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THE VALUE OF MENTAL, PHYSICAL AND SOCIAL STUDIES OF DELINQUENT WOMEN¹

EDITH R. SPAULDING²

During the past few years laboratories have been established in connection with various reformatories and penal institutions throughout the country for the purpose of making mental, physical and sociological studies of delinquents. As a result of these studies it has been possible to make recommendations for certain measures of reform in our penal system, which should furnish us with greater resources for individual treatment. The following eight cases of delinquent women may serve to express some of the greatest needs which are felt at the present time. They show the following characteristics: Two are cases of mental disease; the third, one of mental defect; the fourth shows a psychoneurosis; the fifth, a pathological liar, is a neuropath; the sixth, a manic-depressive temperament, shows much immaturity; the seventh is a colored girl, who shows much emotional instability, and in whom racial primitiveness is a dominant characteristic; while the eighth demonstrates environmental influence in the case of a woman who shows no abnormal mental characteristics.

I am much indebted to Dr. Fernald and Miss Dawley of the Laboratory of Social Hygiene for the psychological and sociological data which have been included in these histories.

CASE I

Agnes B., aged twenty, married, is an American whose offense is, "contracting venereal disease in the practice of debauchery." The mental diagnosis is dementia praecox. Agnes states that her mother died of "abscess of the ovary" when she was nine years old, and that her father died of "heart failure" four years later. The paternal grandmother and grandfather and a paternal aunt all died from heart trouble. One aunt is said by the patient to have been in a hospital for

¹This paper was given in substance before the Woman's Association at the Annual Congress of the American Prison Association, New Orleans, La., Nov. 21, 1917. At the meeting of the Woman's Association, the women of the city of New Orleans who were interested in the subject were invited to be present that they might learn of the work in social reform which was being done in some of the northern cities. For this reason the subject has been dealt with in a very general way and case histories have been chosen which show no unusual symptoms or unexpected findings, but which represent the types found in all large groups of delinquents, and which require the varying yet obvious treatment that no state in the Union is yet adequately equipped to furnish.

the insane. The father was alcoholic and sexually promiscuous and a maternal aunt was moderately alcoholic.

Agnes was born in New York City, where she has lived most of her life. After the death of her mother she was taken by the Gerry Society for a few days, with her brother and sister. All three were then sent to live with their maternal grandmother, where our patient remained until she was fifteen years old. It was later said that this home was filthy and that the children were sent to saloons for beer by the grandmother. Investigation, however, did not bear this out—and the brother and sister are now doing fairly well. When Agnes was a child she had spinal meningitis, after which she showed much nervous instability. On this account and because also of some heart trouble, the physician advised her remaining away from school much of the time. As a result of her irregularity in attendance she made little progress and apparently did not get beyond the fourth grade at the age of fourteen. She then became quite unmanageable, and when fifteen ran away from home with a man seven or eight years older than she. She was gone sixteen months, during which time she had a child which died soon after birth. Seven months later, when she was again pregnant, she was found by the police and taken home. She ran away again the same night, but returned a week later to say she had arranged to marry a man of fifty-six, who appeared to be sorry for her. Her grandmother gave her consent and they were married. She lived with him but two weeks, however, and then returned to her first consort. The following four years were spent partly with this man, who is thought to be the father of her three children, and partly at the hospital where she went for four different operations. She returned to her husband occasionally, but resented his jealousy of the other man and expressed her indignation on one occasion by throwing a plate at him, which left an ugly wound. Agnes laughs as she recounts their quarrel, and seems much amused also because, when younger, she threw a knife at an uncle, which fortunately went through the window instead of hitting him. Several months before entering the institution, she contracted syphilis—she says from her consort. She went voluntarily to the hospital for treatment. The physician had difficulty in finding a vein, and started to cut down on it. As Agnes had no intention of having this done and could think of no alternative, she kicked the physician. She refused further treatment, and was therefore taken before a judge. He sent her to a mental hospital for observation and as no evidence of mental disease was found, she was committed to Bedford.

