

1915

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Recommended Citation

Edith R. Spaulding, Results of Mental and Physical Examinations of Four Hundred Women Offenders with Particular Reference to Their Treatment During Commitment, 5 J. Am. Inst. Crim. L. & Criminology 704 (May 1914 to March 1915)

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THE RESULTS OF MENTAL AND PHYSICAL EXAMINATIONS
OF FOUR HUNDRED WOMEN OFFENDERS—WITH
PARTICULAR REFERENCE TO THEIR TREAT-
MENT DURING COMMITMENT.¹

By Edith R. Spaulding.²

This study does not take into consideration complete medical or complete psychological detail, and is, therefore, not offered as a scientific production in either of these two directions. It is not intended for a treatise on the causation of criminalism; rather has the attempt been made to form a working classification of the mental and physical potentialities of four hundred inmates, that a better understanding may be had of the material with which one has to build in an institution of this type.

When an individual enters a reformatory institution, the natural constructive thought is, "Of what use can the institution be in successfully placing him as a responsible person in the community?" In working out such a problem, two factors must be considered—first, to what extent is the institution able to help him with its available resources: and, second, what is he able to contribute to the institution? These two factors react upon each other, for if the most efficient workers can be recognized at once and given the most responsible positions, these positions should return work to the institution of the highest standard possible. In accomplishing both of these things with the best success, a thorough understanding of each individual as he enters the institution is valuable.

In order to understand any person well, and the ways in which his anti- or pro-social attitudes have been formed, it is apparent that a knowledge of his past life is essential. In understanding his past life, and in order to give as nearly as possible the proper proportion of responsibility to factors of heredity, training and environment, it is necessary to know as much as possible of his mental and physical potentialities. Without such knowledge in the study of persons in a reform institution, many mistakes in diagnosis may be made. Some individuals may be pushed into situations which they are incapable of handling, while others who are capable of much bigger things will be allowed to persist in the way of least resistance (which they may always have taken) because, to the casual observer, they appear to be defective mentally.

A rough classification has been made of the mentality of four

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hundred women, who have been studied in detail, psychologically, in the following groups:

1. Those showing good native ability.....	88	22.0%
2. Those showing fair native ability.....	59	14.7%
3. Those with poor native ability or dull from physical defects	79	19.7%
4. Those showing mental subnormality (slight mental defect).....	107	26.8%
5. Those showing feeble mindedness (marked mental defect, i. e., the moron group).....	67	16.8%

The subnormal group (4) includes those who are slightly defective and in other classifications might be called the highest grade of feeble-minded. The moron group in this classification (5) includes those who are definitely defective—with a mental age corresponding roughly to that of a child from seven to twelve years. Included in this class are four cases which should be justly classed as imbeciles and represent a mental age under seven years.

The tests used in estimating these results are those recommended by Dr. Healy of Chicago; the Binet-Simon tests; and various other psychological and psychiatric tests which have been used as the occasion demanded. Besides these tests, the amount of school training has always been inquired into, including regularity of attendance and the type of school attended, as well as the school grade that was reached. Tests in general information, arithmetic, etc., have then been given to estimate the amount of knowledge that was attained, or which has been retained. The results of these examinations have been tabulated, and are given in the accompanying charts in each of the various classes above mentioned.

This classification is not satisfactory from a psychological point of view. It has been made after the various mental faculties have been studied in detail, in order to form some general conception of the individual's mentality, as a working basis for those interested in her, and shows in a general way with what mental grades we have to deal. Such a classification, especially in cases showing extreme irregularity, is difficult, and sometimes impossible. Among the epileptics and those showing psychopathic tendencies this is particularly true. These cannot be classified in such a general way and require a much more detailed description and classification. Perhaps six cases out of the four hundred have been omitted on this account, while the other irregular ones have been placed in the class which corresponds with their more proficient characteristics. The following eight charts represent the results of the study of four hundred consecutive cases.

