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## Analysis of Thirty-One Individuals Examined While Awaiting Trial in Federal Court

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# AN ANALYSIS OF THIRTY-ONE INDIVIDUALS EXAMINED WHILE AWAITING TRIAL IN FEDERAL COURT

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Harry R. Lipton

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Dr. Lipton has for a decade been engaged in penal psychiatry. He was psychiatrist for the U. S. Public Health Service and was stationed in several prison hospitals. He has examined large numbers of men awaiting trial. He is a diplomate of the American Board of Neurology and Psychiatry. He is at present engaged in the private practice of psychiatry and is instructor in psychiatry at Emory University School of Medicine, Atlanta Univ. School of Social Work, and Piedmont Hospital School of Nursing. He is the author of a number of articles on penal psychiatry.—EDITOR.

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This study relates to twenty-nine men and two women who were under medical and psychiatric observation during 1940 to 1941. They were confined in a Federal Correctional Institution during periods of from one to four months while awaiting trial in a U. S. District Court and were seen daily by medical and psychiatric personnel. Twenty-three of the thirty-one were hospitalized for study during periods ranging from four to a hundred and twenty-three days.

The average age of the group was thirty-three. Seventeen were single, nine married, three divorced and two were widowers.

Eighteen were natives of native-born parents, nine natives of foreign-born parents, and four were foreigners of foreign-born parents.

The order in the family was not significant. Four were only children, four were the oldest, and seven the youngest in their respective families. One was born out of wedlock.

Twenty of the group came from disrupted homes. Seven from homes disrupted by separation of the parents and nine from homes disrupted by death of one of the parents.

Thirteen of the group had a poor hereditary and environmental background.

The average school grade completed was the ninth. Only one had had no formal education. Five had attended college.

As regards physical condition seven of the group were in poor physical condition.

Difficulties in the nature of asocial neurotic, and psychopathic behavior first appeared in childhood in seven of the group, in adolescence in thirteen, and in adulthood in eleven.

As regards economic status ten came from homes of poor economic circumstances, nine from homes of below average circumstances, five from average homes and six from homes where the social and cultural standards were above average.

As regards occupation, twenty-two were unskilled. Only ten had a history of regular employment.

As to personality makeup, nineteen of the group were introverted and twelve extroverted.

There was a history of alcoholic indulgence, though not necessarily to excess, in fifteen.

Eighteen had been arrested previously.

Fourteen had served jail or prison sentences.

An analysis of the offenses follows: Offenses against U. S. Mails, six, and violation of Selective Service Act, five. Transportation of stolen automobile in Interstate Commerce, Forgery, Bank Robbery, Violation of the Drug Act, Impersonation, and Violation of Immigration laws—three each.

Precipitation factors of the offense committed were: alcoholic intoxication in five cases; drug addiction, three cases; mental illness, three cases; poor health, two cases; and mental deficiency, one case.

The psychiatric diagnosis was some form of constitutional psychopathic inferiority in fifteen. Four were diagnosed as suffering from psychoneuroses; three as normal intelligence, unsettled; two as mental deficiency. Two were diagnosed as psychosis; two as hysteria, and one as epilepsy. Only one was diagnosed as normal.

Psychiatric reports on five of these individuals are included in this paper.

