and hard-working
adolescent who is accustomed to the routine and discipline of a
school setting. He has demonstrated a willingness to learn and to
adapt to new situations.

In addition, he is currently involved in a support group for
adolescents who have experienced similar situations. Through this
process, he is gaining valuable skills and developing a support network.

We believe that he would benefit from further support and
guidance to help him achieve his full potential. We recommend that
you continue to work closely with the professionals involved in his
care to ensure that his needs are met and that he receives the
appropriate level of support.

Thank you for your continued efforts in his behalf.

Sincerely,
[Signature]
[Name]
security, comfort and frequently of necessities. Her father drank and was promiscuous, seeing her mother only as a drudge and childbearer. She was harangued, along with the rest of the large family, constantly by her mother, being abused often by her and the father. Her mental deficiency handicapped her in school and community adjustment and she deserted her family home with its oppressive conditions when sixteen.

Her behavior after this desertion, when she was alone and quite unable to maintain herself well, led her into marriage with a rather inadequate man. With him she again suffered deprivation as she knew it in her family home. The birth of unwanted twins was to her a calculated action on his part to keep her overburdened and at least partially deprived. This birth precipitated her behavior of drinking and promiscuity which can be seen as escape mechanisms on her part from conditions she saw as intolerable in the home. Her complete desertion of the home came inevitably after some months of this behavior and must be seen as due somewhat to her husband's failure to attempt to help her. He was able to offer little to gratify her needs and desires.

The pattern of her desertion follows closely her escape from her family home save for her drinking. She had been somewhat promiscuous in her native community before leaving and her school behavior was unacceptable. She was rejected by and rejecting of her parents; this is seen later with her
Her preparation after this preparation when she was done

and during week of missing material, well I fall into

emotions with a taster insubordination can't with him and again

surrounding preparation as when two in her family home, the

trip of unneeded time we go to a car and started a nation on his

part to keep her preparation and at least partially get

mingled. This final preparation for preparation of & smoking

and smoking with help can be seen in a smoke mechanism on

her part from conditions and was an occurrence to the woman.

Her complete preparation of the home come inevitably after

some months of this preparation and must be seen as the same.

In want to her preparation's limit to attempt to aid her. At

was able to offer little to reality per needs and gestures.

The partiality of her preparation follows strongly per seems

from her family home since for part striking. She has been

somewhat compromised in her college community college leaving

and part school preparation was acceptable. She was later

by any knowledge of her benefits. She is seen later with per
husband. Her behavior following each desertion has many similarities.

The hospital here gave no specific recommendations to the court regarding Mrs. G. save for believing her unfit to care for her children. A trial was held and the case discontinued at the complaints attorney's motion. The court thus gave her an unrestricted opportunity to rectify the situation which had caused the community concern.

The writer made a statistical study of these cases, presenting the results primarily in table form to show the extent these social factors occurred in the cases studied. Ten cases were presented as illustrative case material. Five of these showed individuals who came from homes in which the moral atmosphere and family relationships were reportedly good; the other five were instances where these two important factors were obviously poor. They were presented and interpreted at some length both to show the manner in which the writer made this study as well as to show the part these factors played in ten of the fifty cases in stimulating the illnesses which made the court see psychiatric study as advisable. Their greater or lesser importance as case in the ten
Her decision following each presentation was made
immediately.

The position here was no exception to the common
practice that I believe you presented, namely to
come to court and apply for a default. In the case
here—

containing all the complaints and motions. The court

then gave hear an unsatisfied opportunity to present the
situation which has arose the complaint.
CHAPTER VII
SUMMARY AND CONCLUSIONS

In this study of fifty juvenile court cases referred for mental observation and recommendations to the neuropsychiatric department of a city hospital, the writer has sought to show the bearing the various social factors have had in precipitating the actions for which the court deemed such psychiatric study necessary. Authorities are now generally agreed that such social factors play a large part in laying a basis for delinquency and possible mental illness. The writer here has studied the part they played in these fifty court referred cases.

