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A study of mentally ill criminals at the State Hospital for Mental Diseases, Howard, Rhode Island, October 1941

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A STUDY OF MENTALLY ILL CRIMINALS AT THE
STATE HOSPITAL FOR MENTAL DISEASES
HOWARD, RHODE ISLAND, OCTOBER, 1941

A Thesis

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Submitted by

Phyllis Esther Brown

(A.B., University of Maine, 1940)

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

1942

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Approved by

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Second Reader Lua Morgan.

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PREFACE

In deciding upon a topic for a thesis, I have combined two major interests. That of delinquency and criminality is of long standing; that of the mentally ill is a new and challenging field to me. For the suggestion of the general topic, and for many more invaluable suggestions, I am indebted to my supervisor, Mrs. Esther L. Wise. I wish also to express my appreciation to Miss Lillian Adeline Merolla for her explanation of and her permission to use the statistical cards for the Hospital, through which I made my preliminary matching of cases, and without which, such procedure would have been impossible.

In addition, I wish to acknowledge the aid of Dr. Bernard O. Wise, who has been of untold assistance, sometimes without his knowledge, through his very complete study of individual cases which have been of value not only in the individual instance, but in many.

In fact, I am indebted to many of the Hospital Staff for their interest, encouragement, and occasional word of advice.

Phyllis E. Brown

Howard, Rhode Island
March 28, 1942

PART I

CHAPTER I

The purpose of this study is to search for any causative factors the ten selected cases of the mentally ill criminals have, which the matched cases of the mentally ill do not possess. The ten cases were selected originally from the twenty-seven men in the Criminally Insane Building at the State Hospital for Mental Diseases at Howard, Rhode Island on the last of October 1941. The majority were discarded because sufficient information was not available, the remainder because they could not be matched perfectly.

All cases used are necessarily male since no women are housed in the Criminally Insane Building. Although there may be a few cases of mentally ill women who have a criminal record, they are not considered dangerous enough to segregate from the rest of the patients and are not classified as criminally insane.

With rare exceptions, the pairs of cases used were matched for:

1. Diagnosis, functional or organic,
2. Approximate age,
3. American or foreign citizenship,
4. Amount of education,
5. Religion, Protestant or Catholic,
6. Economic condition,
7. Marital condition,
8. Number of children,
9. Race,
10. Occupation,
11. Environment,
12. Number of admissions.

The first of these is the fact that the
 system is not a simple one. It is a
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Most of the factors matched are self-explanatory.

The diagnosis was not considered of major importance as long as paired cases fell into the same general group. Mental illness is divided into organic or functional. Organic psychosis involves demonstrable brain damage. Functional changes are seen in the capability of the individual to perform.

In matching these cases, exact age, of course, was not necessary. An attempt was made to find patients in the same decade of life, bringing into consideration also the dates of admission.

American or foreign citizenship is self-explanatory. The amount of education is divided into four groups: (a) No education, when the patient has never attended school, (b) Reads and writes, meaning that the individual has attended school but has not completed grammar school, (c) Common education, when the individual has completed nothing more than a grammar school education, (d) High School, when the patient has attended high school whether or not he has completed the full course. None of the cases studied had gone further.

All the cases used happened to be either Protestant or Catholic religion.

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Economic condition, according to the statistician,¹ has three classifications: (a) Dependent, if the family receives financial assistance from a source outside of the immediate family circle, (b) Marginal, if the family is self sufficient but would be unable to meet any unexpected expense, and (c) Comfortable, if they might be expected to remain economically independent even in case of emergency. No case used fell under this last classification.

Marital condition indicates if the patient is single, married, separated from his wife or divorced. The number of children was not considered important. The vital factor is whether or not the patient had children since their presence may foster greater stability within the home.

Race is matched in every case in view of the possibility that some nationalities may find it more difficult to adjust to our American culture than others, therefore, causing conflict. It seems logical that the British and Canadians should find it easier to become assimilated than should others such as Italians or Russians whose culture differs so much from our own. The cases are presented racially with regard to their similarity to racial culture.

¹ The statistician makes up the cards from the complete record. The economic condition, as classified, depends largely on the financial data as obtained by the social worker. Recently, this practice was discontinued.

As an aid to matching cases in this study, occupation was divided into unskilled, semi-skilled, skilled, or professional groups. The latter, which would include the lawyer, doctor, and scientist, have no representatives in the twenty cases used. Following the more detailed classification of the statistician, the unskilled occupations included mill worker, jobber, truck driver, and laborer. No training was required although the quality of their work might improve with experience.

Semi-skilled occupations, for purposes of this study, included those jobs which might indicate that some advancement had been made since the individual had started work, but his knowledge and skill in general did not permit him to go into business for himself. Here were included soldier, sailor, painter and baker's helper. Specialized jobs in mills and factories also might have been included.

Skilled workers include those who have acquired special knowledge and skills through training or apprenticeship. Here could be included such occupations as watch maker, cabinet maker, and stenographer. The only case included in this classification was a jeweler. Had he been a jewelry worker, he would have been placed in the semi-skilled group.

The classification was used only for convenience and may not be accurate as a detailed description of the

occupation was included neither on the statistical cards nor in the case records. As an example, one patient was listed as having been a soldier and sailor. In the military world, occupations range up to the professional group. Since this one individual had been both a soldier and a sailor, it was assumed, rightly or wrongly, that he did not advance to high rank. His occupation was considered semi-skilled.

Environment indicates where the patient's home was, whether in an urban or rural area. Actually this means less than it should. Although Rhode Island is for the most part urban, there are few large cities. Everyone has heard that the hustle and bustle of a large city, such as New York, was enough to drive a person "crazy". There is no "New York" in Rhode Island. As an example, Howard is considered urban, the population being over 2500, because of the thousands of inmates and patients at all the State Institutions. However, to all appearances, Howard is one of those towns with a general store and a few scattered houses - to all intents and purposes rural, but technically urban. Rhode Island is made up of many small towns but few large cities.

The number of admissions for any individual is not significant, since there is little correlation between that and the number of episodes of mental illness. In fact, a

1
The American Medical Association is a non-profit corporation organized for the purpose of promoting the interests of the medical profession and the public. It was organized in 1847 and has since that time been the leading organization of the medical profession in this country. Its membership is composed of physicians, surgeons, dentists, and other medical practitioners who are interested in the advancement of the medical profession and the improvement of the medical service to the public. The Association is organized into various departments and committees, each of which is responsible for a specific function. The departments include the Department of Education, the Department of Legislation, the Department of Public Health, the Department of Research, and the Department of Statistics. The committees are responsible for the day-to-day management of the Association and for the execution of its various programs. The Association's programs are designed to improve the medical service to the public and to advance the interests of the medical profession. These programs include the publication of the Journal of the American Medical Association, the holding of annual meetings, the publication of various reports and bulletins, and the conduct of various research projects. The Association's programs are financed by the contributions of its members and by the sale of its publications. The Association's programs are carried out through the efforts of its various departments and committees, and through the cooperation of its members. The Association's programs are designed to be of benefit to the medical profession and to the public, and to be carried out in a manner that is consistent with the interests of the medical profession and the public.

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patient may have eloped² a number of times from several mental hospitals, each hospitalization remaining a part of the same illness. Because this was not indicated on the statistical cards, the original plan was not carried out.

Before the twenty cases are presented, it should be made clear what limitations this study presents. First, there were only a limited number from which to choose. A fair sampling of the criminally insane cases was impossible since most of those not used were discarded because of lack of information. Statistics are not available for the nationality groups in residence in the Hospital. In those cases used, few were complete enough for a thorough comparison. In addition, the statistical cards were sometimes recorded incorrectly or else recorded before sufficient data were available so that supposedly matched cases did not always turn out that way.

2 An elopement refers to escape from the Hospital

CHAPTER II

All civilization may be divided, hypothetically, into two groups: normal and abnormal. Normal individuals, in general, are those we accept as being like us. We may like or dislike them or feel entirely indifferent, toward them.

The normal individual is one whose desires, emotions, and interests are compatible with the social standards and pressures of his group. There is an absence of any prolonged conflict between the normal individual and his environment. His behavior is considered logical and understandable by his associates.¹

Unfortunately, not all the population is made up of normal individuals. Such a Utopia never could exist, either theoretically or actually, since the human race has a habit of classifying everybody and everything. If the abnormal should become normal according to our present classification, we should reclassify, raising our standards so that we might keep with us always the normal and the abnormal.

Any fact or condition which does not permit the individual to live a personally satisfying and socially useful life causes that person to deviate from the normal to some degree. A toothache can be such a condition, but it seldom

¹ Carney Landis and James D. Page, Modern Society and Mental Disease, (New York: Farrar and Rhinehart, 1938), p. 9.

THEORY

The first part of the theory is the definition of the system. The system is defined as a set of elements that are connected by a set of relations. The elements are represented by nodes and the relations are represented by edges. The system is then analyzed in terms of its structure and its behavior.

The second part of the theory is the definition of the system's behavior. The behavior is defined as the set of states that the system can reach. The states are represented by nodes and the transitions between states are represented by edges. The behavior is then analyzed in terms of its structure and its properties.

The third part of the theory is the definition of the system's properties. The properties are defined as the set of characteristics that the system has. The properties are represented by nodes and the relations between properties are represented by edges. The properties are then analyzed in terms of their structure and their values. The fourth part of the theory is the definition of the system's relations. The relations are defined as the set of connections between the elements of the system. The relations are represented by nodes and the elements of the system are represented by edges. The relations are then analyzed in terms of their structure and their properties.

The fifth part of the theory is the definition of the system's structure. The structure is defined as the set of components that make up the system. The components are represented by nodes and the relations between components are represented by edges. The structure is then analyzed in terms of its properties and its behavior.

is of major importance because our civilization is particularly well equipped to cope with this situation. However, if a toothache were chronic, if nothing could ever be done to relieve the situation, it very well might present a definite problem, possibly in the line of social adjustment. Therefore, illness of any kind, physical or mental, may be included as a factor in maladjustment.

This statement sounds contradictory, but the truth of the matter is that although maladjustment is often a factor in mental illness, it is also a definite complication when the individual is attempting to adjust in the community after he has left the Hospital. Although much has been accomplished since 1900 in educating the public to accept mental illness as they would any physical illness, the general population is still reluctant to accept former mental patients into the community in the positions which they are capable of filling.

A common expression of maladjustment are behavior problems, ranging all the way from the mischievous child who causes trouble at home or at school to the men who are considered the most dangerous criminals in the country. Usually the conflict results in either a behavior problem or emotional problem, psychosis and neuroses, but it is rare that both are combined. Out of over 2700 patients in the State

Hospital for Mental Diseases at Howard, Rhode Island, the last of October 1941, there were only 27 in the Criminally Insane Building. Most of these were still under sentence from the State Prison, but occasionally a patient is transferred from the main part of the Hospital because he cannot be cared for elsewhere with safety to himself and to others.

Alcoholism and drug addiction also are deviations from our social standards. Psychoses, neuroses, alcoholism, and drug addiction are means of escape from reality as well as expressions of maladjustment. Behavior difficulty of any sort is an expression of dissatisfaction with existing conditions.

Further, alcoholism and drug addiction, just as serious behavior problems involving the super-ego (conscience), may result in psychosis. Alcoholism, as shown in the cases used, may be a factor in a psychosis or may bring about an illness directly attributable to alcohol, such as delirium tremens. Drug addiction, too, may result in psychoses, characterized by loss of memory, confusion, hallucinations, and confabulation. Such psychosis is difficult to determine because of the probable personality defect which brought about the drug addiction.

In any study, so limited, only a few psychoses are seen. Schizophrenia comprises the illness of half the cases used. There are four classifications of schizophrenia or dementia

praecox: (a) simple, (b) hebephrenic, (c) catatonic, (d) paranoid. Many of the schizophrenic patients were described in early life as possessing a schizoid trend or the personality of an introvert. The normal individual is characterized in the same way, but to a lesser degree. Everyone day-dreams, but the normal can readily return to reality. Imagination may bring about brilliant ideas or clever inventions, or if used as a permanent escape from reality, it is a symptom of mental illness.

(a) The simple type (of schizophrenia) is characterized by early onset and deterioration so that these patients can be distinguished from the feeble-minded only on the basis of their history. They are apathetic, careless, and untidy.

(b) Weird and unusual forms of behavior present themselves in the hebephrenic type. These patients impress the observer as being silly, since they frequently laugh, smile, or grimace without apparent reasons. Their ideas seem to be bizarre, fantastic, and irrelevant.

(c) The catatonic patients are frequently mute and stuporous. When stuporous, they may be either rigid or exceedingly flexible. They are often negativistic. Occasionally, they become excited and impulsive.

(d) Paranoid dementia praecox patients are characterized by a predominance of delusions, particularly by ideas of persecution or grandeur. Some hear voices. In the later stages these ²cases deteriorate and become apathetic and demented.

2 Ibid., p. 13.

Constitutional psychopathic inferiority, or the psychopathic personality indicates a deficiency, neither physical nor intellectual. Chiefly, it is "an inability to profit by experience".³ There is an evident lack in the responsiveness to the social demands of truth, honesty, and moral judgement. This group requires careful supervision.

Kraepelin showed that 54% of the men of this group have court records because of threats, assaults, quarrels, and vagrancy.⁴ These people also are closely allied to such problems as prostitution, venereal disease, vagrancy, delinquency, illegitimacy, alcoholism, and drug addiction. Psychopathic inferiority is characterized by inadequacy, emotional instability, impulsive behavior, poor judgement, and ethical deterioration.

Obviously, such a personality, coming into a homosexual prison environment where social and moral codes are nearly lacking, cannot be expected to improve. He is apt to indulge in further homosexual activity to a marked degree of perversion.

Comparatively rare in this study is the incidence of alcoholism, manic depressive psychosis, paranoia and para-

³ Edward A. Strecker and Franklin G. Ebaugh, Clinical Psychiatry, (Philadelphia: P. Blakiston's Son and Company, 1935), p.468.

⁴ Ibid., p.469

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noid condition, and psychosis with mental deficiency. Of these, all are functional but alcoholism, which has a known physical or organic basis.

The mental disorder in the Manic depressive psychosis is fundamentally one of emotional oscillation. In the manic type there is a marked elation, overtalkativeness, and increased motor activity. In the depressed type there is an outstanding emotional depression together with a slowness of thought, speech, and action. Some cases may have an alternation of mania and depression, others a mixture of the symptoms of both mania and depression.