ANALYSIS OF THIRTY-ONE INDIVIDUALS EXAMINED, JULY 1, 1940 TO JUNE 30, 1941,  
WHILE AWAITING TRIAL IN FEDERAL COURT

I.  
(N.N.—Native of Native Born; N.F.—Native of Foreign-born Parents)

NO.	SEX	COLOR	AGE	MARITAL STATUS	ORIGIN	ORDER IN FAMILY	DISRUPTED HOME	HEREDITY	SCHOOL GRADE COMPLETED	PHYSICAL CONDITION
1.	M	W	24	Single	N.N.	O.C.	Father Dec.	Poor	10th	Good
2.	M	W	26	Married	N.N.	3rd of 4	Father Died	Good	12th	Good
3.	M	W	32	Single	N.F.	3rd of 5	No	Poor	2nd	Below Norm.
4.	M	W	40	Married	N.N.	3rd of 5	Father Alc.	Poor	9th	Good
5.	M	W	19	Single	N.F.	2nd of 2	Parents Div.	Good	9th	Good
6.	M	W	32	Single	N.F.	3rd of 3	No	Good	C3	Good
7.	M	W	29	Single	F.F.	O.C.	Father Executed	Poor	0	Poor
8.	M	W	34	Married	N.N.	1st of 2	No	Poor	8th	Below Av.
9.	M	W	64	Single	N.N.	Not known	No	Good	5th	Senile
10.	M	W	28	Div.	N.N.	1st of 4	Parents Sep.	Poor	12th	Below Av.
11.	M	W	39	Single	N.N.	2nd of 2	Father Died	Good	4th	Poor
12.	M	W	41	Div.	N.N.	2nd of 2	No	Good	10th	Below Av.
13.	M	W	27	Single	N.F.	2nd of 4	Father Died	Poor	7th	Below Av.
14.	M	W	32	Single	N.N.	1st of 2	Parents Died	Not known	10th	Good
15.	M	W	31	Single	N.F.	8th of 8	Parents Sep.	Poor	6th	Good
16.	M	W	22	Single	N.N.	O.C.	Parents Sep.	Poor	C3	Fair
17.	M	W	41	Married	F.F.	3rd of 9	No	Good	7th	Good
18.	M	W	30	Married	N.F.	4th of 7	Father Died	Good	10th	Poor
19.	M	W	35	Single	N.N.	4th of 5	Poor	Poor	7th	Good
20.	M	W	30	Single	F.F.	3rd of 7	Parents Sep.	Good	8th	Good
21.	M	W	36	Div.	N.N.	4th of 7	No	Good	7th	Poor
22.	M	W	71	Widower	F.F.	1st of 2	No	Good	C4	Poor
23.	M	W	24	Single	N.F.	2nd of 9	No	Good	7th	Good
24.	M	W	25	Single	N.N.	Not known	Not known	Not known	9th	Good
25.	M	W	42	Married	N.N.	4th of 5	Good	Good	C1	Below Av.
26.	M	W	43	Married	N.N.	Born out of wedlock	Good	Poor	12th	Below Av.
27.	M	W	28	Single	N.N.	3rd of 3	Mother Died	Good	10th	Average
28.	M	W	31	Married	N.F.	2nd of 3	Father Died	Good	10th	Below Av.
29.	M	W	39	Widower	N.N.	2nd of 2	No	Good	C2	Good
30.	F	W	19	Married	N.N.	O.C.	Father Killed	Poor	9th	Poor
31.	F	W	23	Single	N.F.	4th of 9	Father Dec.	Poor	8th	Poor

## II.

NO.	ONSET OF DIFFI- CULTIES	ECONOMIC STATUS	OCCUPATION	EMPLOY- MENT HISTORY	PERS 'TY	ALCO- HOLIC INDUL- GENCE	PREVIOUS ARREST
1	C	Poor	Unskil	Irreg	Int	No	No
2	A	Marginal	Unskil	Reg	Ext	No	No
3	C	Poor	Unskil	Irreg	Ext	No	Yes
4	A	Poor	Unskil	Irreg	Ext	Yes	No
5	C	Wealthy	Unskil	None	Int	No	Yes
6	A	Above Av.	Business	Reg	Int	No	No
7	C	Poor	Unskil	Irreg	Ext	Yes	Yes
8	A	Poor	Unskil	Irreg	Int	No	Yes
9	A	Poor	Unskil	Irreg	Int	Yes	Yes
10	A	Poor	Unskil	Irreg	Int	No	Yes
11	A	Average	Unskil	Reg	Int	Yes	No
12	A	Average	Unskil	Irreg	Int	Yes	Yes
13	A	Poor	Unskil	Irreg	Int	No	No
14	A	Poor	Unskil	Irreg	Int	Yes	Yes
15	A	Poor	Unskil	Irreg	Int	Yes	Yes
16	C	Above Av.	Writer	Reg	Int	No	No
17	A	Average	Printer	Reg	Ext	No	No
18	A	Average	Miner	Reg	Ext	Yes	No
19	A	Below Av.	Unskil	Irreg	Int	Yes	Yes
20	A	Below Av.	Unskil	Reg	Ext	No	Yes
21	A	Below Av.	Unskil	Reg	Int	No	No
22	N	Above Av.	Eng 'r	Reg	Ext	No	No
23	A	Below Av.	Unskil	Irreg	Int	No	Yes
24	A	Below Av.	Unskil	Irreg	Int	Yes	Yes
25	C	Above Av.	Painter	Irreg	Int	Yes	Yes
26	A	Above Av.	Eng 'r	Irreg	Int	Yes	Yes
27	C	Above Av.	Mov. Proj't	Irreg	Int	Yes	Yes
28	A	Below Av.	Unskil	Reg	Ext	No	No
29	A	Average	Unskil	Irreg	Ext	Yes	Yes
30	A	Below Av.	Unskil	Irreg	Ext	No	No
31	A	Below Av.	Prostitute	Irreg	Ext	Yes	Yes