The psychological examination on entrance showed that according to the Stanford Revision of the Binet Scale, her mental age was ten years and five months. Her handwriting was poor. She did not know the most commonly known geographic facts. She was considered a borderline case tending toward the inferior group of normals in mental ability. It was recognized during the examination that she was emotionally unstable. The physical examination revealed the secondary eruption of syphilis. She had two illegitimate children, who were taken to a home by a social worker while she was being treated at the hospital. During the mental examination she revealed feelings of animosity toward the social worker, whom she had not seen for some weeks, and said she felt that at some time she might do her bodily harm. A few weeks after admission to the institution, she showed marked auditory and visual hallucinations, and it became necessary to transfer her to a hospital for the insane.

SUMMARY OF CASE

Here we have a case which began with poor heredity and was handicapped from childhood by a disease (spinal meningitis) which apparently was followed by much nervous instability. She was further handicapped by a poor home and by lack of training in school. Later on her environmental conditions were not good and her physical condition continued bad. Furthermore, on account of her limited mental capacity, she had no intellectual resources. The development of symptoms of mental disease makes her adjustment as a responsible member of the community more difficult than ever. Even though she should recover from the present acute attack, she will probably spend most of her life in some custodial institution. She represents the type of case which should be weeded out of the penal system through the aid of laboratories, either in the court or in the penal institutions themselves, and transferred to the state hospital system that cares for the insane. This case, it will be remembered, was sent to a psychopathic ward for observation before commitment, but at that time there was insufficient evidence of a psychosis to commit her to a hospital for the insane. Furthermore, she was not considered a committable case until she had been in the institution several weeks, at which time the more active symptoms of the disease appeared. Such a case as this suggests the great need which is being felt everywhere for psychopathic hospitals with out-patient departments where children as well as adults who show nervous instability can be watched and any social maladjustments corrected in their earliest stages.

CASE II

Margaret D., aged twenty-four, is an American whose offense is "loitering." The diagnosis is neuro-syphilis. Margaret's father died of asthma when she was young. He is said to have been very nervous, and the patient is thought by the family to resemble him in this. The mother is an intelligent woman who takes life easily. Aside from the fact that a brother and a sister faint at the sight of blood, the family history appears to be negative.

Margaret was born in New York City and was one of five children. After the father's death, the mother went out to work and apparently had a hard time to keep up the home, although their moral standards seem to have been fair. When a child our patient had St. Vitus' dance, and for the last two years she has had fainting attacks. She attended school from her seventh to her fourteenth year, reaching the fifth grade, but was irregular on account of chronic middle-ear disease. According to her own statement, she then worked in a box factory, and as a chorus girl. When fifteen years old, she disappeared from home and her mother heard nothing from her for about a year. She says she left home because her older brother would not let her marry a boy of seventeen whose father kept a saloon. Her brother said they were both too young, but our patient thinks he did not consider the boy good enough. When she returned home she said she had married. She had "picked up" her husband on Broadway on September 8th, and had married him on September 15th. She and her husband lived with her mother for a while, but he drank and did very little work, and she requested him to leave. Margaret says she separated from him really because he wanted her to prostitute for him. "I told him if I was going to do anything like that I'd do it for myself and not for any man." Asked if that were better, she said, "Of course it is, isn't it? A woman is a fool to keep a man—I will keep myself, but not no man." Margaret remained at home for a while, but quarreled again with her brother, because he "cast up her unfortunate marriage" to her. She then went to live with a man who had a furnished room and there prostituted during the following seven months. She states that she was first arrested when she was with a man who stole two coats. He was sentenced and her sentence was suspended. Later, while living with a sailor, she was arrested for soliciting and sent to a home where she remained six months. After leaving the home, she worked for a few months and then left home and lived with another sailor. Since then she has prostituted occasionally. While the second sailor was away she was arrested. Ap-

parently there was not enough evidence of her prostituting, so the charge of loitering was brought against her. On entering the institution she refused most emphatically to do anything she was asked to do, and with great bravado, said she was going to kick the doctors if they tried to examine her. In spite of her terrible threats she was very docile, and has always done what she has been asked to do, even though declaring at the same time that she would not.