Under the diagnosis of paranoia are classified patients showing fixed suspicions and ideas of persecution which are logically elaborated on the basis of false interpretation of actual occurrences. These patients are usually of superior intelligence. In contrast to the paranoid type of dementia praecox they show little or no deterioration as they grow older.⁵

In alcoholism, alcohol is established as the main etiological factor. Most common of these cases are those of delirium tremens, "a delirium with tremor, toxic symptoms, and a prominent hallucinatory content, usually visual with a distinct clouding of the sensorium".⁶ Chronic alcoholics may show "deterioration of the moral and ethical senses, emotional blunting, organic memory defect, and paranoid trends".⁷

5 Landis and Page, op.cit., p.12, 13.

6 Strecker and Ebaugh, op.cit. p.53.

7 Ibid., p.54.

A certain, rather small, percent of those who are feeble-minded (idiots, imbeciles, or morons) may become psychotic. The illness may be classified according to the psychosis and differs from the usual classification in that it is accompanied by feeble-mindedness which makes insight more difficult. An individual has to be fairly intelligent to be able to take advantage of psychotherapy.

In any instance of mentally ill criminals, it is difficult to determine the onset of the illness. Some patients have been described as introverts, seclusive, selfish, or stubborn all their lives. Some have shown homosexual tendencies. The prison environment, at best, is not a healthy one. Inmates are kept largely by themselves. Their outlook is gloomy. The next day, week, possibly year, or even decade holds nothing new or interesting. They are in a rut and nothing in their power can get them out of it.

The prison is divided sharply into two communities, the one maintained by the administration, and the other by the prisoner group. The latter are concerned primarily with release. They possess distinctive mores, attitudes, and activities. They have their own code of behavior. Homosexual behavior is to be expected in any one-sex group, but it is most apt to develop within the prisoner community because of seclusion and the hopeless outlook. "Love for your fellow man" has new meaning. Smut stories run rampant

and at that, may be the only part of their lives which could be called heterosexual. "One cannot expect to break down antisocial habits in an atmosphere that is definitely antisocial",⁸ and one cannot expect to restore mental health to a man whose personality has been shattered by his commitment of an offense.

Mental breakdown, as it usually occurs in the prison community is generally called Prison psychosis. Classification of illnesses serves as a convenience in understanding and treatment. It is difficult to determine if Prison psychosis belongs under constitutional psychopathic inferiority, schizophrenia, or manic depressive psychosis. Certainly, it may be closely allied to any of them.

Reliability of the history may always be questioned. It did not seem wise to give the relationship of the informant in each case, since the case is usually summarized by the physician, at which time the data are carefully weighed, and only what is considered of value is included. The information included here was considered as fact by the Hospital unless otherwise indicated.

The procedure for developing the study was first to obtain the names of the men in the Criminally Insane Building.

⁸ Norman S. Hayner and Ellis Ash, "The Prisoner Community as a Social Group", American Sociological Review, 4: 369, June 1939.

the first of these is the fact that the system is not a simple one, but a complex one, in which the various parts are interrelated and interdependent. The second is the fact that the system is not a static one, but a dynamic one, in which the various parts are constantly changing and evolving. The third is the fact that the system is not a closed one, but an open one, in which the various parts are constantly interacting with the environment.

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Since this was done the last of October 1941, the cases used were as of that date, and totalled 27. Two of the statistical cards could not be located, data for the remainder were made on cards especially compiled for this purpose.

These 25 cards were compared with the cards for all patients admitted since December 31, 1928 for the purpose of matching. This date was used as 1929 was the earliest date of admission for those patients in residence in the Criminal Insane Building. There was an average of nearly 500 admissions in the whole Hospital for each year. Those having similar data were recorded, the most perfectly matched cases being selected in the end.

A schedule was prepared for the purpose of recording systematically the cases used. In some instances the case history was rather incomplete, but after discussing several cases with the physician, considering the possibility of seeing and talking with the mentally ill criminals, it was considered inadvisable.

Each case was compared to its mate. In Part II, causative factors are presented when it was possible to determine them. In Part III, broader conclusions are made and statistics recorded. It must be remembered that the cases used were selected by process of elimination so that a fair sampling is improbable.

The records are presented in nationality groups, starting with English - a sister nation culturally. Next is the American Negro. He is American, it is true, but in many ways he differs from the average American. The remainder are presented in similar manner with regard for the similarity of foreign to American culture. The classification was for convenience and is not substantiated by further study.

PART II



CHAPTER III

Set I

Names: Jonathan Taylor
Thomas Paine

Case Number: 1
2

1. Diagnosis: Schizophrenia	7. Marital condition: Single
2. Age: 3rd decade	8. No children
3. American citizen	9. English
4. Common school education	10. Semi-skilled occupation
5. Protestant religion	11. Urban environment
6. Marginal economic condition	12. First admission

Case Number 1, Jonathan Taylor.

I. Reason for hospitalization. Jonathan was transferred from a mental hospital in a neighboring state in February 1930.

II. Present illness. In January 1930, patient started for a city in Massachusetts but was arrested for drunkenness before he reached his destination. In jail he had visual and auditory hallucinations. He thought his difficulty might have been caused by his poor eyesight.

III. Hereditary, developmental, and home factors. There was no history of nervous or mental disease in any branch of the family. Mother died of tuberculosis when Jonathan was nine years old. Father, still living, appeared neat and intelligent and was cooperative in giving a psychiatric history.

Patient was born in Massachusetts in 1904. Birth was

normal though difficult. He was bottle fed and remained a sickly baby for the first three months of his life.

IV. Childhood and youth. Patient was the younger of two children, his sibling being a sister. Their mother died, when Jonathan was nine, and he was then taken to Canada for a while. His mother and father had become interested in a religious group called the "Holy Jumpers". His sister and her husband had gone West to continue their work with this sect. Jonathan lived with them in the West after his mother died until he was fourteen years old. He adjusted well at first, but then he became the colony "cut-up" and tried to dissuade the other boys from following the faith. He was returned to his father in the hope that he could administer the strict discipline they felt the boy needed.

Jonathan remained in school until he was seventeen years of age. He was unable to find a job, paying \$40 a week as he wished. So he joined the Navy within a year.

V. Medical history. Patient was sickly until about three months old when he began to grow more robust. At six years he had Saint Vitus Dance. He remembered no serious diseases or injuries.

In 1926 patient was in a mental hospital in a nearby state where his diagnosis was Schizophrenia. Before being brought here, he was transferred to another hospital where his diagnosis was the same.

He started drinking while going with a girl in Massachusetts who turned him down because of this. However, it merely made him drink more. He has never used drugs.

VI. Psychosexual history. Jonathan denied masturbation and is not known to possess any sexual abnormalities. The girl mentioned above was the only one in whom he ever showed any interest.

VII. Personality traits and social adaptability. According to patient he was sociable, liked to associate with other boys, and liked outside games such as marbles and baseball. He said he was always rather slow to learn.

His father said that Jonathan cared little for work but read so much that it gave him "high ideas". He was a quiet fellow with a peaceful disposition who could converse intelligently.

He was arrested three times while he was about sixteen years of age, for carrying weapons and for being drunk.

VIII. Home situation. Patient's Rhode Island home was in a crowded slum section.

IX. Course in hospital. In April 1930, Jonathan's illness was diagnosed Schizophrenia, paranoid type. After recovering from a plural effusion, he went to work on the Hospital farm. He associated but little with employees and patients. He showed some flattening of emotions.

In January 1932, his father was anxious to have him

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leave the Hospital to have him go West and join the religious group. Since he had adjusted well in the Hospital and did not care to leave, the father was told that he could be taken out only against advice, which the father did not wish to do. Patient remained dull and seclusive.

In 1934 he started to fail and was confined to his bed for some time with a bad cough. Although he was later up and about daily, he was never able to go back to work because of pulmonary tuberculosis. By March 1936 he was very weak and confined to his bed all the time. He died a few months later from advanced tuberculosis.

Case Number 2, Thomas Paine.

I. Reason for hospitalization. Thomas Paine was transferred from the State Prison in 1931 because of the mental symptoms observed there. He had been sentenced for killing his mother, by cutting her throat, after which he had lighted his pipe and calmly sat down to watch her die. He said voices told him to kill her because she was suffering.

II. Present illness. In 1927 his behavior was observed to be abnormal. On his return from San Francisco when he left the Navy, he just walked into the house, said, "hello" to his mother and went upstairs to lie down. He was sullen and moody. He said a woman followed him all the way from California and that everyone on the street was talking about him.

1870-1871. The first year of the war was a year of
struggle and sacrifice. The Union army was
defeated at the Battle of Bull Run. The
Confederate army was victorious. The war
continued for four years. The Union army
was finally victorious. The Confederacy
was destroyed. The war ended in 1865.
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was destroyed. The war ended in 1865.

III. Hereditary, developmental, and home factors. Little is known. Mother was of nervous disposition. Father was excessively alcoholic, abusive, thoughtless, and deserted family. Patient was born in Providence in 1904. Birth and early development were normal.

IV. Childhood and youth. Home environment was extremely bad. Mother, deserted by an abusive husband, was forced to go to work. Patient stayed with his grandmother during the day. His mother remarried when he was nine years old, and it was believed that he was jealous of his step-father.

Thomas was an only child and was considered odd from an early age. He never mixed well with others. He would run home to mother when the boys called him "red head". He was cowardly, timid, shy, and his feelings were easily hurt. He was sullen and grouchy when he could not have his own way, but he would not fight for his rights.

Patient completed grammar school, making normal progress, but he could not get along with other children. He refused to work on leaving school. He left home at 18 years and joined the Army. After four years he enlisted in the Navy and received an honorable discharge before his time was up. He was willing to return to Rhode Island because his step-father was no longer living, but he still refused to work.

V. Medical history. Patient had petit mal attacks followed by periods of confusion. In the Prison, in 1927, he grabbed

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It includes a detailed description of the experimental procedures and the statistical analysis performed.

3. The third part of the document presents the results of the study. It includes a series of tables and graphs that illustrate the findings of the research. The data shows a clear trend of increasing activity over time.

4. The fourth part of the document discusses the implications of the findings. It suggests that the results have significant implications for the field of study and may lead to further research in this area.

5. The fifth part of the document concludes the study. It summarizes the main findings and provides a final statement on the importance of the research.

a pillow and went through the motions of stabbing it. He has doubtless been ill since before he killed his mother. He said he drank a lot and smoked "stuff" which affected his mind.

VI. Psychosexual history. Patient denied homosexuality. He admitted he masturbated at 16 years of age but has not since. He has always been shy and retiring with the opposite sex. His relatives did not think he ever had any experiences with women because once he said he was not sexed like other men and could not have children. He admitted impotency. "I was no good unless I was drunk." Sexual intercourse held little satisfaction for him.

VII. Personality traits and social adaptability. Patient was always seclusive. He would leave the room if people came to visit. He never had any affection for people, and seemed to lose even the love he formerly had for his mother. He was stubborn and could not see a joke. He enjoyed reading adventure and Western stories. He was always quiet and moody. He never attended dances or shows.

VIII. Home situation. Patient lived at home with his mother and sister. The location of the home is not known.

IX. Course in hospital. On admission to this Hospital, he was cold, passive, and indifferent as at the time he had committed the crime. He did not mind discussing the murder. There was no change in his mood except when he talked about

being crazy and then seemed on the verge of tears, although he never gave way to this emotional tenseness.

He had developed partial insight since he realized that the voices he heard were in his own mind. He thought his mother was somehow to blame for his failure to adjust sexually and, therefore, kept him from marrying.

In June 1931, he was diagnosed Schizophrenic. Prognosis was poor because of a chronic personality deficiency and an inverted schizoid habit pattern long ago rigidly formed. The Staff recommended hospitalization, occupational therapy, and psychotherapy.

The murder of his mother was an attempt to destroy some of the unsatisfactory aspects of his own personality. Obeying these voices, he felt better after the murder.

At the time of this study, he did not hear voices. He showed little fluctuation in mood and was emotionally tense and suspicious. When not working in the Hospital, he was reading.

X. Comparison. These two cases were presented first because they are English people who should find the least difficulty in adapting to American culture.

As a child, Case Number 1, appeared to be normal in every way. There are only two facts in his history which might indicate lack of adjustment, the first being that he came from a crowded slum section of the city. The second

and more important is the unusual religious atmosphere in which he was reared.

Case Number 2, had very little in his favor. He was an only child in an unfortunate home situation. His father deserted the family, and his mother had to go to work, leaving the patient without proper supervision. Nevertheless, he probably had grown rather close to her - when a step-father suddenly walked into the picture. Thomas' one bit of security was snatched away.

He was always shy and seclusive. Sexual intercourse held little satisfaction for him, and he blamed his mother for his failure to adjust sexually. The murder of his mother was evidently an attempt to do away with an unsatisfactory part of his personality. Since he did succeed in destroying this, he felt better after the murder. He possessed a chronic personality deficiency and an inverted schizoid habit pattern.

Set II.

Names: Moses Jones
Samuel Brown

Case Number: 3
4

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| 1. Diagnosis: Alcoholic psychosis/ Schizophrenia, colored by alcohol. | 7. Marital condition: Divorced |
| 2. Age: 5th decade | 8. One child |
| 3. American citizen | 9. African |
| 4. Common school | 10. Semi-skilled occupation |
| 5. Protestant religion | 11. Urban environment |
| 6. Marginal economic condition | 12. First admission |

Case Number 3, Moses Jones.

I. Reason for hospitalization. Moses Jones came to the Hospital through a court commitment after he had been arrested for drunken driving.

II. Present illness. Patient's relatives noticed nothing peculiar about his behavior. "The war and that bump on his head didn't do Butch much good, I guess." At the jail awaiting trial, Moses was confused, tremulous, and acted in pantomime as if he were repairing automobiles.

III. Hereditary, developmental, and home factors. History is negative for mental illness and epilepsy. Both parents died of pneumonia, the father at 60 years, and the mother a few years ago at the age of eighty. Patient's brothers drank a lot. The father never drank and was a "smart" man. Mother was a good woman and a hard worker. Relatives said she was a "little queer and did a lot of worrying." Moses was born in Rhode Island in 1881. Nothing further is known.

IV. Childhood and youth. Patient was most nervous of five children, all of nervous temperament. He refused to talk of his experiences in World War I, in which he served 18 months.

Patient was supposed to have completed grade 8B. He has never worked much. On leaving school, he and his brother in partnership started an auto repair shop. They had to give this up as Moses handled money poorly.

V. Medical history. Moses received no injuries in the war. In 1927 he was beaten up because he was suspected of steal-

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ing tires. He is said to have been hit on the head with an iron pipe. After this injury, there were times when he would think these men were after him, and he would yell and jump out of the window.