The routine examination of the patients, both mental and physical, as well as the bacteriological work, has been done largely by the assistant physician, Dr. Elizabeth A. Sullivan. We are indebted to her also for help in compiling these statistics.

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CHART I. SHOWING AGES, TIME SPENT IN SCHOOL AND GRADES REACHED.

	Total No. and Per Cent	Old-est	Young-est	Avr. Age	Number below 30	Per Cent.	Number above 30	Per Cent.	Grst. No. yrs. in sch.	Smllst. No. yrs. in sch.	Avr. No. yrs. in sch.	Highest Grade reached	Low-est grd.	Aver- age grd.
Good	88 22%	71	17	24.5	71	80.7	17	19.3	12	0	9.3	College	0	7.6
Fair	59 14.7%	66	18	26.0	45	76.3	14	23.7	12	0	6.6	Graduated from Grammar High	0	6.1
Dull	79 19.7%	64	17	29.8	47	59.5	32	40.5	13	0	6.5	School 3d yr. High	0	5.6
Subnormal	107 26.8%	46	17	28.6	66	61.7	41	38.3	12	0	6.1	School 2d yr. Grammar	0	4.8
Moron	67 16.8%	81	17	28.1	50	74.6	17	25.4	10	0	5.7	9th Grade	0	3.7
Total No.	400				279		121							
Total %..	100			27.4		70.5		29.5			7.4			

Chart I shows the time spent in school and the grades reached. The oldest in each of the five grades from "Good" to the "Moron" group will be seen to be as follows: 71 years, 66 years, 64 years, 46 years, and 81 years; while the youngest in each class is either 17 or 18 years of age. This shows a similar range in the ages of all five classes. The average ages of the different classes are, respectively: 24.5 years, 26.0 years, 29.8 years, 28.6 years, and 28.1 years; while the average age of the four hundred women is 27.4 years. This shows that the "Good" class includes the youngest women, which is also borne out by the next figures, which show that while 70.5% of the whole number are below 30 years of age, 80% of the "Good" class are below 30 years, the other percentages being 76.3%, 59.5%, 61.7% and 74.6%, respectively. This is interesting from a prognostic standpoint, for of the four hundred women, 71, or 17.7%, show good native ability, and are below 30 years of age, while 116, or 29% of the whole number, show good or fair mentality, and are below 30 years of age.

The range in the number of years spent in school is about equal in the various classes, there being women in all classes who have attended school 12 or 13 years, and also those who have never attended school. The average number of years in each class, however, shows a decrease, as follows: 9.3 years, 6.6 years, 6.5 years, 6.1 years and 5.7 years. The consistent order in this case is probably accounted for by the fact that the length of time spent on the child's education is, in the majority of cases, influenced by his own inclination for study, and by the results which he attains. Thus, those making but little headway and showing no inclination for school are put to work as soon as possible. That the average time in school of all classes is only 7.4 years is evidence of their poor educational advantages as a class.

There is some inconsistency in the highest grades reached. The "Good" class has one college graduate; the "Fair" only grammar school graduates; in the "Dull" class the third year in high school was reached; while one in the "Subnormal" class reached the

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second year in high school at 19 years of age. There was one "Moron" who stated that she reached the ninth grade in the grammar school. (The fact that a subnormal individual reached the high school may be accounted for by the automatic promotion of pupils after two years in each class.

The average grades reached, however, show the expected consistency, as follows: 7.6, 6.1, 5.6, 4.8, and 3.7. This is particularly interesting as the mental classification in five classes was made on tests for native ability alone and was not influenced by the grades reached. These figures show how closely the two general classifications correspond. As added evidence of the slight education which they have received is the fact that the average grade reached by all classes is only 5.7, or between the fifth and the sixth grades. This, however, is two years behind the grade which would be expected from the average time spent in school which was 7.4 years.