On entrance the psychological examination showed her mental age according to the Stanford Revision of the Binet Scale to be ten years and two months, and she was classed as a borderline case, probably a little below the average of reformatory girls. She had gained little for her seven years in school. She made mistakes in the addition of a column of two figures and in subtraction; was not sure of her multiplication table (seven times nine is sixty-two or sixty-three, eight times eight is fifty-four), and has forgotten the processes of her multiplication table seven times nine is sixty-two or sixty-three, eight times eight is fifty-four), and had forgotten the processes of multiplication and long division. She said that Lincoln held America up as long as he could till he was killed—that by this means he kept us out of war. Regarding the present situation, “You might as well say the English are not fighting at all—our poor men have got to go over and fight for them.” Thought Belgium was helping Germany. She showed considerable emotional disturbance while being tested. Physical examination showed a heart lesion and defective eye-sight. The laboratory test showed the presence of syphilis. The psychiatric examination showed some of the characteristics of syphilis of the central nervous system, which diagnosis was verified by the examination of the spinal fluid.

SUMMARY OF CASE

In this case there was no evidence of bad heredity. However, Margaret had St Vitus' dance when young and was said always to have been nervous and delicate. Her nervous instability, together with her subnormal mentality, were doubtless contributing causes, at least, to her running away when she was fifteen years old, while her brothers and sisters, who were more stable and perhaps of more normal mentality, remained at home. She tells of being very much petted in her childhood by her father, and of feeling much antagonism toward her older brother, who wished to control her after her father's death. Her marriage was an unfortunate one, and perhaps her greatest misfortune is that having contracted venereal disease, it should have affected her nervous system. This will probably cause her to

deteriorate in spite of the intensive anti-syphilitic treatment which she is receiving at present. Although this case might be committed to a hospital for the insane, as it is possible for her to receive where she is at present more energetic treatment than she would receive in a larger hospital, it was decided to delay her commitment in order to see whether or not it would be possible to help her while the disease is yet in its early stages. It is in cases such as this that an early diagnosis is of the greatest possible value in reconstructing the individual, and making it possible for him to be a responsible member of society rather than, through rapid deterioration, to become a public charge. Such a case again demonstrates the need of psychopathic hospitals in the community where mental disease can be treated early or entirely prevented, and psychiatric clinics in connection with courts and penal institutions where such cases will be recognized.

CASE III

Martha L., aged seventeen, single, is an American, whose offense is "vagrancy." The mental diagnosis is feeble-mindedness. Martha represents a case of mental defect not infrequently found in very poor and isolated country districts where there are many more defectives.

Martha's father is a farm laborer and earns about \$30 a month. He is alcoholic. The mother is extremely alcoholic, is considered a "dissolute person" and is undoubtedly feeble-minded. Three of Martha's sisters are epileptic. One of these has been in a training-school and was very wild before she married, but has now settled down and has a fairly good home. The two other epileptic sisters are living at home. One child died of tuberculosis in infancy. One child of nine is still in the first grade in school and is considered "dum." The family live in a fairly good sized, but dirty and run-down house about three miles from a small village. There seemed to be only one chair in the house which was stable enough to offer to the investigator. At her visit all the family were bare-footed, even the mother, and the three-year-old child had nothing on but a shawl. Everything expressed extreme poverty.

Martha has lived all her life in a few small towns not far from each other. Her mother says that she went to school from her eighth to her sixteenth year, but her sister says that she went from the time she was fourteen until she was sixteen. However, she was able to reach only the first grade. After leaving school she earned from \$3.50 to \$4 a week doing housework, but she stayed in her positions only a short time. The police say that she has been immoral for some time

and that recently she has been consorting with colored men. Martha herself insists that she is not in any way to blame. "They all followed me down to the station and pulled me in the alley."

The mental examination made after her entrance to the institution showed her to have a mental age according to the Stanford Revision of the Binet Scale, of seven years and eight months. She can do addition of two columns but fails in subtraction, and is unable to do multiplication or short division. She says two from four leaves five, four times two is nine; four divided by two is five. She cannot write her name correctly, and does not know the month. She is thought to show marked mental defect of almost imbecile grade, and clearly to need permanent custodial care. Physical examination shows her general health to be good. She has no venereal disease.