Moses began drinking while overseas and has been drinking all day for years, sometimes consuming as much as two quarts of whiskey a day.

VI. Psychosexual history. Moses was married in 1926, but his wife refused to live with him when she saw that he was just a worthless drunkard. He had never supported his wife and child. Although he went with women, he preferred being with men and drinking.

VII. Personality traits and social adaptability. Moses had an Intelligence Quotient of 61. He was slow in movements as if he were in a daze. He had many friends in the community and was always in good spirits. His relatives called him "kind of biggity", that is, he liked to brag a lot. He was extremely selfish. He received \$400 compensation from the government, went to a diner, and spent it freely for food and liquor for himself alone.

VIII. Home situation. Nothing is known except that he lived in an urban environment.

IX. Course in hospital. In February 1937, patient's illness was diagnosed as Alcoholic psychosis, delirium tremens. He had had the "horrors" and on admission was tremulous. In the

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Hospital he adjusted well, was alert, energetic, active and friendly. He showed no evidence of alcoholism or psychosis at that time. He said that he was going to give up drinking on his release from the Hospital and was certain of his ability to do this as he once won a bet with a girl by staying away from her for six months. He left on Trial Visit two weeks after this presentation before the Staff.

Case Number 4, Samuel Brown.

I. Reason for hospitalization. Sam showed signs of marked personal grandeur and persecution while in jail on a charge of drunkenness.

II. Present illness. Sam was arrested during Prohibition. He thought the people with whom he lived were calling him all sorts of names, "Old Sammy, Old Black Sammy, Old Sammy from the South". He said they followed him when he went to jail and even injected gas into his cell, trying to asphyxiate him.

III. Hereditary, developmental, and home factors. Family history on the whole is negative. A maternal uncle died with apoplexy. Patient's parents died shortly before his admission here. His father drank moderately.

Patient was born in the South in 1880. His mother was feeble during pregnancy.

IV. Childhood and youth. Patient was always a very irritable and peculiar child. He had one brother who was mute from the

The first part of the report deals with the general situation of the country. It is a very interesting and informative document. The second part of the report deals with the specific details of the situation. It is a very detailed and thorough document. The third part of the report deals with the conclusions and recommendations. It is a very clear and concise document.

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time he had spinal meningitis as a child.

Samuel attended elementary school, but progressed poorly. He had a sister who was a school teacher in Florida and who wrote the following in regard to her brother's illness.

I regret very much to hear of my brother's condition, and yet I am not surprised, for I remember quite well at the age of 12 or 13 years he was stricken ill with typhoid fever which left him with a very weak mental condition, which has followed him. During the time of his sickness for six or seven weeks he was delirious so bad until mother had to hire a man to care for him, he hasn't been himself since.

Some years ago he got in a scrumage with a fellow and in a tussel a pistol was shot. It killed the man and for that cause he was confined six or seven days. And too, the death of my mother 20 months ago and 7 months after her death lost this Aunt that died from heart failure. It may be thinking of home conditions is praying on his mind.

I hope this will be of service to you. I would love to go up to see Sam, but conditions are so bad that I haven't any money. What little money I had I lost it quite three or four months ago when the bank fell through. But if possible and he lasts until Spring, I will be to see him.

He drinks very hard but do not know what kind of liquor since the country is supposed to be dry.

For the last five or six years before admission, Samuel worked for a stone crushing company and the Highway Department.

V. Medical history. As a child Samuel is supposed to have had malaria and typhoid fever. He was mentally deranged after he had typhoid fever, at the age of twelve or thirteen. He has used alcohol extensively since he was very young, and

CHAPTER IV. THE HISTORY OF THE

REIGN OF THE EMPEROR SHUNSU, FROM THE YEAR 1644 TO 1661.

THE EMPEROR SHUNSU, WHO WAS THE SECOND SON OF THE EMPEROR

TAICHANG, ASCENDED THE THRONE IN THE YEAR 1644, AT THE AGE OF

SEVEN YEARS, AND WAS GOVERNED BY HIS MOTHER, THE EMPRESS

DOUGHE, WHO WAS A WOMAN OF GREAT WISDOM AND VIRTUE.

SHE WAS DEDICATED TO THE CULTURE OF LETTERS, AND TO THE

MANAGEMENT OF THE AFFAIRS OF THE EMPIRE, WITH GREAT

ABILITY AND SUCCESS. SHE WAS ALSO A PATRON OF THE ARTS,

AND A FAVORER OF LEARNING. SHE CAUSED TO BE COMPOSED

A CODE OF LAWS, WHICH WAS CALLED THE "BOOK OF

THE EMPRESS." THIS CODE WAS A MASTERPIECE OF LEGISLATION,

AND WAS IN FORCE FOR MANY YEARS.

SHE ALSO CAUSED TO BE COMPOSED A HISTORY OF THE

REIGN OF THE EMPEROR TAICHANG, WHICH WAS CALLED THE

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"HISTORY OF THE EMPRESS." THIS HISTORY WAS A MASTERPIECE

excessively for fifteen years before admission. For two months before coming to the Hospital he drank a bottle of beer every day and a bottle of moonshine every other week.

VI. Psychosexual history. Patient has never married. No further information was available.

VII. Personality traits, and social adaptability. Samuel is a relatively refined Southern colored man. He was suspicious, treacherous and would pull a knife on the slightest provocation. In 1912 he killed a man in a fight, but was not sentenced as he pleaded self defense. However, he had to leave town, and came to Rhode Island.

VIII. Home situation. Patient lived in rooming houses.

IX. Course in Hospital. On admission, in 1929, Samuel was pleasant and cooperative. He talked well and used good English. He was diagnosed as Schizophrenic, paranoid, colored by alcohol.

He has continued with his paranoid ideas and would kill the Police and the physicians here if he got the chance. He was not transferred to the Criminally Insane Building until 1931, when it was felt he was too dangerous to remain on a less guarded ward. He felt people did not like him because he was colored. Now he merely vegetates. He is potentially dangerous and requires close supervision.

X. Comparison. The American negro is an old and well established race. He has contributed much to the development of

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this country, formerly through loyal service to his master. Now he is coming into his own. But because of years of subservience, actually centuries, this equality of mankind is sometimes more than he can stand, and sometimes more than other Americans are willing to give. He still has reason to feel inferior, not because he is, but because he is made to feel that way through public opinion.

Both cases in this set felt inferior. Samuel had little reason for this attitude except that he was colored. As always, however, this is not a single factor.

There is little here which would enable one to decide which would have been most likely to become mentally ill. Both were sensitive and felt inferior because they were colored. Their family histories were negative, but as children they displayed nervous tendencies.

Samuel would pull a knife on the slightest provocation. It would be pure speculation to say why he had developed this habit pattern, but nevertheless, it remains the major difference in the two cases. Whether it was common among his family or in the community is not known, but certainly it is a fact determined by the environment.

Set III.

Names: Stanley Dziob
Walter Kogut

Case Number: 5
6

- | | |
|--|------------------------------|
| 1. Diagnosis: Schizophrenia/
Prison psychosis | 7. Marital condition: Single |
| 2. Age: 4th decade | 8. No children |
| 3. Not American citizen | 9. Slavonic race |
| 4. Common school education | 10. Semi-skilled occupation |
| 5. Roman Catholic religion | 11. Urban environment |
| 6. Marginal economic condition | 12. First admission |
-

Case Number 5, Stanley Dziob.

I. Reason for hospitalization. Stanley was admitted to the State Hospital in May 1931 because he was talking to himself and acting peculiarly.

II. Present illness. Patient was always a little peculiar, but was worse the two years prior to admission. He ran away from his work, because, he said, someone was following him. Once he said a woman was after him. His strange antics on the street constantly attracted attention.

III. Hereditary, developmental, and home factors. Mother was mentally ill during menopause and died at the age of forty-eight without recovering. She was nervous most of her life, and brought the children up in an "irregular fashion." Nothing is known of the father but that he is still living. Patient was born in Poland in 1896. Birth and early development were normal.

IV. Childhood and youth. He was rather a retiring child, shy, timid and unassuming. He seldom played with other children, and when he did they were older than he. Never did he play rough games nor quarrel.

Patient was the second of five children. He attended school nine years in Poland, leaving at fifteen years. He is said to have done well.

He helped his father on the farm for two years and then came to the United States to join his brother. He has never been naturalized. He has done all kinds of laboring work, and in a mill as a weaver, he earned \$20-25 weekly. He seemed to like work and never loafed until lately. He was fired a year before admission because he acted strangely and ran away from work.

V. Medical history. Patient was never ill as a child, but since, he has had tuberculosis and a mild case of diabetes. This is patient's first mental breakdown. Patient has drunk each Saturday and Sunday since his arrival in the United States. When drunk he was cross and talked foolishly. However he was never much of a disturbance and has never been arrested.

VI. Psychosexual history. Patient had little knowledge of sex matters. He denied knowing anything about masturbation. He said he never had a girl. He never cared about them and claimed he had no money, giving this as an excuse for never having married.

VII. Personality traits and social adaptability. He spent all his money drinking and gambling. He was always a little "peculiar". He was a quiet and distant fellow, backward,

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1801. It contains a report on the state of the Union and the progress of the government during the year 1800. The President mentions the peace with France and the establishment of the new government.

2. The second part of the document is a report from the Secretary of the Treasury, dated January 10, 1801. It contains a detailed account of the financial state of the country, including the revenue and the public debt. The Secretary also mentions the measures taken to improve the public credit.

3. The third part of the document is a report from the Secretary of the Navy, dated January 15, 1801. It contains a detailed account of the naval operations and the state of the fleet. The Secretary also mentions the measures taken to strengthen the navy.

4. The fourth part of the document is a report from the Secretary of the War, dated January 20, 1801. It contains a detailed account of the military operations and the state of the army. The Secretary also mentions the measures taken to improve the military.

5. The fifth part of the document is a report from the Secretary of the Interior, dated January 25, 1801. It contains a detailed account of the land and mineral resources of the country, including the public lands and the mines. The Secretary also mentions the measures taken to develop these resources.

6. The sixth part of the document is a report from the Secretary of the Education, dated February 1, 1801. It contains a detailed account of the state of the education system, including the schools and the universities. The Secretary also mentions the measures taken to improve the education.

7. The seventh part of the document is a report from the Secretary of the Agriculture, dated February 5, 1801. It contains a detailed account of the state of the agriculture, including the crops and the livestock. The Secretary also mentions the measures taken to improve the agriculture.

8. The eighth part of the document is a report from the Secretary of the Commerce, dated February 10, 1801. It contains a detailed account of the state of the commerce, including the trade and the shipping. The Secretary also mentions the measures taken to improve the commerce.

9. The ninth part of the document is a report from the Secretary of the Marine, dated February 15, 1801. It contains a detailed account of the state of the marine, including the fishing and the whaling. The Secretary also mentions the measures taken to improve the marine.

10. The tenth part of the document is a report from the Secretary of the Fisheries, dated February 20, 1801. It contains a detailed account of the state of the fisheries, including the fish and the shellfish. The Secretary also mentions the measures taken to improve the fisheries.

retiring, and not interested in people.

VIII. Home situation. Nothing was known.

IX. Course in Hospital. Stanley's diagnosis was Schizophrenia. The physicians felt he had an inherent schizoid personality. Inadequate early training was also an important factor. He suffered from an original biological incompetency and a fundamental feeling of inferiority. He was apparently expressing his own wishes when he said women were after him.

Prognosis is very poor. Alcohol may have aggravated the schizophrenic trends.

In the Hospital, he continued apathetic, inaccessible and seclusive. He denied hearing voices, but was evidently taken up with phantasy. He was completely disoriented. He was careless of his personal appearance and was evidently regressing further in 1931. He was fairly well nourished.

In 1938 he was undernourished but was otherwise in good health. He remained about the same, becoming more of a problem, and difficult to manage. He lead a vegetative type of existence. In November 1941, he was found to have active tuberculosis of the lungs, moderately advanced.

Case Number 6, Walter Kogut.

I. Reason for hospitalization. Walter was transferred from the Prison in July 1933 because he expressed various ideas of persecution and got into a fight with another prisoner.

II. Present illness. There was no change in patient's behav-

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ior until he had been at the State Prison for some time. He was sentenced to prison because he killed a woman after he had been drinking. He had given her a great deal of money to come to live with him, but she continued to refuse.

III. Hereditary, developmental, and home factors. Walter's father was a heavy drinker and his mother was a patient in a mental hospital. Nothing further is known.

Delivery was normal.

IV. Childhood and youth. Walter was the oldest of seven siblings. He was brought up strictly and received frequent beatings. The home atmosphere was very religious.

Walter played with other children and was an active child. He went through grammar school in Poland, leaving at fourteen years to come to America where his father was already living. He later attended night school for two years, working in cotton mills during the day. He worked in mills most of the time as a weaver. He travelled a great deal and did odd jobs.

V. Medical history. He was in good health except for stomach trouble. His father, when intoxicated, had kicked him once.

This is patient's first mental illness. Walter drank moderately but has never used drugs. He had been drunk only a few times.

VI. Psychosexual history. Sexual life was not known. He showed little interest in women and never married. Apparently his only affair was with a married woman whom he killed

The first of these is the fact that the United States is a young nation, and its history is therefore a history of growth and development. The second is the fact that the United States is a large nation, and its history is therefore a history of expansion and conquest. The third is the fact that the United States is a diverse nation, and its history is therefore a history of conflict and compromise.

The fourth is the fact that the United States is a nation of immigrants, and its history is therefore a history of assimilation and adaptation. The fifth is the fact that the United States is a nation of pioneers, and its history is therefore a history of exploration and discovery. The sixth is the fact that the United States is a nation of entrepreneurs, and its history is therefore a history of innovation and progress.

The seventh is the fact that the United States is a nation of idealists, and its history is therefore a history of aspiration and achievement. The eighth is the fact that the United States is a nation of pragmatists, and its history is therefore a history of compromise and pragmatism. The ninth is the fact that the United States is a nation of optimists, and its history is therefore a history of hope and optimism.

The tenth is the fact that the United States is a nation of dreamers, and its history is therefore a history of vision and imagination.

in 1927. In all he had given her over \$300.

VII. Personality traits and social adaptability. Walter was quiet and good natured. He got along well with people, associating chiefly with men. He was an introvert, and never developed normal emotional and social levels.

VIII. Home situation. Nothing is known.

IX. Course in Hospital. Patient was seclusive and showed evidence of preoccupation. He worked on the ward. He complained of other patients' talking about him and calling him bad names. He said he wanted to leave this place to get married before he is too old.