It has been necessary to depend upon the woman's word in many cases, regarding the grade which she reached. Although the verification of this is a factor in the social investigation, still there are many cases where the individuals have attended school in foreign countries, or many years ago in this country, or in some remote district which is inaccessible for investigation. In such cases it has, of course, been impossible.

CHART II. SHOWING APPROXIMATE RESULTS OF SCHOOL WORK OUTSIDE.

	Good Results.		Fair Results.		Poor Results.		No School.		Total Number.	
Good	51	58.0%	26	29.5%	10	11.4%	1	1.1%	88	22.0%
Fair	11	18.6%	20	33.9%	26	44.1%	2	3.4%	59	14.7%
Dull	7	8.9%	25	31.6%	41	51.9%	6	7.6%	79	19.7%
Subnormal....	3	2.8%	16	15.0%	84	78.5%	4	3.7%	107	26.8%
Moron	0	0	3	4.5%	59	88.0%	5	7.5%	67	16.8%
Total Number and Percents.	72	18.0%	90	22.5%	220	55.0%	18	4.5%	400	100.0%

Chart II shows approximate results of school work as judged by tests given during the mental examination. These results have been divided into three classes—"good," "fair," and "poor," and refer to the actual results as compared with the number of years spent in school. This judgment has been a very lenient one and allowance has always been made for the length of time which has elapsed since the school years and the amount which it is possible for the average person to forget in subjects in which little interest was taken.

Here again the results of the educational work in the different classes corresponds consistently with the original classification—the "good" results in the various classes being as follows: 58% 18.6%, 8.9%, 2.8%, and 0%. The "poor" results are equally consistent, being 11.4%, 44.1%, 51.9%, 77.5%, and 88% in the five classes. The percentages of those who have had no schooling are 1.1%, 3.4%, 7.6%, 3.7%, and 7.5%, showing no significant feature, but rather the result of chance.

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The total figures give evidence of the small benefit derived from their already too small education—but 18% of the whole number show “good” results, 22.5% show “fair” results, while 55%, or over half, show “poor” results. 4.5% have received no education whatever.

Chart III shows the detail of the grades reached in school, according to the individual’s own statement. This is of interest merely to intensify the evidence of their lack of education or lack of progress while in school. The grades are divided into the following sections:

CHART III. SHOWING GRADES REACHED IN SCHOOL—IN DETAIL.

	No. Sch.	Per Cent.	Grades 1-3 Per Cent.	Grades 4-6 Per Cent.	Grades 7-9 Per Cent.	High School 1-2 3-4 Per Cent.	Col-lege Per Cent.	Totals.					
Good	1	1.1	1	1.1	23	26.2	51	58.0	9	2	1	88	
				2.2				28.4				91	
								86.4		12.5	1.1	100.0	
Fair	2	3.4	5	6.5	21	35.7	31	52.4	0	0	0	59	
				11.9				47.6				or 14.7%	
								100.0		0	0	79	
Dull	6	7.6	11	13.9	18	22.8	41	51.9	2	1	0	79	
				21.5				44.3				or 19.7%	
								96.2		3.8	0	107	
Subnormal	4	3.7	28	26.2	47	44.0	27	25.3	1	0	0	107	
				29.9				73.9				or 26.8%	
								99.1		0.9	0	67	
Moron	5	7.5	22	32.8	26	38.8	14	20.9	0	0	0	67	
				40.3				79.1				or 16.8%	
								100.0		0	0	400	
Totals	18	4.5	67	6.6	135	33.5	164	41.7	12	3	3.8	1	0.3
				21.6				54.6				or 100.0%	
								96.3					

Note:—The arrows refer to total percentages of preceding columns.

1. No school.
2. Grades I-III.
3. Grades IV-VI.
4. Grades VII-IX.
5. High school (1st and 2d year),
6. High school (3d and 4th year).
7. College.