SUMMARY OF CASE

Such a case as this is typical of those found in the remote country districts in which only the very unenergetic and usually mentally deficient individuals have still tried to eke out a living from unproductive soil. The more intelligent ones realize the lack of opportunity and gravitate to the cities or to more productive places, leaving such families as this through the process of elimination. The pity of it is that the parents could not have been given custodial care many years ago. The most that can be done at the present time is to put our patient and as many of her sisters as is possible in a custodial institution for the feeble-minded, or, at least, in some restricted environment in which they will be sufficiently protected from the usual temptations of the community, and the community in turn will be protected from them. Our great need now is to increase our facilities for dealing with the feeble-minded, so that we shall be able to care for the large percentage of mental defectives who are at present being sent most unjustly, as a last resort, to reformatory and penal institutions.

CASE IV

Nellie F., aged twenty-six, single, is an American of Russian parentage. Her offense is "soliciting." The mental diagnosis is psychopathic personality. Nellie's father died of pneumonia at sixty-one years. He was a steady worker and always supported his family well. The mother seems to be an intelligent person but is depressed at time. She is said to have hysterical attacks and faints when upset "at the sight of something." She apparently did not understand Nellie and feels that she has always been different from the rest of the children and difficult to manage. Nellie shows considerable affection for her mother, but is declined to blame her for not being strict enough.

However, this is very characteristic of Nellie's attitude. She blames everyone except herself for everything that has ever happened in her life. The home was quite prosperous while the children were small, but when Nellie was nineteen, the father lost most of his money so that later they were not so well off. However, Nellie's three sisters are doing well.

Nellie was born in Brooklyn. She attended school from four to fourteen, regularly, graduating from the grammar school. After that she took a commercial course from which she graduated three years later. While at the commercial school, she was very nervous and depressed, and as she was taking piano lessons at the same time, the doctor who was consulted, advised her to give them up, as she was thought to be overworking. Although she had studied stenography she never took a stenographic position, but did some clerical work for six months, earning \$8 a week. She soon lost interest in her work, and became depressed, remaining at home for a period of two years. At the end of this time she felt she would like to go to work in a distant city, although she had no friends there. She found a position there and at first worked well, living in an inexpensive boarding house. Later on, however, she met undesirable companions and was soon arrested for loitering. Her mother, who had already visited her, went to her again and persuaded the judge to let her return to New York, where she was put on probation. She was first arrested in 1910 when she was nineteen. In the last seven years, she has been arrested four different times for soliciting. She has been put on probation each time, and her family and her probation officer have done all they could to get her a position and keep her from returning to the streets. She has had various positions in clerical work, but has never kept them more than six or seven months at a time. Recently she has been living with a sailor who seemed fond of her and says he would like to marry her.

On entering the institution she was very noisy, banging on her door during the night and creating considerable disturbance. She said it was because she objected to having her door locked. She resented being sent to an institution, having always received probation before, and said she disliked the confinement. The psychological examination on entrance to the institution showed her mental age according to the Stanford Revision of the Binet Scale to be fifteen years and nine months. She showed satisfactory results from the amount of educational training she had had, and she was excellent in questions of practical knowledge and general information. The physical examination

showed her to have defective hearing, and somewhat defective eyesight; although laboratory tests gave no evidence of venereal disease, subsequent examination showed an inflammatory pelvic condition, evidently resulting from gonorrhoea. During the mental examination she gave a history of being depressed in the past. However, she showed good insight regarding her past failures and admitted that she had never been willing to face situations and take the blame herself for what she had done. Since coming to the hospital, she has frequently had periods of excitement, at which time she is also very much depressed. The basis for her trouble is usually found to be fears of some sort which dominate her. Sometimes it is fear of approaching insanity, again it is the fear of fire, again of some article which she fears may fall, causing injury to herself or some of her friends.

SUMMARY OF CASE

Here we have a woman who during her whole life has shown much mental instability. This has invariably prevented her from using the really high-grade intelligence with which she was endowed, and from holding her positions for any length of time. At the present time, while not insane, she is suffering from a psychoneurosis which makes it imperative for her to receive therapeutic rather than disciplinary treatment. This would not be possible with the equipment of the majority of reformatory institutions. She needs encouragement and must be nursed through her disturbed periods rather than punished for them. Such a case as this demonstrates well the great need of psychopathic hospitals or wards in connection with every reformatory institution, where cases may be treated which do not belong in hospitals for the insane and which will do badly among the main group of the reformatory population.