He has had deep conflicts of a sexual nature which he could not control. He probably drank to compensate for feelings of inadequacy. This criminal act was quite a blow to his poorly integrated personality. Prognosis is poor because of the deeply seated conflicts and because of the long sentence ahead. (He was sentenced to thirty years.) He heard voices and was not even sure that the woman he killed was dead.

In August 1933, his diagnosis was Psychosis with constitutional psychopathic inferiority.

He has shown little change. People called him names and caused pains in his body. The bad names called him perverted. He continued to write letters to female employees, making love to them and asking them to marry him.

The first part of the paper is devoted to a general discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The scientific aspect of the problem is concerned with the question of how life arose from non-life. The philosophical aspect is concerned with the question of whether life is a necessary part of the universe or whether it is a mere accident. The paper then proceeds to a discussion of the various theories of the origin of life. These theories are divided into two main classes: the theory of spontaneous generation and the theory of biogenesis. The theory of spontaneous generation is the older of the two and is based on the idea that life can arise from non-life. The theory of biogenesis is the newer of the two and is based on the idea that life can only arise from pre-existing life. The paper then discusses the evidence for and against each of these theories. It is shown that the evidence for spontaneous generation is weak, while the evidence for biogenesis is strong. The paper concludes by stating that the theory of biogenesis is the most probable theory of the origin of life.

X. Comparison. These two patients, being Slavonic, might be thought of as more stable and less emotional than the Latin races of southern Europe. Such was not the case. Both were introverts, and the mother of each had been a patient in a mental hospital. Both drank.

There are two factors which differ. Walter was brought up strictly in a religious atmosphere, while Stanley was brought up in an "irregular fashion". Neither could be called a perfect home environment, but Walter may have been the one to rebel. As a child, it may have been only natural for him not to follow the strict rules his family laid down for him. As an adult, it was equally easy for him to defy convention. Never having developed normal emotional and social levels, he attempted to seek this by bribing a woman to come to live with him. It cannot be known, but it is likely that this procedure would be used only as a last resort. Even this failed. His killing her may have been an attempt to do away with the symbol of his maladjustment.

Set IV.

Names: John Souza
David Santos

Case Number: 7
8

1. Diagnosis: Schizophrenia/	7. Marital condition: Married
Paranoid condition	8. Two children
2. Age: 4th decade	9. Portuguese
3. Not American citizen	10. Semi-skilled occupation
4. Reads and writes	11. Urban environment
5. Catholic religion	12. First admission
6. Marginal economic condition	

Case Number 7, John Souza.

I. Reason for hospitalization. John Souza was admitted to the State Hospital from Charles V. Chapin Hospital in March 1931 where he had been taken two weeks previously because he became suspicious of his wife, had been rigging up all kinds of apparatus to catch her paramours, and on one occasion attempted to cut her throat.

II. Present illness. Patient became jealous and suspicious soon after his wife came to this country because the man with whom they were boarding paid him compliments regarding his wife. The situation became progressively worse. He hired all the neighbors to watch her, and he bored a hole through the wall so that the woman in the next apartment could always see her.

III. Hereditary, developmental, and home factors. John's mother and father were separated because she was unfaithful to him. He was a drinking man with a violent temper. Mother was still living. She was temperamental, high strung, and subject to "nervous" attacks in which she became excited and would run out of the house. This was attributed to "African fever" which she is supposed to have had as a child when her family were living in Africa.

A deformity, present at birth, was said to have been corrected by a midwife. Early development was normal.

IV. Childhood and youth. Little is known as actual fact,

but one certainly can see a picture of an unhappy child living in a home broken by the mother's immorality and the father's heavy drinking. Little could be learned in social and moral training.

After completing a primary school education, John was a shoemaker in Portugal until he came to the United States in 1921. For the last six years, he had been working for a finishing company.

V. Medical history. In 1926, patient was thrown from a car and struck his head. In 1931 he had whooping cough. John was upset when his wife said she had changed her mind and did not wish to marry him. The marriage had been planned by proxy before the couple met.

VI. Psychosexual history. Before Mrs. Souza came to this country, patient was living with a woman of questionable character, who later became insane. Arrangements for the marriage were by proxy. John met his wife six years later. Marital life was generally happy. He accused his wife of having affairs with other men but said he did not believe it. He declared himself to be sexually and physically normal.

VII. Personality traits and social adaptability. Patient always tended toward an introverted type of personality, was seclusive, and a failure sexually and socially. He was emotionally immature.

VIII. Home situation. Patient lived in a business and room-

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ing house area in a poor foreign section of the city.

IX. Course in hospital. On admission, patient was mildly depressed. He was sorry he thought those things about his wife. He remained seclusive and preoccupied.

In a presentation before the Staff in March 1932, his diagnosis was Paranoid condition. It was felt that a sense of guilt and inadequacy were operative in this case. Living with a woman of questionable character no doubt produced this reaction of a feeling of guilt. However, a fundamental psychobiological trend must also be considered.

By April, patient's wife was anxious to take him home, but since he was adjusting well, and he had threatened her in the past, it seemed best that he remain here. However, he eloped in June and never returned.

Case Number 8, David Santos.

I. Reason for hospitalization. David was transferred January 1931 from the State Prison where he was sentenced for twenty years (1927) for second degree murder.

II. Present illness. Patient heard men, including his cousin, talking of having had sexual relations with his wife, but she denied this.

One night, three men jumped on him and started a row. Patient was getting the worst of it, bleeding severely. He pulled a gun he happened to have and killed his cousin. His wife said this fact and the length of his term had been prey-

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TO THE EDITOR OF THE JOURNAL OF THE
ROYAL ANTHROPOLOGICAL INSTITUTE
LONDON
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the article on the "Prehistoric Art of the American Indians" which appeared in the issue of the 1st of July.

I am sorry to hear that you are unable to find the article in the issue of the 1st of July. It is possible that the article may have been misplaced in the issue or that it may have been overlooked. I will endeavor to locate the article for you.

I am sure that you will find the article of interest. It contains a detailed account of the prehistoric art of the American Indians and is a valuable contribution to the study of the subject.

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ing on his mind. Psychosis developed after he had been in jail some time. His relatives thought he regretted this act and felt he had seriously disgraced his family. He became depressed, wept easily, talked about his family all the time and wondered how they were getting along.

In prison in 1930, he attacked other prisoners and several times attempted to take his own life. He was suffering from delusions of persecution.

III. Hereditary, developmental, and home factors. History is negative for mental disease. Parents were born in Portugal, and neither is living now. They were kind, "average" people.

There was nothing abnormal about his early development.

IV. Childhood and youth. Patient was the second in a family of four siblings. Their home was poor, but they managed to earn enough to support the family.

As a boy, David was active and normal in every way. He worked on a farm. He had little schooling, but could read and write in Portuguese. He did nothing but farming in Portugal. He arrived in this country in 1920 but has never become an American citizen. Here, too, he was a farm laborer and was considered an excellent worker.

V. Medical history. There is no mention of serious illnesses, and there have been no injuries but those received in the fight with the three men at the time of the murder. Ap-

parently these were inconsequential. This is patient's first illness and was insidious in onset.

David drank wine, and sometimes strong liquors, but was seldom intoxicated.

VI. Psychosexual history. Patient was married in 1923 to his present wife, the first girl he had ever had. They have two children. His wife said they were happy together. He was considerate, ambitious, and generous. Both were faithful and never quarrelled.

VII. Personality traits and social adaptability. Patient was able to save enough money to buy a house which he sold to pay his lawyer after he had killed his cousin. He was always slow about making friends and would never take the first step, although he had a lot of friends. He spent his leisure time with his wife and children. He was affectionate and demonstrative at home, not moody and never showed periods of depression.

VIII. Home situation. Childhood environment was poor. However, patient later owned his own farm.

IX. Course in hospital. On admission, patient was restless and very suspicious of his surroundings. He showed some flattening of emotions, was quiet and listless most of the time.

Diagnosis in February 1931 was Schizophrenia. Prognosis was poor because of the insidious onset of his mental

condition and also because of his long jail term. The Staff recommended Hospital care and occupational therapy. There may have been some conflict in regard to his life in prison since he absolutely refused to discuss that. The feeling was that he was already psychotic when the crime was committed. In the Hospital, he was beyond the paranoid stage. He might have been projecting more and withdrawing more from reality.

In 1932 he was destructive, attempted suicide, and attacked others. He has since gained a lot of weight, and in 1942 was a model patient.

X. Comparison. Portuguese are a rather temperamental race with strong family ties. Both of these patients came from a poor home and married the first girl they met. There is little in David's life which might make him a criminal. His is an emotional race, and he happened to be carrying a gun when he was attacked. He used it in self defense, and probably does not possess what might be called criminal tendencies. The crime seemed to have been precipitated by the existing circumstances.

Set V.

Names: Frank Murray
Paul Murphy

Case Number: 9
10

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|-------------------------------------|------------------------------|
| 1. Schizophrenia, mental deficiency | 7. Marital condition: Single |
| 2. 4th/5th decade | 8. No children |
| 3. American citizen | 9. Irish |
| 4. Common school education | 10. No occupation |
| 5. Roman Catholic religion | 11. Urban environment |
| 6. Marginal economic condition | 12. 1st/3rd admission |
-

Case Number 9, Frank Murray.

I. Reason for hospitalization. Patient was transferred from Exeter School in August 1930 because he had been hearing voices and heard God speaking to him.

II. Present illness. Last March, Frank was sent to Exeter School because he wandered away from the house all the time. His stepmother was afraid of his temper and his sudden outbursts of affection. Just before his admission to Exeter his temper became worse. Any moving object would attract his attention.

Patient was excited and restless at the time of his transfer.

III. Hereditary, developmental, and home factors. History is essentially negative. Frank's mother died of tuberculosis in 1916. When Frank was eleven years old, his father remarried. His stepmother was very good to him, and he seemed fond of her. His father was a machinist by trade. He is said to have been a drinking man. The whole family was uncooperative in contacts with other agencies.

Patient was born in November 1907. Birth was natural,

terminating seven months pregnancy. Frank started walking at $3\frac{1}{2}$ years but did not walk well until he was eight years old. He talked at one year, and talked well although he constructed sentences poorly.

Three weeks before Frank's birth, his mother saw a child killed by a street-car while she was on her way to pay for the funeral of her own child who had died with whooping cough.

IV. Childhood and youth. As a child, his sisters teased him so that his stepmother was the one to stand up for him.

He never attended school and has never worked.

V. Medical history. Frank was never sick and has never received any injuries as his family have watched him closely. He has suffered from malnutrition and rachitis. His head is microcephalic in shape, and his lower extremities are feeble.

Frank had a spell two weeks before his admission to Exeter School. He thought gypsies were coming to get him, and he appeared to be afraid all the time. He recovered and was all right until February when he began to talk about God. His stepmother may have frightened him by saying that God saw everything he did, good or bad.

There is absolutely no chance of patient's having used alcohol or drugs as he has never worked and his family have had close supervision over him.

VI. Psychosexual history. Patient is single. He has been extremely affectionate toward his stepmother.

VII. Personality traits and social adaptability. Frank was very affectionate, feebleminded, and had temper outbursts.

VIII. Home situation. This information is not given.

IX. Course in hospital. In September 1930, Frank's diagnosis was Psychosis with mental deficiency. There has been no change in his mental condition since he came to this Hospital. Fear and apprehension have been the only signs of otherwise flattened emotions. He complained about his father and aunt who persecuted him. At times he expressed a fear of fire and hot things. He admitted he felt inferior and realized he was not as good as his sister, but showed no real insight into his condition.

He was very untidy in appearance, slobbering continually while talking. He was very nervous and excitable.

Case Number 10, Paul Murphy.

I. Reason for hospitalization. Paul was admitted to this Hospital for the third time in 1931. He was originally transferred from the State Prison where he had been in the Criminally Insane ward since 1925.

II. Present illness. This patient has suffered from only one long illness, since he eloped from the Hospital and was never recommended for discharge.

III. Hereditary, developmental, and home factors. Mother acted insane when she left her son at the Catholic Home as a baby.

1891-1892. The following table shows the results of the

experiments conducted during the year 1891-1892.

The first experiment was conducted on the 1st of May.

The second experiment was conducted on the 15th of May.

The third experiment was conducted on the 30th of May.

The fourth experiment was conducted on the 15th of June.

The fifth experiment was conducted on the 30th of June.

The sixth experiment was conducted on the 15th of July.

The seventh experiment was conducted on the 30th of July.

The eighth experiment was conducted on the 15th of August.

The ninth experiment was conducted on the 30th of August.

The tenth experiment was conducted on the 15th of September.

The eleventh experiment was conducted on the 30th of September.

The twelfth experiment was conducted on the 15th of October.

The thirteenth experiment was conducted on the 30th of October.

The fourteenth experiment was conducted on the 15th of November.

The fifteenth experiment was conducted on the 30th of November.

The sixteenth experiment was conducted on the 15th of December.

The seventeenth experiment was conducted on the 30th of December.

The eighteenth experiment was conducted on the 15th of January.

The nineteenth experiment was conducted on the 30th of January.

The twentieth experiment was conducted on the 15th of February.

The twenty-first experiment was conducted on the 30th of February.

Nothing is actually known of the personality of parents since neither parent was ever seen by the Hospital. Patient said that his mother became a nun. At the time his mother left him at the Home, she said the patient's father was dead, and since patient's admission to the Hospital he said his father was a painter and died when he fell from a building while drunk.

Paul was born in United States 1890 and was admitted to the Catholic Home in 1893.

IV. Childhood and youth. Paul's early life was spent in a Catholic Home for Destitute Children. He was a wilful child with an ungovernable temper. He felt he never had a chance and has spent his life going from institution to institution, obtaining a grammar school education. He has never had a legitimate occupation, but has been accused of burglary, larceny, and vagrancy.

V. Medical history. There is no actual history of illnesses, operations or injuries. Patient said he got hit on the head with a horseshoe in 1926. He has always been mentally deficient. His illness may have started about the time he was born.

Probably Paul used alcohol, although not to excess,

VI. Psychosexual history. Patient never showed any interest in the opposite sex. At prison, he masturbated four times daily. "I thought I was going to be there the rest of my life." He has taken the passive part in fellatio. He attacked a

woman in a small Rhode Island town. He has paid to see a man having intercourse with a woman. He admitted having intercourse with a couple of women in New York.

VII. Personality traits and social adaptability. Paul was lazy and lacking in intelligence. He was always emotionally unstable, with a paranoid trend. He said he wanted friends but never had any. "I was a demented case." He responded inappropriately, laughing when talking about painful subjects.

VIII. Home situation. Paul has lived in institutions all his life: Catholic Orphanage, Boy's School, Reformatories in three states, and the state Prison.