C—Childhood  
A—Adulthood  
N—None  
Unskil—Unskilled  
Bus—Business

Int—Introverted  
Ext—Extroverted  
Irreg—Irregular  
Reg—Regular

## III.

<u>NO.</u>	<u>PREVIOUS SERVITUDE</u>	<u>OFFENCE</u>	<u>PRECIPITATING FACTORS</u>	<u>DAYS IN HOSP.</u>
1	No	Stealing U. S. Mail	Leaving job after quarrel	4
2	No	Bank Robbery	No money to move or pay rent	0
3	No	Stealing U. S. Mail	Mental Deficiency	17
4	No	Forging U. S. Check	Separation from Family	15
5	Yes	Viol. Dyer Act	None; Did not want to wait for Bus	0
6	No	Viol. Drug Act	Drug Addiction	0
7	Yes	Illegal Re-Entry	"Abuse" in Mexico	19
8	No	Stealing U. S. Mail	Wife Critically Ill	35
9	Yes	Smuggling Aliens	?	0
10	Yes	Impersonating Fed. Off.	?	11
11	No	Conspiracy Viol. Immig. Act	Economic Reverses	17
12	Yes	Viol. Drug Act	Drug Addiction	23
13	No	Viol. Sel. Serv. Act	Mental State at time	123
14	No	Viol. Sel. Serv. Act	?	0
15	Yes	Viol. Sel. Serv. Act	?	29
16	No	Viol. Dyer Act	Mental State at time	106
17	No	Robbery National Bank	Mental State at time	22
18	No	Viol. Sel. Serv. Act	?	28
19	Yes	Forgery U. S. Check	Intoxicated	0
20	No	Forgery U. S. Check	Circumstances	0
21	No	Forgery U. S. Money Order	Poor Health	98
22	No	Mail Fraud	?	44
23	Yes	Viol. Sel. Serv. Act	?	24
24	Yes	Viol. Probation; Dyer Act	Intoxicated	20
25	Yes	Impersonating Fed. Off.	Intoxicated	58
26	Yes	Impersonating Fed. Off.	Intoxicated	60
27	Yes	Stealing U. S. Mail	Intoxicated	20
28	No	Stealing U. S. Property	?	27
29	Yes	Viol. Probation. Counter- feiting	Intoxicated	0
30	No	Bank Robbery	Accompanied Husband	46
31	Yes	Viol. Probation; Drug Addiction	Drug Addiction	35