The percentages of those who have not advanced beyond the primary grades, including those with *no school* in the five classes, are 2.2%, 11.9%, 21.5%, 29.9%, and 40.3%. Those who have not advanced beyond the sixth grade, including *all below* these, are 28.4%, 47.6%, 44.3%, 73.9%, and 79.1%. Of those reaching the high school, there were 12.5% of the “Good” class, none in the “Fair” class, and 3.8% of the “Dull” class, .9% of the “Subnormal” class, and none of the “Morons.” Of the four hundred women, 21.1% (nearly a quarter) had not progressed beyond the primary grades; 54.6% had not progressed beyond the sixth grade in the grammar school, while 96.3% had stopped their education somewhere in the grammar school. Only one woman, .3% of the whole, had graduated from, or even attended, college.

Chart IV shows the actual results of education according to the tests given. These results may be expressed in detail by show-

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ing what kind of educational work they would be fitted for, should their education be continued. The following arbitrary grading has been chosen:

1. The Primary grade includes those who are unable to read or write English; this will include some foreigners who can perhaps read and write in their native language.
2. Intermediate Grade No. I includes those who do not know the elementary processes of arithmetic (including the multiplication table), although they can read and write.

CHART IV. SHOWING ACTUAL RESULTS OF EDUCATION, ACCORDING TO TESTS GIVEN AND SUBSEQUENT CLASSIFICATION.

	Primary.	Intermediate I.	Intermediate II.	Advanced.	Reading Class I.	Reading Class II.	Totals.
Good	1 1.1%	3 3.4%	20 22.7%	49 55.7%	2 2.3%	13 14.8%	88 22.0%
Fair	3 5.1%	12 20.4%	19 32.2%	20 33.9%	1 1.7%	4 6.8%	59 14.7%
Dull	8 10.1%	25 31.0%	25 31.6%	14 17.7%	5 6.3%	2 2.5%	79 19.7%
Subnormal	7 6.6%	65 60.7%	28 24.3%	4 3.7%	5 4.7%	0 0.	107 26.8%
Moron	18 26.9%	39 58.2%	9 13.4%	0 0.	1 1.5%	0 0.	67 16.8%
Totals and Total							
Averages	37 9.3%	144 36.0%	99 24.7%	87 21.7%	14 3.5%	19 4.8%	400 100.0%

3. Intermediate Grade No. II includes those who know the elementary processes of arithmetic but are unable to do long division, and are correspondingly ignorant in other subjects. These are not yet ready for advanced work.

4. The Advanced Grade includes those who can do long division, are correspondingly well grounded in other subjects, and are still young enough to do active mental work.

5. Besides these there is a "Reading Class," well named by Mrs. Hodder the "Library Class," which is both Elementary and Advanced. The Advanced Reading Class is for those who appear to be too old to obtain good results from the more active mental work, but on account of their previous education and fairly good mentality would probably show the best results from a systematized course of reading, which if followed by a discussion of the books read, should stimulate their interest and increase their general information.

The Elementary Reading Class is for those with insufficient educational training and with advanced age, or for those with limited mentality who would appear to be benefited by a similar reading course, which though still under supervision and with subsequent discussion, should be much simpler in its nature.

The percentages of those in the different classes requiring elementary training are as follows: 1.1%, 5.1%, 10.1%, 6.5%, and 26%. This is 9.3% of the total number. Of this 9.3% (37 women) six are foreigners, only two of whom can read and write in their own language. Those who are ready to enter the second Inter-

CHART V. SHOWING THE GENERAL PHYSICAL CONDITION OF THE WOMEN IN THE VARIOUS MENTAL CLASSES.