IX. Course in hospital. Paul seemed to live in a world of phantasy. He was brought up unfortunately, possibly illegitimate. Pugnacity and meanness were probably a defense for feelings of inferiority. He used big words, but his ideas were dissociated.

In July 1931 he was diagnosed Schizophrenic although in the past he had merely been classified as mentally deficient.

He has followed the Hospital routine well, playing ball, reading, writing, and making diagrams of inventions or scenery which he claimed represent depressions. When asked if anyone were against him he replied, "I have no delusions of persecutions". Generally, he used words incorrectly, as when he referred to blood cells as "corps". There has been no essential change in his condition.

X. Comparison. Nothing could be learned of Paul's heredity. He never had a real home, and never knew a real family. He spent his life going from one institution to another. He knew nothing of his parents and lived in a world of phantasy. Pugnacity and meanness were probably a defense for feelings of inferiority.

Set VI.

Names: John Murphy
Joseph O'Brien

Case Number: 11
12

1. Diagnosis: Schizophrenic reaction/ Psychosis with psychopathic per- sonality	7. Marital condition: Single
2. Age: 5th decade	8. No children
3. American citizen	9. Irish race
4. High school education	10. Semi-skilled occupa- tion
5. Roman Catholic religion	11. Urban environment
6. Marginal economic condition	12. 1st/2nd admission

Case Number 11, John Murphy

I. Reason for hospitalization. Mr. Murphy was admitted to the Hospital on a Court Commitment February 2, 1930.

II. Present illness. Patient was upset by losing job with the Chronicle after an apprenticeship of three years to learn the compositor's trade. He was not interested in finding other work but decided to see what sort of a job he was best suited for and apparently had to travel a bit to do this. His family complained of his peculiar conduct. Just prior to admission, he left the house without notifying his family where he was going. Irrational conversation and unusual behavior were also complaints from the family.

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A year before his admission, it was noticed that he was developing irregular habits. He drank a great deal and frequently became intoxicated. He would stay out late at night. He was tired and irritable and seemed continually in a daze after he lost his job. He had some idea about conquering the drink habit and thought he came to this Hospital for that purpose. This seemed to be a very sensitive point.

He began to think his friends were against him. When he went to the Y.M.C.A. for recreation, he thought the story he told there of himself had been published, and after he was in the Hospital he thought he heard it broadcast over the radio.

III. Hereditary, developmental, and home factors. Patient's father, paternal uncle and paternal grandfather were chronic alcoholics. Mother was ignorant, superstitious and mentally dull. Father was abusive, and violent when drunk. He was a poor provider and deserted the family when patient was seven years old.

Patient was born in the United States of Irish extraction. Birth was normal, but development was slow. He teethinged at 10 to 11 months, walked at 18 months and talked at three years.

IV. Childhood and youth. Patient was always somewhat of a weakling. He was an unwanted child since his father wanted a daughter. He has a brother three years his senior who has

always been considered normal.

John thought his mother favored this brother. Both were afraid of the father who was frequently abusive. John never got over being frightened at four or five years when he was in a runaway carriage.

He liked playing with other children but was somewhat bashful. He was extremely fond of playing ball.

He started school at six years but was a sickly child and missed a lot, having to repeat some grades. He did not like school and frequently truanted. He was in an ungraded class for one year where he was considered a "cut-up", but he went through the first year of high school. He said he was a poor student. His mother refused to let him go to night school for fear of evil companionship.

Before completion of school he distributed papers for the Chronicle. On leaving, he obtained a job with this paper as an apprentice at \$8 a week. After working there three years, he was ready for a \$6 raise, but the paper went out of business, and John has not been interested in looking for other work. The Chronicle reported that he was a conscientious worker.

V. Medical history. Patient had the usual childhood diseases. At eleven years he suffered from mastoiditis, having ear trouble and frequent colds. At thirteen years he had a slight sun stroke but suffered no permanent effects.

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No mental illnesses are known until patient lost his job prior to present illness. One year before admission, patient started drinking to excess and frequently became intoxicated.

VI. Psychosexual history. Patient has never shown any interest in the opposite sex. He said he had never had a love affair although he liked girls. He denied masturbation or any sexual experiences.

VII. Personality traits and social adaptability. As a child, John was selfish and stubborn and liked to have his own way. He was moody, nervous, oversensitive. Social adaptability was fair. He felt inferior, as a result of poor health. He had a tendency to be intimate with older men. He was easily led and easily influenced. He never had any difficulty with the men with whom he worked. However, he was jealous of those in a better position. He was easily discouraged, restless, careless in general appearance, seclusive. He was fond of movies. He had a good sense of humor but was sensitive and could not take a joke.

VIII. Home situation. Patient lived at home with his brother and mother. Economically the neighborhood was below average.

IX. Course in Hospital. At Staff Conference in February 1931, the diagnosis was Schizophrenic reaction, hebephrenic type. There were no known predisposing factors in regard to his illness.

On admission he was quiet, well conducted, neatly dressed, correctly oriented in all spheres. He was somewhat sus-

THE HISTORY OF THE CITY OF BOSTON

From its first settlement in 1630 to the present time. By SAMUEL JOHNSON, Esq. of the Middle Temple, Barrister at Law. In two Volumes. The first Volume contains the History from 1630 to 1780. The second Volume contains the History from 1780 to the present time. With a Plan of the City, and a List of the Governors and Magistrates. Printed and Sold by S. JOHNSON, in Pall-mall, near St. James's Church, 1780.

The City of Boston, situated on a neck of land between the harbor and the bay, was first settled in 1630 by a company of Puritans, who had fled from the persecution of the Church of England in England. They were led by John Winthrop, who gave them the name of the City of the Puritans. The city grew rapidly, and by 1680 it had become one of the most important cities in New England. In 1780, during the American Revolution, the city was captured by the British, and remained under their control until 1783. After the war, the city continued to grow, and by 1800 it had become one of the largest cities in the United States. In 1822, the city was incorporated as the City of Boston, and since that time it has continued to grow and prosper.

picious and hostile but wore an animated expression. He showed no concern for his situation and surroundings.

At first, patient was cooperative and adjusted well. He worked on the farm for a while but was transferred to the printing shop since that was along the line of work he already knew. The last of March he developed several somatic complaints. He thought he came to the Hospital to put on weight. There was no marked improvement in his mental condition. In April he became more seclusive and inactive and was not always well enough to go outdoors.

He wrote a letter to his friends thanking them for their interest, but asking that they forget him. He asked them to find a nice sensible man for Charlotte. He said she was a fine girl, but he was not the man for her.

At one time he said he was here because of his drinking. At an earlier date he said his mother would be in her grave if she knew what was in his history. In the winter of 1930 he had to be tube fed for a while and showed catatonic symptoms.

In the Spring he showed some improvement and went home for a weekend and found a job. He worked just one day and then remained idle at home. He was returned to the Hospital in September 1931, and since then has shown progressive deterioration. His physical condition was poor. He simply vegetated. He looked tubercular, but tests were negative.

Case Number 12, Joseph O'Brien.

I. Reason for hospitalization. Patient was transferred to this Hospital from the State Prison in November 1935 because he was a disciplinary problem and considered a bad example for the other inmates. His sentence expires March 1942.

II. Present illness. In August 1935, Joseph showed symptoms of a psychosis, shouting loudly about the radio beams burning out the nerves of his eyes. He said two University Professors were responsible for his condition since they had developed a machine to read people's minds.

Because of his moodiness, irritability, and occasional petty crimes, his sister dated the present illness from 1935.

III. Hereditary, developmental, and home factors. There is no known history of nervous or mental disease. Both parents were born in Ireland. They were uncooperative in giving further information saying they felt the patient had disgraced them enough.

Joseph was born January 1891. Birth and early development were normal.

IV. Childhood and youth. Until 16 years of age, patient could have been called an ideal child. He belonged to church organizations and was an altar boy. He studied the violin. He has always been an introvert.

As a child Joseph did not enjoy active games but read a great deal. There were twelve children in the family, six now

dead. Two are college graduates, one is a trained nurse and one attended business college. All but the patient attended high school.

Joseph was an excellent student. He started high school at the usual age, but, associating with "tough fellows", he started truanting. He left school and a year later, he ran away from home. He has been arrested about a dozen times and has served at least seven sentences.

Patient has seldom worked, but his occupation is listed as painter and musician.

V. Medical history. Very little is known. He had been hearing voices for two years at the time he was admitted. He was a drinking man, but the quantity of alcohol consumed is not known.

VI. Psychosexual history. Patient has been in a homosexual excitement. Voices called him derogatory names of a sexual nature.

VII. Personality traits and social adaptability. Intelligence quotient was 103. Patient spoke well, using a large vocabulary correctly. He seemed to derive some satisfaction from his pseudo-cultural manner. He was a heavy-set, portly man and did not care to work while in the Hospital.

VIII. Home situation. Nothing is known as family was uncooperative. Patient had been wandering for years.

IX. Course in Hospital. Prior to first admission here he was

apprehended by Providence Police for breaking and entering a jewelry store. He was held for trial at Providence County Jail, transferred to this Hospital and discharged back again. He later became more disturbed, and eventually admitted here for the second time in November 1935.

While at the prison, he complained of a gang of "rats" who got together to circulate stories about his homosexuality, his alleged incestuous relations with his mother, sister, and cousin. They called him all sorts of names, particularly those terms denoting sexual irregularity. He became more and more sensitive to these remarks. The voices said, "Why don't you reform for the sake of your mother? Why don't you reform?" He decided solitary confinement was the solution to his problems. Therefore, he smashed some windows, but this only caused his transfer to a noisier part of the prison. He decided murder would do the trick. He made elaborate plans but was sent here before he could carry them out as his refusal to answer a man who treated him as a child brought about a psychiatric examination.

In the Hospital his behavior was not particularly bizarre. At the time of his admission he had been hearing voices for two years. He became more excited when he spoke of the way he had been persecuted.

In 1935, although diagnosed alcoholic hallucinosis, it was felt that homosexual elements were also present. A homo-

sexual tendency already existed. His condition was aggravated by being thrown into prison where only the homosexual element existed. Since the building he was in here at the Hospital was less crowded, recovery was speedy.

He has been a constant source of trouble. With three others he planned a break and got away, although he was soon apprehended. Later he set fire to his mattress.

He was presented in clinic for the second time in December 1941. All agreed that he would be a menace to the community. However, showing no psychotic features, he was transferred again to the prison. Probably he will again become psychotic and will return to the Hospital where he can be detained after expiration of his sentence.

X. Comparison. Both men drank and had never shown any interest in the opposite sex. Joseph, particularly had always been effeminate and was an introvert - typical of the psychopathic personality. The fact that Joseph was the only one in his family not to attend High School becomes unimportant when the reason is known. He ran away from home and this, in itself, is an indication of early maladjustment.

He must have been rather close to his mother, for in prison, he heard a voice say, "Why don't you reform for the sake of your mother?" His conscience could not tolerate his sexual perversion, and he broke down. His dozen arrests may be taken as an indication of an asocial habit pattern rather than actual criminalistic tendencies.

The first part of the paper is devoted to a general discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The scientific aspect of the problem is concerned with the question of how life arose from non-life. The philosophical aspect is concerned with the question of whether life is a necessary part of the universe or whether it is a mere accident. The author argues that the scientific aspect of the problem is more important than the philosophical aspect. He shows that the scientific aspect of the problem is a more difficult one to solve than the philosophical aspect. He also shows that the scientific aspect of the problem is a more interesting one to solve than the philosophical aspect. The author concludes that the scientific aspect of the problem is the one that should be given priority in the study of the origin of life.

The remaining cases deal with Italians. The Italians, particularly those from Southern Italy, are an emotional, high-strung race. Family and religion are paramount. Divorce is neither acceptable in their religion nor in their cultural milieu.

They are a romantic people, but they live by the knife, as the French used to by duel, and Americans like to think they do with unbiased debate.

Set VII.

<u>Names:</u> Bernardo Giarusso	<u>Case Number:</u> 13
Carlo Polsonetti	14

1. Diagnosis: Schizophrenia	7. Marital condition: Single
2. Age: 3rd decade	8. No children
3. American citizen	9. Italian
4. Common school	10. Semi-skilled occupation
5. Catholic religion	11. Environment unknown
6. Economic condition unknown	12. First admission

Case Number 13, Bernardo Giarusso.

I. Reason for hospitalization. Patient came to this Hospital in March 1941 as a transfer from Chapin Hospital. He had become violent and threatened his brother. He explained that they had had brotherly arguments and he had come to the Hospital for relaxation.

II. Present illness. In 1939, he decided nothing but a political job would satisfy him. By February 1941, he was unable to hold a job more than a few days. He became restless, tended to daydream, and had mild paranoid and grandiose ideas.

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

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He had been masturbating frequently.

At Chapin Hospital he was restless and depressed. He felt that by remaining there he was missing jobs on the outside. He was not particularly liked by any of the patients.

III. Hereditary, developmental, and home factors. Patient's father now 55 years of age, came to this country from Italy fifteen years ago. He was a woolen mill worker. He was good natured, liked company, drank a little, and had a temper at times. He was rather nervous and talkative. He belonged to a lodge and enjoyed all sorts of activities. Mother worked on a farm and did housework before her marriage. She had no education. She was good natured and liked company. At times the children irritated her, but she liked to work and was an excellent housekeeper.

Patient was born in March 1918, and is the third of a family of six, of whom only one is a girl.

IV. Childhood and youth. As a child, Bernardo was quiet and liked to play alone. He was stubborn and became angry easily. There is no knowledge of nail biting or masturbation. He suffered from enuresis until nine years old, apparently because, of a slight kidney ailment.

Bernardo went as far as the second year high school, repeating no grades. He liked school and later attended night school. He wanted to learn bookkeeping.

At 18 years of age, he worked in a woolen mill for sever-

al months. His father obtained this job for him, but he had to leave when business became slack. Upon dismissal, he held a number of jobs before joining the National Guard from which he was discharged, but he would not give the reason.

V. Medical History. Patient had the usual childhood diseases. Nothing unusual is reported except an undiagnosed fever accompanied by nose-bleeds when Bernardo was four years old. Clinical history is negative. Patient has been at Chapin Hospital three times, first in February 1940, and the last time just prior to his admission here. However, it is all a part of the same illness as he always left against advice except when transferred here.

Bernardo did not drink or smoke, and has never used drugs.

VI. Psychosexual history. Patient has remained single. He has never had any girl friends, never showed any interest in girls or asked any questions about them.