## IV.

<u>NO.</u>	<u>PSYCHIATRIC DIAGNOSIS</u>
1	Constitutional Psychopathy; Schizoid Personality.
2	Normal Intelligence; Unsettled.
3	Mental Deficiency with Psychosis; Tertiary Syphilis.
4	Psychoneurosis, Anxiety State; Moderately Improved.
5	Constitutional Psychopathic State, Emotional Instability.
6	Constitutional Psychopathic State, Emotional Instability; Drug Addiction, Opium.
7	Idiopathic Epilepsy; Epileptic Personality.
8	Hysteria.
9	Constitutional Psychopathic State, Criminalism; Senility.
10	Constitutional Psychopathic State, Emotional Instability; Skull Fracture with Right Horner's Syndrome.
11	Chronic Alcoholism; Psychoneurotic Depression.
12	Constitutional Psychopathic State, Emotional Instability; Drug Addiction, Opium.
13	Dementia Praecox, Hebephrenic Type.
14	Constitutional Psychopathic State; Schizoid Psychopath.
15	Mental Deficiency with Emotional Instability.
16	Hysterical Psychoneurosis.
17	Manic Depressive Psychosis, in remission.
18	Constitutional Psychopathic State, Paranoid Personality with Emotional Instability.
19	Constitutional Psychopathic State, Emotional Instability; Chronic Alcoholism.
20	Normal Intelligence; Unsettled and Emotionally Unstable.
21	Dull Normal Intelligence; Personality adjusted to average life.
22	Psychoneurosis, Reactive Depressed State.
23	Dull Normal Intelligence; Unsettled.
24	Constitutional Psychopathic State, Emotional Instability; Hysterical Psychoneurosis.
25	Constitutional Psychopathic State, Emotional Instability.
26	Constitutional Psychopathic State, Criminalism; Psychoneurosis, Anxiety State
27	Constitutional Psychopathic State, Emotional Instability; Alcoholism.
28	Constitutional Psychopathic State, Emotional Instability; Alcoholism.
29	Constitutional Psychopathic State, Inadequate Personality.
30	High Normal Intelligence; Emotionally Unsettled.
31	Constitutional Psychopathic State, Emotional Instability; Drug Addiction, morphine.

*Case No. 3*

## NEUROLOGICAL EXAMINATION

Negative.

## LABORATORY REPORTS

Kahn Standard, Wasserman-Kolmer and Kline Tests 4+. July 2, 1940.

Spinal Fluid Examination—July 2, 1940. Kahn and Wasserman-Kolmer, negative.

## PSYCHIATRIC EXAMINATION

Patient is a short, well-developed and fairly well-nourished middle-aged white male. He was born in rural Florida in 1909, of immigrant parents. His father was born in Russia, and had two children by a previous marriage. He was a merchant by occupation. He died in 1936 of diabetes. His mother was born in Poland. Patient is the third of five children. An elder brother, age thirty-seven, is a hairdresser and resides in California. Another elder brother was killed in childhood. Patient's mother and two younger brothers reside with his married brother. One of his younger brothers has been a patient in a state school for the feeble-minded.

Patient attended school from five to thirteen years of age, completing the second grade. He states that school officials told him he could not do the work and requested him to leave. He was born of the Jewish faith. As a child he spent his time helping his mother at home, and during his youth helped his father in his drygoods store. During the past ten years he has spent much of his leisure about churches and allied organizations and has been baptized on several occasions.

He sustained a laceration of the left lower eyelid at four years of age, when a bottle was thrown at him by an older colored boy. He sustained lacerations of the head and the right wrist, when struck and dragged by a street car at eleven years of age. He denies sexual experience of any sort. He states he suffered a "nervous breakdown" at five, when he saw an elder brother die from a blow on the head with an axe at the hands of a negro. Regarding his past life he states: "The real part of my history starts in Virginia. After the street car accident in 1921, my father put me in a hospital. It was for epileptic and feeble-minded persons. I was there for three months. My father came after me and took me out. I then helped him in his drygoods store. I had a boil on my right arm and was in a hospital for one month. In 1925, my family moved to New York to be near my grandfather. He died before we got there. From 1925 to 1929, I was in many hospitals, about a month apiece. I cannot remember all the hospitals as I was in so many. I was in the—State Hospital for several days in 1934. In 1929, I first went to the B—Hospital in New York. They sent me to the —State Hospital. I have been there a number of times. I was there last in 1935, for a month's treatment. They gave me a spinal treatment, and found out my blood was four plus. They paroled me to my brother and I reported to the hospital doctor once a month."