	Good Physical Condition.	Fair Physical Condition	Poor Physical Condition.	Totals.
Good	27 30.7%	28 31.8%	33 37.5%	88 22.0%
Fair	12 20.3%	26 44.1%	21 35.6%	59 14.7%
Dull	13 16.5%	25 31.6%	41 51.8%	79 19.7%
Subnormal	21 19.6%	33 30.8%	53 49.5%	107 26.8%
Moron	13 19.4%	18 26.9%	36 53.7%	67 16.7%
Totals	86 21.5%	130 32.5%	184 46.0%	400 100.0%

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mediate grade was 22.7%, 32.2%, 21.6%, 24.3%, 13.4%,—24% of the total number. Those ready for advanced work are 55.7%, 33.9%, 17.7%, 3.7%, and 0%—21.7% of the total number. The hopeful aspect of these figures is the 55.7% of the "Good" class who are ready for active study of an advanced nature. It shows the great need for educational work in an institution of this kind. Those in the advanced reading class were 14.8%, 6.8%, 2.5%, 0, or 4.8% of the whole number, while in the simple reading class there were 2.3%, 1.7%, 6.3%, 4.7%, and 1.5%—3.5% of the whole number. Thus we see that nearly one-quarter of the total number are ready for advanced work, while over 45% need the most elementary training.

Chart V shows the general physical condition of the women in the various mental classes. One of the significant features of this chart is that the percentage of women in "good" physical condition in the mentally "Good" group is over 10% more than in any of the other mental classes, the various percentages being 30.7%, 20.3%, 16.5%, 19.5%, and 19.4%. A second significant feature is that the largest percentage of *poor* physical conditions is found in the "Moron" group, the percentages of those from the "Good" class downward being 37.5%, 35.6%, 41.8%, 49.5%, and 53.7%. The 51.8% with *poor* physical conditions found in the "Dull" group—nearly as large as that of the "Moron" group (53.7%)—is consistent with the idea that part of this dullness is the result of physical defect.

The total results are also significant—only 21.5% (less than one-quarter of the whole) show *good* physical condition; 32.5% are in fair condition, and 46.0% (nearly one-half of the women studied) show very *poor* physical condition. This is a conservative estimate.

The following summary of the 46.0% (184 cases) shows in a very general way the types of cases with a poor general condition.

1. Malnutrition	75 cases
2. Neuropathic or psychopathic.....	20 cases
3. Pulmonary	9 cases
4. Cardiac	9 cases
5. Orthopedic	5 cases
6. Inflammatory or surgical conditions.	22 cases
7. Convalescent	4 cases
8. Alcohol and drugs.....	40 cases

Total..... 184 cases

This does not mean, for instance, that there are but nine cases of endocarditis among the four hundred women, but rather that there are nine cases who, during practically their entire stay in the institution, have had to have special work chosen for them on account of the lack of compensation in their cardiac condition.

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Many of these have spent much time in bed, and during the remainder of the time have required some sedentary occupation.

This classification does not take into consideration pathological conditions of the eye, ear and nose and throat, which will be reported on later by the ophthalmologist and laryngologist of the institution, and which represent a large majority of the cases. As all cases of active tuberculosis are transferred to another hospital, the third division refers to questionable cases or to those with healed lesions.

It also does not include the abnormal mental types among the four hundred women, which are as follows:

1. Giving history of epilepsy.....	61 cases	15.2%
2. Showing manifestations of hysteria.....	44 cases	11.0%
3. Having been confined at some time in a hospital for the insane.....	16 cases	4.0%
4. Showing marked neuropathic or psychopathic tendencies	31 cases	7.7%
Total.....		149 cases or 37.2%

(Three cases which had been in insane hospitals were also epileptics, which explains the total of 149 instead of 152.)

For the discovery of such a large percentage of epilepsy we are indebted in a large degree to Mrs. Hodder's Sociological Department, which is under Miss Stedman's immediate supervision. Through the social history it has often been possible to obtain some clue to "fainting attacks" or "spasms" which when inquired into later by the physician or followed up in the home investigation have developed into a definite epilepsy. It is true of cases which are the most unmanageable that either major or minor epilepsy is frequently found on further investigation to be the basis of their instability.

Another interesting fact is that besides the 61 cases showing epilepsy in the individual herself, 39 cases, or 9.7%, come from families in which there are cases of epilepsy. Many cases of this kind are very unstable and often seem to display the psychic equivalent of epilepsy in outbursts of temper and general control defect.