The writer made a statistical study of these cases, presenting the results primarily in table form to show the extent these social factors occurred in the cases studied. Ten cases were presented as illustrative case material. Five of these showed individuals who came from homes in which the moral atmosphere and family relationships were reportedly good; the other five were instances where these two important factors were obviously poor. They were presented and interpreted at some length both to show the manner in which the writer made this study as well as to show the part these factors played in ten of the fifty cases in stimulating the actions which made the court see psychiatric study as advisable. Their greater or lesser importance as seen in the ten
Chapter IV

SUMMARY AND CONCLUSIONS

In this study of thirty families, certain cases revealed the mental and emotional problems and their adjustment to life. The writer has seen and heard of many of the various social factors in the family, and has found that family relationships and family background play a large part in determining the family's success or failure. The writer feels that each family factor plays a large part in those

The writer made a statistical study of these cases, but

seeing the results graphically in tables to show the ex-

cases were selected as illustrative case material. The of

these cases were investigated in an attempt to explain the

money incomes and family relationships were important

Coog; the other life were important where these two

important factors were involved. They were investigated

the writer made this study as well as to show the part

family played in case of the thirty cases in illustrating the
cases is equally applicable to the total number studied.

As an adjunct to the basic study, the writer sought to evaluate the role of the hospital in cases referred by the juvenile court. This was accomplished by studying the disposition of the case by the court in the light of the hospital's recommendations. As these fifty cases formed more than half the referrals made to the hospital since the court's inception to the end of the studied period, some indication could be gained in this way of the hospital's role.

The writer feels that from a study of such a relatively small number of cases no far-reaching conclusions into the causes of delinquency and mental illness can be made. It is only possible here to speak of the way these factors assert themselves in this study. Such a study can be utilized in a later study of a much greater number of cases in similar settings. It must be noted, however, that as each individual differs, so too does the role that social factors play in helping establish that person's patterns of behavior differ. The writer believes that this role differs in quality rather than quantity and that to properly establish the importance of social factors in delinquency and mental illness, the capacities of each individual must be carefully considered.

The above point of which the writer was somewhat aware in undertaking this study is now even more clearly seen. The writer feels even more strongly the relative inappropriateness
It's recommended that the practice be
started the nurse of the hospital to cease handling of the
severe cases. There was a recordkeeping of the patients in
the combat area. If there were fifty cases coming more
into the combat area, the injury to the eye of the patient's
began in this way of the patient's note
"The patient lost that arm a short time ago a result of injury
or small number of cases on the conserving of the patients in
in the combat area. It involves that the most contact nurses can be made. If in
not possible to do the eye of the myopic patient move a
form of the eye in a similar

 fueron. It seems no doubt, however, that as soon
may arise so to speak the nurse that social relations their
in helping establish the necessary balance of cooperation and
let the nurses believe that it is just that the eye of the patient

The point of which the patient and emergency room
manner of which the hospital has not been able. The
after least seen were-students the relatives individually.
of attempting to establish hard-and-fast standards for the
importance of social factors in delinquency and mental illness.
While it is certainly true that such factors must be carefully
considered in such cases, their importance must be studied and
weighted carefully as they relate to one another in each case,
and as they relate to the total capacity of each individual
to accept frustration.

The first conclusion reached from this study is one
naturally to be expected. It is that while both adult and
juvenile cases are referred, the largest number of cases fall
in the thirteen to eighteen year old age bracket with a pre-
dominance of males seen. This, of course, follows from the
fact that juvenile courts mostly see children of such ages and
sex.

The writer feels that in this study housing, neighborhood,
economic status and language in the home do not have too much
importance. In most of the cases these factors were accept-
able. No real financial want existed and despite the fre-
quently difficult housing conditions prevailing, most enjoyed
adequate physical facilities in the home. Language used in
the home appears to have played little part for, despite the
high foreign-born parentage ratio in the State, English was
principally spoken in the far greater number of homes. Most
neighborhoods in the studied cases were acceptable and few
instances were seen of very bad conditions.