Patient was admitted to this institution in June, 1940, and to the hospital several days later. He was brought to the attention of the exam-



iner for making unnecessary noise in the Quarantine section. According to the officer in that section, he had been praying loudly and continuously during the day, and at periods during the night. He was restless and excitable during the initial interview. His behavior was silly and his mood was characterized by suspiciousness and moderate euphoria. Speech was slow, thick, and with a lisp, and interspersed with religious quotations. His productions were rambling, poorly coherent, at times irrelevant, and frequently repetitious. He agreed to enter the hospital for observation and treatment. He went to get his belongings. He returned, however, in several minutes with the following note on a piece of paper: "I do not want the hospital at all, and I won't give you no report at all; if you want it you can try and get it by my mother and by my brother. I am going back to the Quarantine ward and when I go to court I will tell the Judge about all of you and your place here. You are not fooling me a bit. I belong to the American Civil Liberties Union." Patient had to be brought to the hospital by an officer. He refused to stay on the ward and on this account had to be locked in his room. There he was hostile and suspicious. He stated: "I want to get out of here. I been fooled by a million experts. You can't trust nobody these days. They've got a lot of 'broken boxes and infidels' in this hospital. My Catholic prayer book says infidels are crazy people. I know old records will say the same thing . . . It's like one street car knocks another. The Judge says I had to be there the 15th for trial."

Patient was repeatedly told that the sole purpose of hospitalization and examination was to understand and help him. The following day he agreed to abide by hospital rules and was given full privileges. He stated: "I guess I have got to stay here so I may as well make the best of it." He has created considerable commotion on the ward by praying loudly. While not praying, he perches himself on the table in his room, beside the window, and watches the yard. When anyone passes by, he taps on the window and shouts. He frequently does so during the night, keeping other patients awake. He is a prolific letter writer. He brings several letters daily to the examiner's office requesting him to mail them. These have been addressed chiefly to judges. His productions have been incoherent and filled with religious quotations, expressions of his love for his country, and pleas to be set free. He frequently makes reference to alleged injustice being done him and asks that various religious organizations be contacted to help him. He has made numerous requests to see at once, high officials and priests. He has requested additional paper so that he may write the President, the Attorney-General, and J. Edgar Hoover.

His statements regarding his present difficulty are conflicting. He gives the following story: "I was going to a religious meeting that was in the 2200 block, on B— Avenue. I was coming down from the morning meeting. By mistake I took two letters from the mail box. I meant to go to my own box, a block away. I put these letters in the side pocket of my jacket. I went to the 3400 block on B— Avenue into a toilet, and opened them up. I saw two checks. I saw they weren't addressed to me. I put them back into the envelope. I meant to mark them 'opened by mistake.' I didn't, I threw the two envelopes away. I didn't think it was necessary to have envelopes as the names were on the checks. I put these checks away in the house where I was living. Later on I went to the telephone to see who these people were. I called up one individual

in S—— and one in H——. They didn't come and I called them every day for a week. I spent \$3.20 calling them. The man who arrested me wanted me to sign a paper but I refused. I told him at the hearing, that I would tell the judge I was not guilty. I told him I would sue him." Patient has complained of pain about a cicatrix on the right wrist. He states that he worries much about not hearing from home, and that he lies awake nights, not knowing what to do with himself. He is correctly oriented. His comprehension, memory, imagination, reasoning, and judgment show marked impairment. His fund of general knowledge is meagre.

#### SUMMARY

Patient is a well-developed and fairly well-nourished middle-aged white male. He appears euphoric, and laughs frequently during interviews. Speech is slow, thick, and with a lisp. His productions are rambling, poorly coherent, repetitious, and at times irrelevant. Since his hospitalization, he has been noisy and excited. He prays loudly for hours at a time, and during interviews quotes the Bible. He sits by his window and taps on it and shouts when anyone passes by. He is suspicious of those about him, and has expressed ideas of persecution. Sensorial examination reveals marked impairment of all higher associative processes. He possesses very little insight into his problems.