Of the four hundred women at least 205, or 51.3%, are in need of outdoor work. This includes cases with pulmonary conditions, the excessively neuropathic, the psychopathic and many alcoholics and drug habitues.

On general principles one would say that women admitted for alcoholism were in need of outdoor work as a help in building up their nervous strength and giving them greater power of resistance against their habit when they return to the community. However, this is not always the case, and there are often reasons why outdoor work, even for alcoholism, is contra-indicated. Of the seventy-three women committed for this offence, only forty-three

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appear to need outdoor work. Some are too feeble (our oldest is 81 years old), and others, with apparently superabundant health, seem

CHART VI. SHOWING THE NUMBER OF WOMEN INFECTED WITH, AND THOSE FREE FROM, VENEREAL DISEASE.

Syphilis and Gonorrhoea.....	166	41.5%		
Gonorrhoea alone.....	160	40.0%		
Syphilis alone.....	18	4.5%		
			86.0%	
Doubtful cases.....	11	2.8%		
"Clean women".....	45	11.2%		
			14.0%	
			Syphilis.	Gonorrhoea.
Results positive clinically and with laboratory tests.....	69	37.5%	237	72.8%
			of 184	of 326
Results positive with laboratory tests only.....	104	56.5%	74	22.6%
			of 184	of 326
Results positive from clinical history or symptoms only.....	11	6.0%	15	4.6%
			of 184	of 326
Totals	184	46.0%	326	81.5%
			of 400	of 400

rather to need occupations which through the responsibility required or the training given, will increase their self-respect of their efficiency and give them a new sense of responsibility.

Forty-four women, or 11.0%, of the four hundred have required sedentary work on account of inflammatory cardiac and orthopedic conditions and convalescents from surgical operations.

Chart VI shows the number of women infected with, and those free from, venereal disease.

Forty-six per cent of the four hundred women give evidence of having syphilis, while 81.5% give evidence of gonorrhoea; 41% show symptoms of both diseases, while 40% show symptoms of gonorrhoea alone, and 18% of syphilis alone.

This makes a total of 86% who are infected with one of the two venereal diseases. Two and eight-tenths percent of the remainder are doubtful cases, and only 11.2% are apparently clean women and free from either disease.

Of the 184 cases of syphilis, 37.5% were verified by the clinical history plus a positive Wasserman reaction; 56.5% gave a positive Wasserman reaction alone, while 6.0% were verified by clinical symptoms only. In the gonorrhoeal cases, 72.8% were verified both clinically and by bacteriological examinations, 22.6% by bacteriological examinations only, and 4.6% by clinical symptoms only. These figures are appalling when one considers the influence that many of these women will have later in the community in spite of the most intensive treatment administered in the institution, and the temporary clearing up of all symptoms before they leave.

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CHART VII. SUMMARY OF MENTAL AND PHYSICAL CONDITIONS AS AVAILABLE FOR INSTITUTION WORK.

Class 1. (Capable.)	
1. Good physical condition with good mentality.....	27
2. Fair physical condition with good mentality.....	23
3. Good physical condition with fair mentality.....	12
4. Fair physical condition with fair mentality.....	26
Total number = 23.2% of 400.....	93
Class 2. (Mediocre.)	
1. Poor physical condition with good mentality.....	33
2. Poor physical condition with fair mentality.....	21
3. Good physical condition with poor mentality.....	13
4. Fair physical condition with poor mentality.....	25
5. Good physical condition with subnormal mentality.....	21
6. Fair physical condition with subnormal mentality.....	33
Total number = 36.5% of 400.....	146
Class 3. (Incompetent.)	
1. Poor physical condition with poor mentality.....	41
2. Poor physical condition with subnormal mentality.....	53
3. Good physical condition and feeble-minded.....	13
4. Fair physical condition and feeble-minded.....	18
5. Poor physical condition and feeble-minded.....	36
Total number = 40.3% of 400.....	161

Note:—The facts that 149 cases (37.2%) are abnormal mental types and that 344 cases (86.0%) are infected with at least one venereal disease, are not expressed in this summary.