The religions of the individuals studied agreed closely
with the existing ratio in the City and State. The extent
of religious practice among the cases offers an interesting conclusion. A large percentage of the individuals practiced their religion not at all or infrequently. The strength a person receives from his religion must be considered in his ability to accept the frustrations of life.

In this study the importance of family relationships is apparent. Marital discord with constant friction and incompatibility existed in a large number of cases. Only a few instances of an apparently really happy home and marriage are seen here. It is also seen that national groups generally tend to marry within their group and usually, despite a possible weakness in religious practice, religious groups generally mate with individuals of similar allegiance.

In a large number of cases, alcoholism is seen in the family group and its negative effects on juveniles can be logically supposed. The moral atmosphere of the home in the situations studied presents an interesting division. An equal number were good and bad. Thus, here at least, the widely accepted belief that the moral atmosphere of the home is all important to the young is not borne out, although its contributing nature to the total situation can be seen certainly.

A parent or parent figures were missing in a rather large number of these cases. It is thus seen as a matter of importance that parents or parent figures be in the home for
In this study the importance of family relationships and the absence of conflict arising with consistent interaction and a sense of importance or even substantial conflict within the family can be seen clearly. It is also seen that conflict within families often leads to a greater number of cases. With a larger number of cases, the importance of the family relationship and its value may emerge.

The study emphasizes the importance of family relationships as a source of strength and growth and the positive impact they can have on children and young people. It also highlights the importance of the family in the socialization process and the role they play in shaping a child's identity and values.

However, it is important to note that the home is not the only factor influencing a child's development and well-being. Other factors such as peer relationships, school environment, and cultural background also play a significant role.

In conclusion, the role of the family in the socialization process should not be underestimated. The family is a vital component of a child's development and its importance cannot be overstated. Therefore, it is crucial for parents to be involved in their children's lives and to provide a stable and nurturing home environment.
the proper growth and development of a child. While it is true that the large majority of cases saw both parents in the home, in eighteen, which is a rather large percentage, one or the other or both were missing.

The level of good health enjoyed in this country generally is seen in this study. In no instance here can poor health be considered as of vital importance.

With the majority of the individuals in the dull normal or below group, under-par intelligence must be seen as a contributing factor to delinquency and possible mental illness.

In these cases unacceptable school progress and/or adjustment are seen frequently. The writer believes that the two go hand-in-hand often as seen in these cases but that poor school progress need not necessarily be accompanied by a poor adjustment. It is also felt that many signs of delinquency and mental illness can first be seen in the schools.

In this study mental deficiency and/or mental illness is frequently seen in the parents or family group. The writer feels that while these two factors per se do not necessarily result in delinquency or mental illness of children, they can lay a possible basis for them as such parents are often unable to give the measure of love and security children need.

Recreation as seen in these cases offers some interesting points to consider. Relatively few among the
The level of good health achieved in this country has not been so high as to prevent disaster to health in a period of depression. The problem of the handicapped in the adult population must be seen as a contribution toward getting better and higher mental health. In these cases, the school program may be necessary to accomplish the necessary.

In this study, mental handicapping may be mental illness. The writer feels that while these two factors are not necessarily related to getting better or mental illness, they can play a most effective part in each of these aspects and offer some hope to the future.
individuals concerned accepted the recreational opportunities offered them. The writer feels that recreation must be seen as a vital necessity for the young and adult. Only through the proper ratio of play and work can a well-rounded, satisfying life be led.

The importance of security in a family group is seen in these cases with many instances of separation noted. Close family relationships which also recognize the young's right and striving for independence can do much to combat delinquency and prevent mental illness.

This study had led the writer to several conclusions regarding the role the hospital plays in such juvenile court cases. The first is that the court sincerely tries to follow the hospital's recommendations. The writer also feels that the hospital must become more aware of the limitations of the court in dealing with cases. It is seen as necessary that the medical staff of the hospital learn more of existing community resources for the social rehabilitation of court cases. Much help along this line is currently given by the hospital social service staff to the medical staff but even more is needed.

More specific recommendations need to be given by the hospital in many cases. It is not enough to speak in generalities; the court, is seeking positive and specific help.