VII. Personality traits and social adaptability. Bernardo had an Intelligence Quotient of 103, which is a little above average. He has always been interested in sports, and is a champion marble player. He enjoyed reading all sorts of heavy books, such as law, although he also read anything and everything. He liked clubs and the Y.M.C.A. He had a few close friends and cared little for company. He always got along well with siblings. He had marked mood swings. He

used to be very religious, but had not attended church, Catholic, for four years before admission.

VIII. Home situation. Patient lived with his family in a slum section of a small Rhode Island town.

IX. Course in Hospital. Bernardo was admitted to the State Hospital in March 1941 from Chapin Hospital where he had been taken after some difficulty with a brother which he minimized. Little is known as fact, but in an argument he apparently attacked his brother. He had been here a short while when he was taken out against advice. He was returned two months later by the Police because they found him wandering around the streets. Here he was quiet and cooperative, and followed the Hospital routine well. After three months he left the Hospital on a weekend visit and did not return. His mental condition was considered improved at the time. He had been diagnosed Schizophrenic.

Case Number 14, Carlo Polsonetti.

I. Reason for hospitalization. Carlo was transferred from the Providence County Jail in June 1941 where he had been sentenced in March for an armed holdup - which was an attempt to get money to go to Texas to see his father.

II. Present illness. In the latter part of 1941, Carlo developed a great interest in gangster stories, reading until two or three in the morning. His aunt found in one of these books, "Never be afraid of anyone. Always defend yourself

against all men; there is no God and no Church that is any good." Wanting to be like the books told him, he stopped attending church.

In the jail he twice attempted suicide, once by thrusting a dull knife into his abdomen, and later by jumping off the cell block.

III. Hereditary, developmental, and home factors. Father was born in Italy. He was always nervous and got mad easily. He had "sort of spells" after his wife died, and he was keeping company with another woman who left him. On patient's admission, father was reported to have been in a mental hospital in Texas.

Carlo's mother died of childbirth when he was two years old.

Carlo was born in 1921, the third of three living children. Birth was normal.

IV. Childhood and youth. Patient's mother died when he was two years old. Carlo went to live with a paternal aunt, now seventy. He was a good child with no nervous habits. He liked to play cops and robbers. He was not particularly aggressive, and would be called a follower rather than a leader.

Patient completed grammar school at fourteen years, leaving then to go to work. He liked to study and never truant-ed.

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Carlo worked with a manufacturing company. He has held many outside jobs, always being dismissed because of lack of work. His job as a truck driver was terminated in a thirty day sentence for drunken driving.

V. Medical history. Patient has always been a healthy fellow, and has had no illnesses or accidents except for a sore throat when he was twelve years old. No previous mental illnesses are known to have existed.

Patient started drinking a year ago apparently to escape from reality. He was never seen drunk in his own home.

VI. Psychosexual history. He was a "good living boy". His aunt told him to have respect for girls and she believed he always had. He never married, but he went out with girls, although never anyone in particular.

VII. Personality traits and social adaptability. Patient was a Roman Catholic and attended Mass each Sunday.

He had quite a few friends, liked to attend different amusements but did not care for dances. He liked to play the dice, and to attend football and baseball games.

VIII. Home situation. Patient lived with his aunt in a small town in Rhode Island, in fact, the same town as in the preceding case. His aunt was the mother of fourteen children, but twelve were married and lived elsewhere. The whole family were congenial and cooperative.

IX. Course in hospital. For some time after admission, patient's leg was in a cast from the injury he received when he

jumped from the cell block. In August 1941, he was diagnosed, Schizophrenic, hebephrenic type. He was repulsive, aggressive, and needed constant supervision. He had strong guilt feeling for thoughts or acts, possibly of a homosexual nature. He has deteriorated progressively and only recently has his appetite improved.

X. Comparison. Both cases in this set came from the same small Rhode Island town. Of significance is Carlo's interest in cops and robbers as a child and in gangster stories as an adult, although its importance cannot be determined. His robbery was the only way he knew of getting what he wanted, and he wanted to go to see his father. His thinking was rational, but his method was not.

Set VIII.

Names: Vincent Giampaolo
Guillo Ragusa

Case Number: 15
16

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|--|---------------------------------|
| 1. Diagnosis: Schizophrenia/
manic depressive, depressed. | 7. Marital condition:
Single |
| 2. Age: 3rd decade | 8. No children |
| 3. American citizen | 9. Italian race |
| 4. Reads and writes | 10. Unskilled occupation |
| 5. Roman Catholic | 11. Urban environment |
| 6. Marginal economic condition | 12. First admission |

Case Number 15, Vincent Giampaola.

I. Reason for hospitalization. Patient was admitted in July 1939 as a transfer from Charles V. Chapin Hospital where he was referred by the police. His condition at time of transfer

was unimproved.

II. Present illness. His illness began in 1937. He would leave home for several days. He was sullen, irritable, and seclusive. He would not discuss his problems with the family. He was living with his father and brother, with neither of whom was he particularly congenial.

He showed evidence of delusions, hallucinations, and was depressed. He thought he had syphilis and attempted suicide. There was evidence of ideas of sin and punishment and loss of a constructive drive. (He thought he had a peculiar odor, and thought he should not go to Church except all in white.)

III. Hereditary, developmental, and home factors. Patient's mother came to this Hospital in 1918, Schizophrenia, catatonic. She died of a respiratory infection in 1920, while still a patient. Patient's siblings were of nervous disposition. His father drank occasionally and was easily excitable. Vincent always had been very mean to him.

His mother became mentally ill shortly after patient was born in May 1917, but was not hospitalized for a year and a half. With repeated testing Vincent's Intelligence Quotient remained around 73. He has always possessed feelings of inferiority.

IV. Childhood and youth. Patient, with his four siblings, was brought up by his maternal grandmother. As a child, he was quite bowlegged and had to wear special shoes until he was

five or six years of age. He had many playmates, most of them older than he. He was never a disciplinary problem and his childhood habits were good.

He started school at six years and left at fifteen, having completed the eighth grade. He repeated two or three grades but never truanted.

For the first two years after he left school, he helped friends, doing farm work in return for his meals. Since then, he has worked at a number of odd jobs.

V. Medical history. No illnesses, injuries or previous mental illness episodes are known to have existed. Patient started to drink in 1935. He was seldom intoxicated and never was in trouble with the Police on this account.

VII. Personality traits and social adaptability. Patient enjoyed the movies, cards, and used to gamble occasionally. He attended classes in swimming and dancing.

VIII. Home situation. Patient's home is in a foreign section of the city.

IX. Course in hospital. His hospital record showed frequent elopements, but each hospitalization remained a part of the same illness. He was diagnosed Schizophrenic, hebephrenic type. Prognosis was considered poor.

He felt that he had never been any good. "I'm just a nobody." He said he had committed a sin against the Holy Ghost and wanted to die.

The first part of the paper is devoted to a general discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The second part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The third part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The fourth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The fifth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The sixth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The seventh part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The eighth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The ninth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one. The tenth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is not only a scientific one, but also a philosophical one.

He was untidy, confused, and sometimes had to be tube fed because he was afraid of being poisoned. Total push therapy was advised.²

Case Number 16, Guillo Ragusa.

I. Reason for hospitalization. Because of mental symptoms, Guillo was transferred from the State Prison where he had been sentenced for the murder of his stepmother.

II. Present illness. Guillo became mute, refusing to eat. He apparently attempted suicide by slashing his wrists.

III. Hereditary, developmental, and home factors. Father was emotionally unstable. History is essentially negative except that patient's father was emotionally unstable. Mother was not living. Father was in Italy. He was said to be indulgent.

Patient was born in Brooklyn in 1906 of foreign parents.

IV. Childhood and youth. Mother died soon after patient's birth. He was sickly at about six months, and was taken to Italy for a short time, only to return later to remain until he was fourteen years old. He was a happy, laughing child who played normally with other boys and girls except for occasional mild fits of temper. Being the pet of the family,

² Total push method is forcing or bribing a person into a means of expression which will give a sense of achievement.

Guillo recalled his childhood as happy.

His father remarried when patient was fourteen. Guillo was fond of his stepmother. After the Ragusa's had been held up and robbed on a bridge and Mr. Ragusa had gone to Italy because he had become nervous, Mrs. Ragusa bought Guillo a gun, saying, "If that crazy man (the father) comes back you can use it and if you're not around, I'll use it."

She supervised Guillo closely and would not let him go out with young people.

His schooling totalled only about one year. At sixteen he went to work. Recorded occupation was millhand.

V. Medical history. Guillo was sickly as a baby and was taken to Italy for a few months. This is his first episode of mental illness. Patient denied use of alcohol, narcotics, drugs or patent medicines.

VI. Psychosexual history. Patient admitted no sexual irregularities. As a child he played with both boys and girls. He has never married.

VII. Personality traits and social adaptability. Guillo was well liked by everyone. He was sensitive, stubborn, impulsive, quick-tempered, easily discouraged, and easily angered. He was quiet and kept things to himself.

VIII. Home situation. Nothing is known of the home situation, except that he lived in an apartment.

IX. Course in hospital. Diagnosis in 1929 was Manic depress-

THE HISTORY OF THE UNITED STATES OF AMERICA

BY JAMES M. SMITH, LL.D., OF THE UNIVERSITY OF CHICAGO

The history of the United States of America is a story of the growth of a great nation from a small colony of English settlers. The story begins in 1492 when Christopher Columbus discovered the New World. The first English settlers came to America in 1607, and the first American Revolution was fought in 1776. The United States has since grown into a great power, and its history is a story of the struggle for freedom and democracy.

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ive, depressed. The fact that patient's stepmother bought a gun and told the boy to use it on his father may have caused him to use it on her. He lacked proper schooling and moral training.

In the Hospital, Guillo was usually quiet and indifferent to surroundings. He admitted hearing a girl's voice most of the time. In 1937 he said he heard the Virgin Mary talking to him. He was pugilistic, dull and preoccupied.

He changed very little in his years here. He was well nourished, but remained disturbed and seclusive. He admitted masturbation recently.

When his sentence expired, he was committed to this Hospital since he was still considered potentially dangerous.

X. Comparison. Guillo lacked schooling and moral training. Vincent had strong feelings of inferiority, but he was brought up in a family with siblings of his own. Guillo had no home. His father was emotionally unstable, and the patient was extremely quiet. Finally his dreams came true when his father remarried and a woman, at that, of whom he was very fond. But he had to share her with his father, although he was away in Italy. One cannot tell if he actually was jealous, but there was some strong emotional feeling present. When his stepmother gave him a gun to shoot his father if he should return, he used it on her instead. The difference between these two cases is largely circumstantial.

The first part of the paper discusses the importance of the study and the objectives of the research. It also mentions the scope of the study and the limitations of the study.

The second part of the paper discusses the methodology used in the study. It includes a description of the data collection methods and the statistical analysis used.

The third part of the paper discusses the results of the study. It includes a description of the findings and a discussion of the implications of the findings.

The fourth part of the paper discusses the conclusions of the study. It includes a summary of the findings and a discussion of the implications of the findings.

The fifth part of the paper discusses the limitations of the study. It includes a discussion of the strengths and weaknesses of the study.

The sixth part of the paper discusses the future research. It includes a discussion of the areas for further research and the potential impact of the research.

The seventh part of the paper discusses the references. It includes a list of the references used in the study.

Set IX.

Names: Michel di Pasquale
Domenic Pugliesi

Case Numbers: 17
18

- | | |
|--|---------------------------------|
| 1. Diagnosis: Schizophrenia/
Psychosis with psycho-
pathic personality | 7. Marital condition:
Single |
| 2. Age: 3rd decade | 8. No children |
| 3. American citizen | 9. Italian race |
| 4. High school education | 10. Semi-skilled occupation |
| 5. Catholic religion | 11. Urban environment |
| 6. Marginal economic con-
dition | 12. First admission |

Case Number 17, Michel di Pasquale.

I. Reason for hospitalization. Michel di Pasquale was admitted to the State Hospital in February 1935 as a transfer from Charles V. Chapin Hospital.

II. Present illness. Changes in behavior were first noticed when he was recovering from a severe attack of bronchitis. At his first job he began to show mental symptoms and thought his co-workers were making fun of him. He became preoccupied, nervous, listless, and expressed the idea that he was endowed with unusual powers because of his dual personality. He grew discouraged, melancholy, and had no pep. He became less active, more seclusive, read a great deal, was unable to sleep and ate poorly.

III. Hereditary, developmental, and home factors. Mother was a simple looking, motherly Italian woman. She became a citizen a few years ago. She was described as emotionally unstable and nervous. She had heard from relatives that his father had

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attacks, not described, when he was younger. He was born in Italy, came to the United States in 1910, but never became an American citizen. He died in 1921, following an operation for hernia. He is described as a good living man, irritable, quick tempered and frequently abusive to his wife and children. Patient's brother, now 35, said in 1932 that he was nervous but thought he was more stable emotionally than his mother. Another brother, now 28, was high strung and smoked to excess.

Patient was born in the United States in February 1914, weighing seven pounds. Birth was normal and full term.

IV. Childhood and youth. Patient walked at two and talked at three years. In his pre-school years, he was subject to temper tantrums. He was considered a selfish child and very nervous, as evidenced partially by the fact that he bit his nails. He suffered from enuresis until he was nine years old.

In childhood he was little different from his brothers, being normally aggressive, and active in outdoor games. As he grew older he became more quiet, withdrawing more from companionship of other boys. He became a dreamer and a bookworm.

He was smart enough in school to be able to skip two grades. He started technical high school but said the boys picked on him, and he did not like it. He was transferred to Trade School where he studied electrical engineering. He liked his work and did well but finally left before completion of the course because of the attitude of his teacher.

After leaving school, he worked for a year and a half as a stamper in a rubber company. He became thin and run down. After he had a severe attack of bronchitis, his mother made him leave work about two weeks before his first admission to Charles V. Chapin Hospital.

V. Medical history. Patient had no childhood illnesses. At six or seven he had frequent nosebleeds but was not seen by a physician. When he was eight years old, he was struck over the eye with a baseball bat. While at the doctor's office for treatment, he had some sort of a spell, which was not diagnosed. He has never had a recurrence.

Present attack of mental illness was gradual in onset, starting in 1930. He was admitted to Chapin Hospital in June 1932 and taken home against advice a week later. He improved for a while, but then became worse and was returned.

Nothing is known regarding use of alcohol or drugs. Physical examination revealed nothing positive.

VI. Psychosexual history. Patient is a single man, and has never reached more than the homosexual level of development. His dreams have to do mostly with getting work and getting money to care for his family. He said that his dreams did not seem particularly real to him, but once he dreamed that he was being brought to a building like the one he was in here at the Hospital, for a bad habit, masturbation.