CASE V

Ethel F., aged seventeen, married, is an American. Her offense is vagrancy. She represents a neuropathic type with multiple tics. She is also a pathological liar. The father is a man of good principles and is fairly intelligent. The mother is intelligent and capable, and much disheartened by Ethel's commitment. One brother is said to have a tuberculous ear, and it is also said that he has been found stealing. A maternal aunt died of tuberculosis. Our patient herself has had cervical adenitis.

Ethel was born in a little town on Long Island. She was not strong as a baby and cried a great deal as a child. She has always had nightmares and complains now of disturbing dreams. She went

to school from her fourth to her thirteenth year, leaving in 5B grade. She went irregularly and was very nervous and restless while there. When thirteen she left school because the doctor felt it was wiser on account of her nervousness, particularly as she had some disciplinary difficulties with the teacher. When nine years old there was twitching of the muscles of her face, which grew worse, finally involving her head, shoulders and feet. She was always irritable as a child and other children did not like to play with her for that reason. After leaving school, she worked at a factory for a short time, and later on took care of children, earning a small wage. When she was sixteen she married a soldier whom she had known but a short time. After she had lived with him for a few days, he left the city. A month later she was arrested for soliciting and sent to an industrial school for six months. After that she worked in a sanitarium for a short time, but her work was so unsatisfactory that she was discharged. It was said of her there that she was not amenable to rules or discipline, and that she was very indiscreet in her attitude toward men employees. She then took a furnished room under false pretenses, pretending to do investigation for the Y. W. C. A., but really going out at night soliciting. She was reported to the police, and as she told the judge she had contracted a venereal disease, she was committed to the reformatory.

The psychological examination showed a mental age of thirteen years and three months, according to the Stanford Revision of the Binet Scale. Her general information was fair, and she was good in all tests of practical knowledge. She was considered of the dull normal grade. Physical examination shows four distinct tics of the muscles of the face and neck. There is no evidence of syphilis, but there is clinical evidence of gonorrhoea. She complains much of headaches on arising each morning. Her vision is very defective. The mental examination shows nothing abnormal except her lying propensities. This seems partly to be done in defense, but her imagination frequently furnishes much more than can be accounted for in this way. She is quite childish in her fabrications, and particularly so in her belief that people will accept them as the truth.

SUMMARY OF CASE

The whole history of the case points to a neuropathic personality which showed instability all through her childhood. Too great leniency in the home which is often shown children who are not strong enough to go to school regularly, is frequently an additional cause in the absence of control and self-discipline of later years, and should be

considered in this case. Ethel's parents were unable to manage her and keep her away from temptations which were particularly common in the town in which she lived. When she found work, her unstable nature again handicapped her, and the undesirable habits which she had already formed were an additional drawback. It is difficult to say what might have been done in a case of this kind. Surely she should have had much closer supervision in the community, but this seemed to be impossible even in a fairly good home. A psychopathic hospital with a good out-patient department would have been a help in recognizing the underlying nervous defect in childhood and in some way adapting the environment to the inferior nervous status of the individual. Such a case is one for treatment but we must not lose sight of the fact that in such cases, good training after the case has been sufficiently studied and analyzed, and the establishing of good mental and motor habits, should constitute one of the most important factors in the treatment.

CASE VI

Amy S., aged seventeen, single, is an American. Her offense is "vagrancy." She exhibits the manic-depressive make-up, and with her emotional instability shows much immaturity. Amy's father was a fairly well-educated man but was "cranky and stubborn." He and his father were both said to be wild in their youth. Her mother has apparently no deep affection for the child, but is supposedly a very able woman. She has had some difficulty, however, in controlling one of Amy's brothers, who has been sent to different institutions several times on account of his bad behavior, and at the present time is in the army. A sister and a brother of the mother, and a brother of the father died of tuberculosis. One sister also died of tuberculosis when fourteen.