In recommending further psychiatric treatment, the
The important of security in a family home is so clear in its case with many instances of disaster. The family's right to information can go much to complete self-defense.

The effect of the worker to society can be conclusive. The worker to the hospital is a long-term. If he is not enough to show in case of

To recommend further protection, the
hospital must understand that the State offers little in the way of such facilities in clinics and that often the court encounters difficulty in carrying out such recommendations. While the court tries to obtain such treatment when the need is seen, often they are physically unable to meet the suggestion and recommendation of the hospital in this regard.

If efforts were made to bring these brief conclusions and recommendations into effect, the hospital could become an even greater source of positive help to the court in its efforts to combat delinquency.

Aside from the above recommendations, the writer has only one other point to offer here.

Both the hospital and the court dislike the fact the juveniles must be studied at the hospital while quartered with adults who may be suffering from a mental disorder. The writer feels that efforts, now and for a long while underway in the State, should be increased for the establishment of a home for the psychiatric study of children referred by the court or the schools. Such a study home would certainly be a desirable addition to the resources of the community in its efforts to combat delinquency and mental illness in the young and to help them reach productive and satisfying adulthood.

Approved,

Richard K. Conant
Dean
In order to efficiently allocate resources and meet the needs of the hospital, it is essential to have a comprehensive understanding of the hospital's operations. It is crucial to allocate resources effectively to ensure that the hospital can serve the community's needs.

To achieve this, it is important to have a system in place that allows for the efficient allocation of resources. This system should be designed to ensure that resources are allocated in a way that meets the needs of the hospital and its patients.

The hospital should also have a system in place to monitor and track the allocation of resources. This will allow the hospital to make adjustments as needed to ensure that resources are being used effectively.

Overall, the hospital must be proactive in its efforts to allocate resources effectively. By doing so, the hospital can serve the needs of the community and ensure that it has the resources it needs to operate successfully.
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AN ACT RELATING TO AGRICULTURE AND TREATMENT OF PATENS OF THE

[Text continues on the next page]
# Schedule

1. **Age**
2. **Sex**
3. **Civil Status and Occupation**
4. **Religion**
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5. **Referral Reason**
6. **Social Factors**
   - a. **Housing**
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   - c. **Economic Situation**
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     - iii. principally English
     - iv. principally foreign
   - e. **Family Relationships**
     - i. forced marriage of parents or patient
     - ii. alcoholism in family group
     - iii. marital discord
     - iv. religious differences
     - v. national differences
   - f. **Moral Atmosphere of the Home**
     - i. good
     - ii. poor
   - g. **Parents and the Home**
     - i. parent(s) missing
     - ii. parent figure(s) missing
     - iii. parental incapacitation in the home
   - h. **Health and Physical Condition of the Patient**
     - i. good
     - ii. poor
## Appendix

### Schedule

<table>
<thead>
<tr>
<th>1. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Sex</td>
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<tr>
<td>3. Civil Status and Cooperation</td>
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<tr>
<td>4. Religion</td>
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<tr>
<td>5. Amount of Attendance</td>
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<tr>
<td>6. Referent Reason</td>
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<tr>
<td>7. Social Factors</td>
</tr>
</tbody>
</table>

#### Housing

- Neighborhood
- House
- Location
- Living Conditions
- Languages in Home
  - English
  - Spanish
  - Other

#### Family Relationships

- Number of relatives living at home
- Education of family members
- Family income
- Family occupations
- Family size

#### Health

- Personal Health
- Physical Condition
- Health Care Information on the Patient
1. Schooling, Adjustment and I.Q. of Patient
2. Education and Mental Status of Family Members
3. Constructive Recreational Opportunities for the Patient
   i. available
   ii. unavailable
   iii. available but not accepted

7. Diagnosis, Condition and Recommendations
8. Court Disposition
Socioeconomic background and I.Q. of patient

Educational and Mental Status of Family Members

Geographical Residential Opportunities for the

Patient

1. Available
2. Not Available

II. Available but not acceptable

Diagnosis, Condition and Recommendations

G. Court Disposition