#### DIAGNOSES

- (1) Mental deficiency, with psychosis.
- (2) Tertiary syphilis.

#### PROGNOSIS

Because of his marked mental deficiency, the prognosis for outside social adjustment, even under favorable circumstances, is poor.

#### RECOMMENDATION

This patient is in need of extended hospitalization and treatment. He should be considered for certification as psychotic after a reasonable period of observation and study.

### *Case No. 13*

#### SUMMARY

Patient is an asthenic young white male. He is the product of a disrupted home, his father having died when he was five. He was a semi-literate, alcoholic laborer. He was not a member of any church. His mother is semi-literate, nervous and excitable, and a moderate drinker. She is of the Catholic faith and attends church services occasionally. Patient is the second of four siblings, two of whom are male and all of whom are single. He enjoyed good health as a child, and attended school from eight to eighteen years of age, when he left because of illness. He was then in the seventh grade. He was always indifferent to his studies and had no scholastic ambition. He states

he has always been quiet and shy, and denies ever having had a girl friend or sexual experience of any sort. In October, 1930, he was thrown from a moving car injuring his left hip. Because of pain and swelling of the hip, he was taken to a hospital in July, 1931, where he remained until taken home for Christmas that year. Two major operations were performed. The infection did not subside completely until February, 1939.

He had been to church only about three times in his life. In March, 1935, after listening to about ten or fifteen religious messages on the radio he became "truly converted." He began distributing verses of Scripture written in longhand upon sheets of paper to people about town. In the fall of 1936, he was arrested and several days later removed to the State Hospital where he remained for three months. He was then paroled to his mother. He felt his religious work to be a divine duty and could not desist from the same. Because of disapproval at home he hitchhiked to Chicago in January, 1937. There, for three years and eight months, he led a very disorganized life. He lived intermittently at the homes of church folk and at missions where he testified as to the work of Jesus. He worked at only infrequent intervals and then only for short periods of time. He slept for weeks in parks and vacant lots and obtained food and clothing by begging. At such times, too, he would deliver his messages to all who were receptive. He had read about registration for the draft in Chicago but did not comply, allegedly, upon God's instructions.

In September, 1940, he decided to head for a warmer climate. He was arrested in November, 1940, while resting in a park toilet. In December, 1940 he was admitted to the prison hospital for observation and study while awaiting trial. He enters the examining room without hesitation when called. He has a beatific facial expression and smiles constantly, and is attentive and most polite in manner. He appears to be under moderate tension and exhibits spasm of the upper lip on speaking. Speech is in a soft tone and deliberate. He frequently hesitates to weigh his words. He is perpetually euphoric and in a state of religious ecstasy. On the ward he has been seclusive and has mingled little with other patients. He has, however, availed himself of yard privileges and abided by hospital regulations. No frank hallucinatory experiences can be elicited. Marked religiosity is in evidence. He speaks zealously and repetitiously of his religious work and presents religious delusions. He states God has instructed him not to register and has given him alone, of all people in this country, this right. He expresses the conviction that his not having registered is entirely a matter of God and that no harm can come to him on this account. He believes he has been chosen for a special work and that it is God's will that he begin preaching within a short period of time. He admits having experienced depressive trends and death wishes, but denies ever having contemplated suicide. He broods frequently over having been misunderstood by his mother.

He is correctly oriented and his memory for past events is fairly good. Reasoning and judgment are defective and he possesses little insight into his condition. He believes his only mistake was going into the park toilet and that had he kept to the sidewalks he would never have been arrested. Psychometric tests show him to be of normal intelligence. Personality studies show him to be markedly introverted, neurotic, hamperingly self-conscious, and submissive.

## INTERPRETATION

Patient is a schizoid personality of poor heredity and limited education, reared in an unfavorable environment. He took refuge in religion following a prolonged illness during which time the future seemed hopeless. Toxic-organic factors may have played some part in the precipitation of his mental illness, but toxic factors are absent at this time. During the years there has been crystallization of his religious ideas, and he is at this time under the delusion that he is the one person, who by the will of God should not register for the draft, and that God has selected him for some special future role.