It is necessary to keep these women rather closely under observation because of their unwillingness to carry out conscientiously any line of treatment which may be prescribed. While this is an absolute necessity for the good of the women themselves and for the protection of the other inmates of the institution, it cannot help being an appreciable factor in the time consumed in treatment, which is a loss in the efficiency of the industrial work. It will also be seen how difficult it is, with 11.2% only being free from venereal disease, to find a sufficient number of women who are available for positions requiring "clean" women, such as those in dining rooms, kitchens, dairies, etc.

It is of interest that of the 45 women with negative reactions in both diseases, 13 were defective mentally, which leaves a still smaller number really available for the "clean positions," as such positions always entail some responsibility.

Chart VII is a summary of the four hundred cases according to their availability for work in the institution.

They have been divided into three classes:

Class I (Capable Women) includes 193 women (23% of the total number) who would be available for responsible positions throughout the institution which require also a fairly good physique. This represents the "pick" of the institution.

Class II (Mediocre Group) includes those women who are somewhat defective either mentally or physically and represent the rank and file of the institution—available for positions requiring an average amount of responsibility and strength. This class includes 146 women (36.5% of the four hundred).

Class III (The Incompetent) includes 161 women (40.3% of the whole number) who must practically be cared for by the insti-

tution and can give to it very little help. Many of these cases are the segregable types and on account of their mental defect should never have been sentenced to a penal institution, but rather to feeble-minded schools or to defective delinquent institutions.

This classification does not include the 149 aberrational mental types (37.2%) which were mentioned in connection with Chart V. A large percentage of these women, on account of their instability, stand out as continual problems in the institution, and require continual ingenuity and resourcefulness on the part of the administration to find not only one but a series of occupations where they will not be too much a menace to their neighbors and can find sufficient and suitable outlet for their superfluous and unstable energy.

During the last four months there has been held at the Reformatory a daily clinic, which corresponds to the staff meeting in any psychopathic hospital. During the hour, one or two cases are discussed by the various members of the staff, who have been studying the woman from different points of view. The cases are brought up from two to four weeks after entering the institution, while they are still in the probationary section of the building. During this time the woman's own statement has been taken by a member of the sociological department, and the results of the investigation of the case have been obtained, both from letters sent to any one interested in the case and from the investigation of her home and haunts by the field worker. A complete physical examination has been made, including the laboratory tests for venereal disease. She has also been examined psychologically. The case is then read in full and discussed by the members of the staff—a summary of each case being made, as follows:

1. Physical condition, including general health, any special physical incapacity, nervous or otherwise, and the presence or absence of venereal disease.

2. Mental condition, including educational advantages and the results obtained, estimate of mental capacity aside from any educational training, any abnormal mental characteristics, and the standard of educational work for which she is prepared.

3. Habits—tea and coffee, cigarettes, alcohol, drugs and sex.

4. Court record—present offense and commitment, and previous court record.

5. Causative Factors—The important factors of the individual's life in chronological order, most of which are chosen because of their causation of her career.

- (a) Always includes facts of heredity or of ante-natal conditions.

- (b) Any innate mental or physical characteristics which may have been influential.

- (c) May deal with infancy and childhood, and so on, according to the individual case.

6. Capacities—The capacity of each person is noted, both

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industrially and domestically, in the grade of work done and the wages earned. This has usually been verified by their employers. Besides their fitness for and interests in various vocations, their avocations are studied and their capacity for amusement and entertainment learned. This will include fondness for reading and for hand work of any kind, such as embroidery, basketry, rug making, etc., or musical ability.