Amy's father died about eight months before she was born, and her mother remarried when she was two years old. When she was nine, she went to live with her grandparents, who had offered to give her an education. She lived with them until fourteen, graduating from the grammar school. Although she could have continued to live with them and go through high school and normal school, she preferred younger companions and the life of a livelier town. For this reason she returned to her mother in the summer, and in spite of all entreaties refused to go back to her grandfather's and continue school. Instead, she went to work in a factory, but because her companions were "too good" there, she changed to another factory where, although the wages were not so high, she had gayer and less desirable companions.

For the last three years she has been beyond her mother's control and is said to have frequented saloons and "chop suey houses." Although she has been going about with bad companions for three years, it is probable that she has been prostituting only for the three months preceding her arrest.

In the psychological examination soon after her entrance to the institution, her mental age was found to be fifteen years and three months according to the Stanford Revision of the Binet Scale. The results of her education and her general information were good. She was quick in her reactions, and light-hearted and co-operative during her interviews. She was also frank in admitting that her stubbornness in not giving in and admitting that she had been in the wrong was at the bottom of most of her difficulties. The physical examinations showed her to have enlarged glands of the neck, probably tuberculous in origin, which have been operated upon since she came to the hospital. In the mental examination she showed very childish reactions and no feeling whatever of responsibility. She liked being a child and wished to remain one. Her subsequent history in the institution has corroborated this first impression. Stamping her foot she would say, "I have always had my own way and I mean to keep on." Although Amy has been the cause of some very stormy experiences, she has for the last six months, shown very good control and has tried hard to become more mature.

SUMMARY OF CASE

Here we have an overenergized girl, full of fun, and with no comprehension of responsibility. Emotionally she swings with lightninglike rapidity from one extreme to the other. A word can send her to the heights or to the depths, and one is not sure what the emotion of the next moment will be. Although much of her emotional unrest is doubtless due to innate characteristics, possibly inherited from her father, her early training did not help to offset it by establishing some sort of control. In her grandfather's house later on there was insufficient outlet, as she was with much older people who did not understand the needs of such a very active child. Later, she was subjected to an environment which proved to her the greatest possible temptation, and offered the excitement which she craved. One feels that Amy's training should have begun before she was five years old to have counteracted her effervescent personality, and its sequelae. Such a case is sometimes impossible to control in the midst of adolescence in an environment which offers every possible temptation. In a dif-

ferent social level she might have been sent away earlier in her career to a boarding school, although she might not have remained there. The only alternative as it was, however, seemed to be the reformatory, as probation had been tried without success. In this case, the question of parole is going to be of the greatest importance. It is possible to teach her control under the restricted life of an institution. She is loud-voiced still, it is true, and even with considerable effort has not been able to control the loudness of her talk and laughter. But she has gained in the more essential things and the problem which will remain is to guide her through the intermediate stage of parole so that the control which she is establishing may increase rather than diminish under greater responsibility and temptation. With our present parole system adequate supervision is usually impossible. Much more emphasis must be placed on this in the future than has been in the past. An adequate parole system as well as an adequate probation system calls for a much larger number of trained workers than is at present furnished by most states and cities. Such workers must be trained to recognize the individual needs of their protegeés and to know the various resources which the community has to offer.

CASE VII

Blanche F., aged seventeen, single, is a colored girl, born in America. Her offense is "grand larceny." The diagnosis is psychopathic personality, and in her make-up racial primitiveness is a dominant characteristic. She has pulmonary tuberculosis. Blanche's father was a white man, and was immoral and alcoholic. He died of tuberculosis. The mother, a colored woman, was alcoholic and immoral, and deserted the father when the patient was nine years old. The father lived with his children in a tent.

Blanche was born in New York. When thirteen years old she ran away from home and lived with a man as his wife for a year and a half. Since then she has been consorting with the most desperate type of men, at least according to her own statements. She describes going with two men and another woman to a new town to "size up" the place. They would then gag the watchman of the place they wished to rob, and the girls would stand guard while the men went through the safe. After this they would get out of town on a freight train or any other available conveyance. She has been alcoholic and a drug addict. She has also frequented what are known as "creep houses"—houses of ill-fame in which robbery takes place as a regular thing. She says unhesitatingly that she would murder a man who "squealed on her."

In spite of this bravado, Blanche is a great coward, and although she is very unstable emotionally, invariably responds well to discipline.