VII. Personality traits and social adaptability. As he grew

older, he liked to be by himself, read a great deal, particularly along abstract lines, such as psychology and philosophy. He became interested in Christian Science.

VIII. Home situation. Mother and patient lived on the second floor of a house in a poor tenement district. Downstairs, lived the brother, sister-in-law, and children.

IX. Course in Hospital. On admission, February 1925, Michel was in good contact and realized something was wrong. He thought he had epilepsy. During the interview he brought in many psychological terms which he used incorrectly. As an explanation for his difficulty, he said he did not have enough "control". In the presentation before the Staff a short while after his admission, he was diagnosed Schizophrenic with a poor prognosis. His physical condition was at that time good. Hospitalization and occupational therapy were recommended. He gave up reading, saying that he felt it made him worse.

In the Spring of 1935 he was described as being withdrawn, silly, aimless in his activities. His inappropriate responses were one indication of a rich phantasy life. He was also hallucinated, and while he was being questioned, he muttered:

Preposterous, I don't want to stultify anyone. I just saw too far ahead. I was compelled by the fiendish forces to deny myself the right to a square deal. I think I'll go to the dogs. I like dogs.

Although he had said he felt reading made him worse, his

plans were to study psychology for the "easy relief of those who can't do their own thinking."

For the most part, he ran a sewing machine in the Industrial Shop. He got along well. No further hallucinations were reported and Michel was allowed to go home for short visits and later for a Trial Visit, which is for a six months period and may be renewed indefinitely. He was in and out of the Hospital for the next five years although he showed progressive deterioration. In January 1940, he was sent to the Sanitorium, a separate building for the mentally ill who are tubercular. He showed no improvement and died in May 1941, after he had had at least one period of catatonic excitement which aggravated his tubercular condition.

Case Number 18, Domenic Pugliese.

I. Reason for hospitalization. Domenic was transferred from the State Prison in July 1939. He received a jail sentence of 18 months in 1937 when he was found riding in a stolen car. In April 1939, he escaped from prison where he was being held as a suspect in a robbery. On return he was placed in solitary confinement

II. Present illness. On return to prison he had been placed in a dark cell on a bread and water diet. He was extremely nervous three weeks before his transfer, worried a lot, complained of a pain in his chest, and was losing weight.

He was highly suggestible. He attacked another inmate

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with a knife and smashed articles in his cell. He heard voices of his mother and fiancé saying, "Don't go up. (meaning for sentence) It is not you. It is your mother."

III. Hereditary, developmental, and home factors. His brother was also a patient here, diagnosis, Schizophrenia. There was no further evidence of mental disease in the family.

Father, a jewelry worker, was born in Italy and died with heart disease in 1934. He was strict, drank a lot, but supported his family well. His mother was always kind to the children. Patient was brought up by his grandmother as his own mother worked in the mill.

Patient was born in 1918. Birth was normal and the mother was well during pregnancy. Patient walked at nine months and started to talk at one year of age.

IV. Childhood and youth. Domenic was practically an only child as his brother was eleven years his senior. This brother left home when the patient was young because the father was so strict. Patient was active, and a pleasant boy. He was well liked by other children and by his family. His home life was considered happy.

He finished grammar school, repeating one grade, but later skipped to make it up. He liked school and wanted to go on to high school, but his father needed him at home.

Father took him into his own bake shop as an apprentice, where he worked without pay. He seemed to be satisfied with

this arrangement and intended to continue.

V. Medical history. Domenic has been well all his life. He had a tonsillectomy at the age of ten or eleven. There were no accidents or operations. This is his first episode of mental illness. Patient never drank anything even as strong as coffee.

VI. Psychosexual history. Patient was always discreet in his contacts with girls, according to his mother, and has never had any venereal disease. However, according to him, he had intercourse with girls two or three times a week and also took the passive part in fellatio with girls. He occasionally masturbated while out in the community and has done so once or twice a week while in the prison and Hospital.

VII. Personality traits and social adaptability. Mother was proud of his boxing and other sports. He was a devoted son and very fond of his father who went hunting with him.

His Intelligence Quotient was around 80. He preferred company to solitude. Failure in social adjustment was probably due to personality disturbance.

VIII. Home situation. Patient lived with his mother and step-father.

IX. Course in hospital. Diagnosis was Psychosis with psychopathic personality, prison psychosis. He felt no guilt but his ideas were of a persecutory nature.

He has been violent, frequently needing restraint. After

he chewed off a portion of his finger two years ago, he was given electro-shock therapy in an attempt to make him less of a behavior problem.

Lack of pay may have been a factor which led him to steal, which was the beginning of his difficulty.

X. Comparison. Both patients had mental illness or emotional instability in the family. Although Domenic preferred company to solitude, he was, nevertheless, a failure in social adjustments. His home was so difficult that his brother ran away from it at an early age. Domenic continued to remain at home, working for his father for nothing. Lack of financial reward may have led him to steal, which got him started wrong. It was believed that he always possessed a personality disturbance.

Set X.

Names: Giovanni Carlo
 Andrea Pulli

Case Number: 19
 20

1. Diagnosis: Manic depressive/ Schizophrenia	7. Marital condition: Single
2. Age: 4th decade	8. No children
3. Not American citizen	9. Italian race
4. No education	10. Semi-skilled occupation
5. Roman Catholic religion	11. Urban environment
6. Marginal economic condition	12. First admission

Case Number 19, Giovanni Carlo. Little information could be obtained because no close relatives live near.

I. Reason for hospitalization. Giovanni Carlo was admitted in February 1938 because he had been talking peculiarly, was ex-

The first part of the report deals with the general situation of the country and the progress of the work. It is followed by a detailed account of the various projects and the results obtained. The report concludes with a summary of the work done and the conclusions reached.

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Project 3	2000
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cited, and because he was found leaning out of the third story window. Mr. and Mrs. Galli, informants, were afraid he might fall.

II. Present illness. Three weeks before admission, patient came to informant's house, panting, perspiring, and seemingly exhausted. He had lived with Mr. and Mrs. Galli for five years in Pennsylvania until they had moved to Rhode Island. He said he had walked all the way from Philadelphia. After he had remained in bed for three days, he was able to get up. He was overtalkative, made no sense, and his conversation showed a flight of ideas. However, he seemed to realize his condition. "Me talk foolish. Don't know what I'm talking about. Talk to somebody else."

He was not rational at any time during the three weeks he remained in the home before he was admitted. He said he was Henry Ford. At times he was heard to say, "I won't stay for Camella. I won't stay for Camella." No one knew who she was.

III. Hereditary, developmental, and home factors. Since informants knew patient for a period of five years some time ago, no family history was available, but it was thought to be negative. Patient's father, an engineer in a flour mill, was a healthy, hard working man. He died at an advanced age from an unknown cause. Patient's mother died at the age of 43, possibly of cancer. "My mother died with big fat legs

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like this. She lazy like hell."

Patient was born in Italy 40 or 42 years ago.

IV. Childhood and youth. Giovanni was one of five children. Apparently all were healthy. He does not read or write and had very little education. His father did not care whether or not the children were educated.

At 18 years of age, Giovanni joined the Italian Navy. He came to America in 1921 but never became an American citizen. In 1927, he established himself in a barber shop, but because of the depression, he never earned much money. He lacked ambition and always has left his job if he thought he were working too hard.

V. Medical history. During his enlistment in the Italian Navy in World War I, he had meningitis. His own story was that he had malaria and was suffering from it still, continuing to take quinine. No other episodes of mental illness are known to have existed.

Patient drank moderately but never became intoxicated. Quantity of quinine consumed was not considered important.

VI. Psychosexual history. Nothing is known of the past history. However, on the ward in the Hospital he was much concerned with his body and masturbated freely.

VII. Personality traits and social adaptability. Patient was always quiet and well-conducted. He was described as a slow moving, slow thinking Italian. He was gentle with children,

but rather reticent with adults.

VIII. Home situation. Giovanni had no home. He had apparently been boarding for years.

IX. Course in hospital. He was presented before the Staff in April 1938. All agreed that he was hypomanic. The diagnosis was Manic depression, but those not in agreement felt he was schizophrenic. For the most part his prognosis was considered good although some questioned this. Lack of proper rest together with overexertion and insufficient food were precipitating factors.

During his hospitalization he had been facetious and flippant most of the time, once in a while being depressed and tearful. He worked continually at unassigned tasks and was afraid he would be punished if he did not complete all the duties he assumed.

As time passed he showed progressive delapidation and continued with his grandiose ideas. He heard the voice of his grandmother who was dead and heard God telling him to be a good man. He masturbated freely on the ward, became overactive and overtalkative.

Case Number 20, Andreo Pulli.

I. Reason for hospitalization. In April 1931 patient was transferred to the State Hospital from the State Prison, where he was committed for murdering his sister-in-law.

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II. Present illness. Andreo was under observation at the State Prison from November 1927 to the time of transfer. He showed definite signs of deterioration. He was oriented but showed no insight into his condition.

III. Hereditary, developmental, and home factors. Unfortunately little is known of the family. The father, a farmer, and mother were born in Italy and are still living. Andreo was born 43 years ago.

IV. Childhood and youth. Andreo always fought with his brothers and playmates because they called him bad names. Three brothers are still living.

Patient attended school a short time. He liked it, but had to stay at home often, because, as he said, his mind was working on him. He was able to read and write in Italian.

In Italy he was a farmer, but when he came to America in 1925, became a jeweler.

V. Medical history. Andreo said he was gassed in the war. In the roof of his mouth was a self inflicted bullet wound, received at the time he murdered his sister-in-law. He complained for a time of headache and loss of balance.

VI. Psychosexual history. Since 1921, he had felt that he was being persecuted by his sister-in-law who wanted to ruin his reputation and character. She was promiscuous and wanted to have relations with him. For some time he had been carrying a gun to protect himself from these people. One day he

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provoked the mother of his sister-in-law, who called him names, went into the pantry and picked up a knife. Andreo immediately shot at his sister-in-law, and then shot himself. He is not sorry he killed her, but he is glad he did not die. Social factors in the crime were emotionalism and circumstances.

VII. Personality traits and social adaptability. Andreo Pulli is silly, lazy and definitely effeminate. He always has preferred being alone. Facies indicate emotional deterioration. He smoked and drank in moderation and enjoyed the movies.

VIII. Home situation. Patient lived in boarding homes, but his relatives lived in the slums which is probably an indication of patient's childhood environment.

IX. Course in hospital. In the State Prison, Andreo heard the voice of his murdered sister-in-law and has since heard the voice of his god-father who is in Italy. On admission, patient was nervous and impulsive. He laughed even when talking about the murder. Characteristically, he was indifferent and apathetic. He has practiced mutual masturbation with men and there was a report of pederasty.

He was troublesome in the Prison, but he has adjusted more satisfactorily here. Diagnosis was schizophrenia.

In 1931, he was found facing the wall and saying, "Are you sleeping Armanda?" Armanda was the woman he shot. He felt she was not fit to be his brother's wife. At times he

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burst into laughter for no apparent reason. He followed the Hospital routine well and worked on the ward. He was well oriented. His English has improved considerably since he came here. In his own words, "I am crazy in the head."

X. Comparison. Causative factors in the case of Giovanni might be his medical history. His lack of a home, and more immediately, his lack of proper rest and food.

Once again in Andreo we find a definite personality, effeminate and seclusive. Knives are to Italians the natural way of settling disputes, and he doubtless solved a problem when he killed his brother's wife. But what was his thinking? Did he feel guilty over loving a woman he thought he should hate? Why should he take over his brother's responsibility, in a way, by deciding what to do with this woman? Emotionalism and circumstances, together with a nervous and impulsive disposition are the causes of his mental and criminal difficulties.

PART III



CHAPTER IV.

The causes of criminality and the treatment of criminals have long been points of dissension. "The Neo-Lombrosian theory that crime is an expression of psychopathy is no more justified than was the Lombrosian theory that criminals constitute a distinct physical type!"¹ The only conceivable way that criminals might fall under a physical type would be when the individual's characteristics were inferior. Such classification never could be scholarly since certain phenomena might constitute inadequacy to one person and not to another. The development of an inferiority complex is dependent more upon the individual reaction to himself than upon the various factors which go to make up his total personality.

Any number of studies have been made to disprove various theories as to causes of criminality. Groves and Blanchard show that feeble-mindedness is not the major causative factor of delinquency in 50 cases studied.² However, it is the writer's opinion that it may be a factor because of an inability to grasp moral concepts and because of the failure of seeing the advisability of postponing immediate pleasure to a future

1 Edwin H. Sutherland, Principles of Criminology (Philadelphia: J.B. Lippincott Company, 1934), p.105.

2 Ernest R. Groves and Phyllis Blanchard, Readings in Mental Hygiene (New York: Henry Holt and Company, 1936), p.106.

date. In Case Number 14, Carlo Polsonetti wanted money so that he could go to Texas to see his father. Intelligence Quotient was not known, but his lack of intelligence may have been the reason he could not plan a satisfactory method for obtaining the money he wished. Since he was a truck driver, he doubtless would have had to wait a long time to save enough to get him to Texas. Pleasure would have to be postponed. A more intelligent person should have been able to conceive of a socially acceptable way of securing the money or, at least, should have realized that the immediate pleasure derived was not worth the risk and the punishment.

Poor biological stock is not considered a major factor in criminality except in rare instances.³ It remains difficult to ascertain the relative importance of heredity and environment. Similar behavior for all members of a family may as well be caused by the environment as by any native endowment. If each member of a family displays criminal tendencies, it should not mean that they were "born that way" any more than if in another family, all the men became lawyers. It is true that a lawyer is usually more intelligent than a criminal, but since not all smart men become lawyers, there was obviously something in the environmental atmosphere which aroused the same interest in each of these men. It is no different

3 Ibid, p.108

with criminals. In an interview with the writer, Grube Cornish, Superintendent at the State School for Boys in Maine, stated he believed that the same families fill the mental, penal, and feebleminded institutions. It is impossible to trace this fact back to an environmental or hereditary basis, but it is probable that both were operative.

There is always a high correlation between the incidence of delinquency or criminality and economic status. In not one of the 25 cases from which this study was selected was the economic condition above marginal. That means that the families were actually in need or did not have enough savings to last four months without further income. This becomes important when the possibility of a sense of security is considered. However, it should be remembered that statistics can lie and families with more than a marginal income have more chance of keeping members of their family out of correctional institutions.

There is another factor in regard to economic status related to criminality, although not necessarily to mental illness. Most crimes (excluding, for the most part, murder and rape) may be precipitated by economic need. Further, professional criminals who have acquired considerable money, have more than a fair chance of buying their way out of a jail sentence.