7. Recommendations—Having studied their capacities and needs, work is then chosen for them by the superintendent in the place in the institution which seems best fitted to their needs. It may be a position teaching industrial efficiency, perhaps one in domestic training, in outdoor work, or in a responsible position in which the personal relation between the matron and the woman is very close. A reference card catalogue is made with an individual card for each woman, on which is stated briefly her *physical* and *mental* condition, her *capacities*, and the *recommendations* in her case. These are also cross-catalogued under various headings, showing the different physical conditions; those needing out-of-door work; the different school grades; those with musical talent, etc. In this way the women available for different positions can be found with the least possible delay.

The founding of the clinic and the advance which has been made in the physical and mental studies of the women in the institution is due to the interest and support of the superintendent, Mrs. Hodder, who since coming into the institution has seen the possibilities of such a development and has steadily worked toward the establishment of such a laboratory. We feel that the daily clinic should mark a definite advance in study of this kind in co-ordinating the material collected and making the best use of it at the earliest possible moment.

SUMMARY.

The following points stand out as a result of this study:

I. Age—The range in ages of the 400 women is from 17 to 81 years, the average age being 27.4 years. Over 70% are below 30 years of age.

II. Mental—The mental examinations of the 400 women have shown the following results:

88, or 22.0%, show good native ability.

59, or 14.7%, show fair native ability.

79, or 19.7%, show poor native ability or are dull from physical defect.

107, or 26.8%, show mental subnormality (slight mental defect).

67, or 16.8%, show feeble-mindedness (marked mental defect).

The abnormal types may be summarized as follows:

61, or 15.2%, give a history of epilepsy.

44, or 11.0%, show manifestations of hysteria.

16, or 4.0%, have at some time been confined in hospitals for the insane.

31, or 7.7%, show marked neuropathic or psychopathic tendencies.

These abnormal mental cases represent 37.2% of the whole number. Besides the cases of epilepsy given above, 39 other women, or 9.7%, come from families where there were other cases of epilepsy.

III. Educational—As a class they have been found to have small educational advantages—7.4 years is the average number of years which has been spent in school, while the fifth grade was the average grade reached; 21% of the whole number, including those who had never been to school (4.5%), had not progressed beyond the primary grades, while 54.6% had not progressed beyond the sixth grade in the grammar school. Only 4.2% had received training beyond the grammar school.

In studying the results of the training received, it was found that 9.3% were illiterate, 64.2% needed instruction in the elementary principles of arithmetic, including long division, while only 26.5% were ready for advanced work. The encouraging part of this is, however, that over 81% of the last class (which includes the "Advanced" and "Reading Class II") have either good or fair mentality, showing their educable possibilities.

IV. Physical—21.5% of the total number show a good physical condition; 32.5% show a fair condition, while 46.0% show a poor condition; 86.0% are infected with venereal disease; 46.0% of the whole number have syphilis, while 81.5% have gonorrhoea; 2.8% are doubtful cases, leaving only 11.2% who are entirely free from both diseases.

The influence of such factors as have been mentioned under the last three headings in the life of the individual will be readily seen. The advantage to the individual, the institution and the community, which would result from an early diagnosis and appropriate treatment, whether it be for educational, nervous or physical defects, will be appreciated.

CONCLUSION.

While the social life of the individual will always appear paramount in understanding her personality and her relation to society in the future as well as in the past, still the interpretation of her social life will never be complete until we have probed her mental processes as far as psychology will allow us, and have studied her physical capacities as thoroughly as the knowledge of medicine will permit.

No matter what the equipment may be in any institution for dealing with and reforming its inmates, the greatest efficiency in treatment, and the best results can never be attained until the most accurate diagnosis of the individual's potentialities is made. As

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in medicine, every new test which is of diagnostic value is welcomed, that the condition of the patient may be better understood before treatment is begun—so in criminalistics we should realize our present inadequate means to fully appreciate the individual's powers, and the causative factors of his career, and bend every energy to obtain, from a social, medical and mental standpoint, more specific knowledge of the individual. This should make the diagnosis, and consequently the prognosis, a far more reliable foundation on which to base all subsequent methods of treatment and reform.