According to the Stanford Revision of the Binet Scale she has a mental age of eleven years and two months. Besides her lack of emotional control, she shows much racial primitiveness. This is evidenced by absence of inhibitions in her emotional life. She is boisterous, cruel, and laughs at any unfortunate persons. Her life is frankly controlled by sex thoughts and practices. Her jealousy dominates her to the extent of causing her to do bodily harm to anyone who arouses it. Her whole attitude as she walks up the corridor suggests the freedom of primitive man, and tent life under the open with primitive means of livelihood and warfare.

SUMMARY OF CASE

In all of us there are, we are thankful to say, relics of primitive peoples. Many unbridled emotions, however, have been fitted to the traces and have been made to serve us in a variety of ways, some to a greater extent than others, so that we are able to adjust ourselves to the present level of civilization. The direction which these primitive emotions and tendencies take is determined partly by our early environment and training. There are cases, however, in which the best training and environment are unsuccessful in adapting the individual to the present level of civilization. A case such as this, however, presents not only primitive characteristics, but also a total lack of training in fashioning them into the guise of present day customs. Even without the tuberculosis which makes the prognosis unusually unfavorable, she will probably always be an unsolved problem in the community. While all cases show some elements of primitiveness, in her case it stands out in pure culture, and it would be difficult to imagine any parole or probation which would be sufficiently influential to help her to adjust herself to present day standards. On the other hand, with her good mentality, there is no excuse for permanent segregation. Reformatory life should be able to contribute something to her power of control, although she will probably contribute little to its life during her stay.

CASE VIII

Alma H., aged twenty-four, single, is a Norwegian. Her offense is "petit larceny." She shows a normal mentality. What are the factors which have led to her present condition? As nearly as can be ascertained from the few relatives who live in this country, Alma's heredity is good. She says she has one sister who has fainted from

childhood. There is, however, no evidence of inherited tendencies toward physical or mental disease, or mental defect.

Alma was born in Norway in a prosperous town. Her father, who had been a contractor, owned a large farm. The family were well-to-do, and Alma had fairly good educational advantages, attending school from her seventh to her fourteenth year, and reaching what corresponded to our eighth grade. She afterwards attended a school where she learned cooking and sewing and housework. When she was seventeen she met a man who came from a distant town, by whom she was seduced. He spent money freely and she thought him a man of considerable importance. He wished her to take him to her house. He had forced her on one occasion only, she says, to have sexual relations with him, and when she found she was pregnant as a result, she was ashamed to take him home. She thought that the man intended to marry her, but believes now that he had no money and wished to get hold of her father's money. Her father sent her to a private hospital several months before the child was born, so that the people in the town would not know about her condition. Although the family said very little about her having had the child, and did everything they could to care for it, still she felt the situation keenly, and realized how much it distressed her parents. Wishing to free herself from what she considered her disgrace, she wrote to an uncle who lived in America, that she wished to come to him. He soon sent funds, and after she had arrived in this country took her into his own home. There she felt conscious of his family's better circumstances and not liking to be dependent on them, and being somewhat diffident about meeting their friends, she found a position in general housework. Her work was satisfactory and her mistress, a doctor's wife, became fond of her. At the end of a year, however, she grew restless and worried a good deal over her child, which her family were caring for at home. She left her position and went to a large city where she found employment in a restaurant. While there she met a man who tried to persuade her that she was foolish to serve customers when if she would live with him she would be one of those served. At first she thought that she was fond of the man and went to live with him. Later on however, he induced her to go on the street for him, and she says that she became afraid of him. She was arrested in New York for soliciting in April, 1917, and was given probation for six months. Through the cleverness of a detective her companion, who was waiting outside the court to see what the disposition of the case would be, was also arrested, and on account of papers

found upon him, it was thought that he might be a spy, as well as being involved in white slavery. On account of his peculiar actions he was sent to a mental hospital for observation. Later on, when he was released, he met Alma and together they were implicated in the larceny of a hat from a department store. Alma is inclined to blame the man for all of her troubles, and insists that being free from him is a tremendous relief. Whatever may have been the truth of her early history, it would seem that he has been the greatest factor in turning the last few years of her life into undesirable channels. Although she admitted previously that she thought him a spy, she now, as might be expected, denies it. On entrance to the institution, she was much depressed, but the depression seemed the result of anger at having been caught, rather than any remorse at having stolen or prostituted.