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only a dependent or marginal income but also such factors as living in a broken home or being an unwanted child. This insecurity is tied up with any form of maladjustment and is a factor in conflict. The longing for a striving for a sense of security is almost one of our basic needs.

The treatment of criminals should be mentioned briefly, although it is worthy of further study. The American people sincerely believe that their laws have been made for the benefit of all American citizens, for the offenders as well as the communities. Yet, much time and money is spent on proving a person guilty and practically none is spent on his treatment.

It is always the responsibility of a few to take care of many, and because it is a responsibility and a fact which is not subject to change, those few should be prepared to care for, to treat, and advise the few, not just in criminal courts, but always, including the treatment of an individual after the sentence has been passed. Just as parents take care of children until they are able to care for themselves, so a few intelligent, capable, mature persons have to take care of, to watch over others always. These dependents will always be with us, but we are just beginning to realize that with adequate care and training of all of them, the number can be decreased.

the following table shows the results of the various experiments conducted in the laboratory of the U. S. Bureau of Fisheries, Washington, D. C., during the year 1900. The results are given in the following table:

Experiment	Results
1. The effect of temperature on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the temperature of the water in which they were reared. The growth was found to be the same at 50° F. and 60° F., but was much slower at 40° F. and 70° F.
2. The effect of light on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the intensity of the light to which they were reared. The growth was found to be the same at 100 and 200 foot candles, but was much slower at 50 and 300 foot candles.
3. The effect of food on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of food which they received. The growth was found to be the same at 10 and 20 grams of food per day, but was much slower at 5 and 30 grams of food per day.
4. The effect of oxygen on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of oxygen which they received. The growth was found to be the same at 10 and 20 volumes of oxygen per day, but was much slower at 5 and 30 volumes of oxygen per day.
5. The effect of carbon dioxide on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of carbon dioxide which they received. The growth was found to be the same at 10 and 20 volumes of carbon dioxide per day, but was much slower at 5 and 30 volumes of carbon dioxide per day.
6. The effect of ammonia on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of ammonia which they received. The growth was found to be the same at 10 and 20 volumes of ammonia per day, but was much slower at 5 and 30 volumes of ammonia per day.
7. The effect of nitrate on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of nitrate which they received. The growth was found to be the same at 10 and 20 volumes of nitrate per day, but was much slower at 5 and 30 volumes of nitrate per day.
8. The effect of phosphate on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of phosphate which they received. The growth was found to be the same at 10 and 20 volumes of phosphate per day, but was much slower at 5 and 30 volumes of phosphate per day.
9. The effect of silicate on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of silicate which they received. The growth was found to be the same at 10 and 20 volumes of silicate per day, but was much slower at 5 and 30 volumes of silicate per day.
10. The effect of iron on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of iron which they received. The growth was found to be the same at 10 and 20 volumes of iron per day, but was much slower at 5 and 30 volumes of iron per day.
11. The effect of copper on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of copper which they received. The growth was found to be the same at 10 and 20 volumes of copper per day, but was much slower at 5 and 30 volumes of copper per day.
12. The effect of zinc on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of zinc which they received. The growth was found to be the same at 10 and 20 volumes of zinc per day, but was much slower at 5 and 30 volumes of zinc per day.
13. The effect of manganese on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of manganese which they received. The growth was found to be the same at 10 and 20 volumes of manganese per day, but was much slower at 5 and 30 volumes of manganese per day.
14. The effect of cobalt on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of cobalt which they received. The growth was found to be the same at 10 and 20 volumes of cobalt per day, but was much slower at 5 and 30 volumes of cobalt per day.
15. The effect of nickel on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of nickel which they received. The growth was found to be the same at 10 and 20 volumes of nickel per day, but was much slower at 5 and 30 volumes of nickel per day.
16. The effect of boron on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of boron which they received. The growth was found to be the same at 10 and 20 volumes of boron per day, but was much slower at 5 and 30 volumes of boron per day.
17. The effect of sodium on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of sodium which they received. The growth was found to be the same at 10 and 20 volumes of sodium per day, but was much slower at 5 and 30 volumes of sodium per day.
18. The effect of potassium on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of potassium which they received. The growth was found to be the same at 10 and 20 volumes of potassium per day, but was much slower at 5 and 30 volumes of potassium per day.
19. The effect of calcium on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of calcium which they received. The growth was found to be the same at 10 and 20 volumes of calcium per day, but was much slower at 5 and 30 volumes of calcium per day.
20. The effect of magnesium on the growth of the young of the Atlantic salmon.	The growth of the young of the Atlantic salmon was found to be directly proportional to the amount of magnesium which they received. The growth was found to be the same at 10 and 20 volumes of magnesium per day, but was much slower at 5 and 30 volumes of magnesium per day.

Case
No.

[illegible]

Red - cases used

Black-cases discarded

TABLE I

Factors analyzed in Cases in Criminally Insane Building, State Hospital for Mental Diseases, Howard, Rhode Island.
October, 1941.

Handwritten notes in the top right corner, possibly a date or reference.

THE HISTORY OF THE

Main body of handwritten text, appearing to be a list or index of names and dates, organized in columns.

Handwritten notes in the middle right margin.

Handwritten notes in the bottom right corner, possibly a signature or concluding remarks.

Always one can find a number of causative factors for any condition, but seldom a single one. This is true also for criminality and mental illness. In some of these instances it seems that the person committed a crime because of the circumstances, and nothing more, as killing a person in self defense.

Table I indicated that of the 25 statistical cards available for the 27 men in the Criminally Insane Building in October 1941, 10 were diagnosed Schizophrenic and 7 as Psychosis with psychopathic personality. Table II, below, shows that this distribution is unusual for the general hospital population.

Table II. Average Annual No. of Negro and White First Admissions to All Institutions for Mental Diseases in N.Y.State, 1929-31. Expressed as Standardized Rates per 100,000 of the Corresponding General Population as of 1930.

DIAGNOSIS	Rates per 100,000 General Population	
	White	Negro
Manic depressive	13.3	20.0
Senile dementia	27.6	52.1
Dementia praecox	25.7	51.1
Cerebral arteriosclerosis	41.1	119.6
Alcoholic psychosis	6.5	22.2
General paresis	9.3	37.9
Total	97.4	224.7

✓ Carney Landis and James D. Page, Modern Society and Mental Disease, (New York: Farrar and Rhinehart, 1938), p.101.

The first part of the paper discusses the importance of the study and the objectives of the research. It also provides a brief overview of the methodology used in the study.

The second part of the paper presents the results of the study. It includes a detailed description of the data collected and the analysis performed. The results are presented in a clear and concise manner, highlighting the key findings of the study.

The third part of the paper discusses the implications of the study and the conclusions drawn from the results. It also provides a brief summary of the study and its findings.

Table 1: Summary of the study results	
Variable	Value
Mean	1.2
Standard Deviation	0.5
Minimum	0.5
Maximum	2.0
Range	1.5
Skewness	0.1
Kurtosis	0.2

The final part of the paper provides a conclusion and a brief summary of the study. It also includes a list of references and a list of figures and tables.

However, Tables III and IV indicate that schizophrenia and psychosis with psychopathic personality are more apt to be associated with criminal offenders. It does not indicate that one is a factor influencing the other, nor does it say that most criminals may be classified thusly.

Table III. Diagnoses of 25 Patients in the Criminally Insane Building, Howard, Rhode Island, October 31, 1941.

DIAGNOSES	Number of Patients
Schizophrenia	10
Psychosis with psycho-pathic personality	7
Manic depressive	2
Mental deficiency	2
Paranoid condition	2
Psychopathic personality	1
General paresis	1
Total	25

The factor of religion is inconsequential since the statistics for nationality groups within the Hospital were not available. However, Catholicism is a strong and strict religion. To the pious, it gives a sense of security and is helpful in this way when the individual lacks other security. On the other hand, it is a strict religion, capable of punish-

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ment as well as forgiveness. Superficially, it seems that a break with the high standards of the Church is more apt to cause conflict than the more lenient Protestant sects. The Catholic halo is apt to pinch sooner.

Table IV. Diagnoses of Ten Cases of the Criminally Insane
Selected for Study, Howard, R.I., October 31, 1941.

DIAGNOSES	Number of Patients
Schizophrenia	6
Prison psychosis	2
Manic depressive	2
Total	10

None of the patients in the Criminally Insane Building in October 1941 were of the Jewish religion or race. Although this is a point for further study, two suggestions may be offered by way of explanation. The first is that with the Jewish race, the family is the primary unit, and among these people there is great unity. This racial and familial unity may be so strong as to furnish an adequate sense of security. The second possibility is that, should the individual fail socially or emotionally because these factors do not furnish an adequate sense of security, his friends and relatives may protect him when he is in difficulty with the law or care for

1. The first part of the paper discusses the importance of maintaining accurate records of all transactions. This is essential for the proper management of the company's finances and for ensuring compliance with relevant regulations.

2. The second part of the paper outlines the various methods used to collect and analyze data. This includes both qualitative and quantitative techniques, as well as the use of statistical software to process large volumes of information.

3. The third part of the paper presents the results of the study. These findings are discussed in detail, highlighting the key trends and patterns observed. The data suggests that there is a significant correlation between the variables studied, which has important implications for the industry.

4. The fourth part of the paper discusses the limitations of the study and suggests areas for future research. While the current study provides valuable insights, there are still several factors that need to be explored in greater depth to fully understand the underlying mechanisms.

5. The fifth part of the paper concludes the study by summarizing the main findings and their implications. It emphasizes the need for continued research and the importance of applying these findings to practical applications in the field.

6. Finally, the paper includes a list of references to the sources used in the research. These references provide a comprehensive overview of the existing literature on the topic and serve as a guide for further exploration.

him if he is mentally ill. Therefore, he does not come to the attention of the Hospital.

The number of cases in this study is too limited to serve as a basis for forming specific conclusions. In the order the cases were presented, it was assumed that English culture was nearest to American culture. Such classification may not have been warranted as it is not known what role cultural conflict plays in mental illness. Miss Shirley Brown, found a high correlation between the proportion of the varying nationalities admitted and the proportion of those same groups in the total population of the state.²

The high percentage of these patients in unskilled or semi-skilled work and with little or no education is not important in itself, but it may imply a lack of intelligence to grasp moral concepts and a lack of the ability to earn money to meet needs and desires. It is tied up with the feeling of a sense of security which is a great factor in reaching and maintaining mental health.

Only two of the twenty-five patients in the Criminally Insane Building at the time of this study were from rural environments. The significance of this cannot be estimated, but it probably is slight since Rhode Island is largely urban.

² Brown, Shirley, "Incidence of Mental Breakdown in the Foreign-Born at the State Hospital for Mental Diseases During the Year 1940," Unpublished Master's thesis, Boston University, 1942.

Of the twenty-five original cases only four were at the time married. This may have little meaning: it may indicate that less stable men remain single; it may indicate that men who remain single become less stable.

According to the physician's summaries, six of the mentally ill criminals committed crimes, because of a personality deficiency or unsatisfactory habit patterns. Two were victims of circumstance and four apparently committed crimes in an attempt to obtain what they wanted or to do away with what was distasteful to them, that is, unsatisfactory parts of their lives or their symbols. There is some overlapping here because of the existence of more than one causative factor.

This is no indication of the reason these criminals became mentally ill. The date of onset of the illness cannot be determined. It may be assumed that they were well enough not to plead insanity in court since all of the ten cases in this study were transferred to the State Hospital from jail or prison.

By process of elimination, the prison environment would seem to be a major factor in the mental breakdown of these criminals. The convict is essentially the man whose life has been ruined. In the prison, he has little purposeful activity. What he does is routinized drudgery. Life becomes futile, and he escapes into a world of fantasy and thence to actual

The first of these is the fact that the
government has been unable to
bring about a general agreement
among the various interest groups
concerned in the matter. This is
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protect, and is therefore unable
to see the larger picture.

illness which may require hospitalization.

Almost any person can say of his own or of any field at any time, "I know what could be done. If only I had more time-----." The public has to be made to realize what could be accomplished with more appropriations for the care of prisoners and patients in mental hospitals. The public has to be shown what an increase in the number of individuals with better or specialized training could do for these maladjusted individuals. It is a hard-hearted public which has to be convinced, people who stalled at being influenced by Pearl Harbor and necessary, well-planned propaganda.

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CHAPTER 10

The first part of the chapter discusses the importance of the study of the history of the United States. It is a subject that is often overlooked, but it is one that is essential to a full understanding of the country.

The second part of the chapter discusses the role of the government in the development of the country. It is a subject that is often overlooked, but it is one that is essential to a full understanding of the country.

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The seventh part of the chapter discusses the role of the environment in the development of the country. It is a subject that is often overlooked, but it is one that is essential to a full understanding of the country.

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A STUDY OF MENTALLY ILL CRIMINALS AT THE
STATE HOSPITAL FOR MENTAL DISEASES
OCTOBER, 1941

SCHEDULE FOR CASES

I. Reason for hospitalization.

II. Present Illness

A. Elaboration of above.

B. Other complaints from patient and others.

C. Record of any change in behavior.

III. Hereditary, developmental and home factors.

A. History of mental disease, alcoholism, delinquency, emotional instability, or suicide in family.

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B. Description of personality of parents.

C. Date of birth and factors connected with birth experience.

IV. Childhood and Youth.

A. Outstanding experiences.

B. Description of childhood environment.

C. Schooling and attitude toward school.

D. Occupational history.

V. Medical History.

A. Chronological history of all illnesses and injuries.

B. Previous episodes of mental illness.

C. Use of alcohol, narcotics, drugs, patent medicines and possibility of occupational poisoning.

CHAPTER 1. THE HISTORY OF THE UNITED STATES

CHAPTER 2. THE HISTORY OF THE UNITED STATES

CHAPTER 3. THE HISTORY OF THE UNITED STATES

CHAPTER 4. THE HISTORY OF THE UNITED STATES

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CHAPTER 6. THE HISTORY OF THE UNITED STATES

CHAPTER 7. THE HISTORY OF THE UNITED STATES

CHAPTER 8. THE HISTORY OF THE UNITED STATES

CHAPTER 9. THE HISTORY OF THE UNITED STATES

VI. Psychosexual History: Nature of sex instruction, early experiences, homosexual and heterosexual experiences, and marital history.

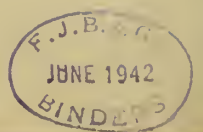
VII. Personality traits and social adaptability.

VIII. Home situation: Description of home and neighborhood.

IX. Course in hospital and prognosis.

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