The psychological examination showed her to have a mental age of eleven years and eleven months by the Stanford Revision of the Binet. Her record in performance tests was excellent and the educational tests which involved reading and writing show that she was greatly handicapped by her lack of training in English. The language factor was thought to account for the fact that her mental age was as low as it was, for she gives evidence in all other tests of a normal intellectuality. During the mental examination she showed considerable emotion when talking of her child which was in Norway. She would not talk freely, and gave the impression of keeping back much more, probably for her own good. When seen later on she was much quieter, and had apparently resolved to make the best of her sentence. She still, however, would not talk freely on certain subjects, giving the impression of a clever woman who could give much information of value if she so desired. The physical examination shows patient to be in good condition. The laboratory tests do not show the presence of syphilis, but give evidence of her having gonorrhoea.

SUMMARY OF CASE

It is difficult to tell in such a case as this what rôle such factors as adolescence or an overactive sexuality or errors in training may have played besides the seemingly unfortunate environment factors. The fact that she had had an illegitimate child proved to be an intolerable situation to which she was unable to adjust herself. Her flight from her predicament instead of facing it undoubtedly prepared the ground for the later experiences which influenced her so unhappily. This woman presents a normal mentality, and if the three years spent

in prostitution have not formed too ineradicable habits, the case should be readjusted and reconstructed with the help of very careful follow-up work on parole. She must be kept absolutely from the man who has had such an influence in her life, and other interests he brought into her life which will be sufficiently interesting to make up for his loss, which will be considerable. It is difficult to say now whether her aversion for him is a true one or simply a mask to enable her to get off as easily as possible. This case had already been tried on probation, and in spite of the fact that much interest was taken in her, it seemed impossible to keep her from meeting the man, although that was understood to be one of the conditions. However, it is this type of case in which both probation and parole should do their best work.

GENERAL SUMMARY

Our greatest needs, then, at the present time, as shown by the cases which have been studied, are as follows:

(1) Clearing houses, or laboratories, where psychologists, sociologists, psychiatrists and other specialists may make complete studies of all cases. These should be in connection with courts for the examination of cases before commitment as well as in penal institutions where a more detailed study can be made after commitment. We believe there should also be in connection with every reformatory or penal institution a psychopathic hospital where cases which show abnormal mental characteristics, but which belong neither in hospitals for the insane nor among the general reformatory population, may be cared for during their entire residence in the institution.

(2) Institutions for the feeble-minded, or suitable colonies, in every state in the Union sufficient to care for the mentally deficient individuals who are unable to support themselves, and at the same time protect themselves from the temptations of life in the community.

(3) Psychopathic hospitals should be established in all large cities for the diagnosis and treatment of all cases showing abnormal mental characteristics, and to aid in preventing the development of mental disease.

(4) Increased facilities for supervision on probation so that every case which has the capacity to adjust himself to social conditions may be given every possible chance and institutional treatment used only as a last resort.

(5) Increased facilities for supervision on parole so that the individual who comes out of the protected environment of an institu-

tion will not be plunged immediately into an unprotected environment to which he will be unable to adjust himself at once.

(6) Increased resources in institutions for re-education along academic, domestic and industrial lines as well as for the treatment of physical disease and abnormal mental conditions, so that when the individual is returned to the community, he will have developed to the greatest extent possible his mental, physical and social capacities. There will be then less danger of his being a menace to the public from a physical standpoint, and economically less danger of his becoming a public charge.

Our greatest need at the present time is the enthusiastic support of the public in these measures of reform. With the new opportunity which is coming to women to have influence in bringing about such measures, it is particularly necessary that they appreciate the needs of the large numbers of women who are at present confined in industrial schools and reformatories and penal institutions, as well as of those who may perhaps be prevented from entering them.

There is much to be accomplished in the field of criminalistics, and its accomplishment depends largely on the men and women in the community who appreciate the situation and who are ready to take their share of responsibility and advocate the constructive reforms which we all know are needed.