## DIAGNOSIS

Dementia Praecox, hebephrenic type.

## PROGNOSIS

Because of the early onset of the disorder and its chronicity, and his personality defects, the prognosis for recovery is guarded.

## RECOMMENDATION

This individual is in need of extended hospitalization, and treatment for mental disease. If returned to this institution he will be considered for certification as psychotic following an adequate period of study.

*Case No. 17*

## PHYSICAL EXAMINATION

This patient is a well-developed but poorly nourished middleaged white male. Examination reveals impairment of vision, corrected satisfactorily by glasses; acquired absence of all teeth, with satisfactory dentures; external hemorrhoid, small; scar from burn on dorsum of left hand.

## NEUROLOGICAL EXAMINATION

There is a fine tremor of the upper extremities. The Romberg Test is positive.

## PSYCHIATRIC EXAMINATION

(Informants)

*Patient and wife.*

Patient was admitted to the correctional institution and hospital under suicidal precautions on October 9, 1940. During initial interview he had a sad facial expression, appeared to be under marked tension, and wept considerably. His mood was characterized by anxiety and depression. Speech was under moderate pressure with emotional blocking at intervals.

*Family History.*

He stated he was the third of nine siblings from a family of limited means. His father was killed in an accident eleven years ago, at

seventy-five. His mother is seventy years old and in poor health. She has been under treatment for diabetes for one year. He was born in Canada, and when three months of age, was taken to New Zealand by his family. He married in 1920, and is the father of two children, seventeen and nineteen years of age. He has had a seventh-grade education and is of normal intelligence.

He is a printing pressman by occupation. He has been in this country since 1923, and is a naturalized citizen. He gave a history of having burned his left hand as an infant. As a child he was ill with measles, chicken pox, small pox and typhoid fever. He denied injury or disease from childhood until the onset of his present illness one and a half years ago. He stated:

"I have always worked hard, frequently eighteen to twenty hours at a stretch, and have been thankful I had a good job. I had worked on one job for four years, and hadn't lost any time for sickness. I had been under several superintendents. In July, 1939, I began to notice I was tired. I couldn't sleep more than two or three hours a night and would wake up more tired than when I went to bed. The shop went union. The superintendent told me I had to join but I told him that I had beaten him to it. He said my apprentice had to join too and I disagreed. Two weeks later, in November, 1939, I requested pay for overtime. I got my check but I also got fired. The boss phoned up on my Sunday off and told me not to come back to work. I felt I wasn't wanted and didn't try to get back. I obtained some temporary work, but was unable to sleep during the day and my health kept getting worse. I was becoming more nervous. I couldn't concentrate and couldn't follow what I was reading. I couldn't keep my mind on anything. I would sit for hours, just sit and not even think. Then I would wonder what the heck I was doing. I lost all track of time. Yet I must have acted about normal, as my friends would have said something. I began to get mad at trifles. I know that wasn't right. I worried as to what would happen to my mind. I was afraid to go to a doctor. A doctor had treated me for stomach trouble seven years before and hadn't helped me, and I had no confidence in doctors. I spoke to a friend who said I was crazy and that I ought to forget everything. I worked up North for several weeks in March, 1940. I passed out on the job, and several times at home, and my wife wouldn't let me go back. I got another job, but was taken ill with kidney stones. My boss wouldn't believe I was sick. I got weak as a kitten. I had swelling of my neck which choked me. It seemed like I only swallowed with the left side of my throat. The doctor told me to take it easy and rest for several months and to lay off drinking and smoking. I rarely drink though and have never drank to excess. He told me my lungs and heart were overworked. He said, though, I didn't have tuberculosis."

"When my children were small I promised myself I would put them through college. I had then been turned down on three superintendent jobs because of lack of education. I continued to get worse, and although I knew my work, I couldn't do my job. I was too proud to go on relief. My wife cashed in an insurance policy and wanted to sell the house. My mother was very sick. It was then I blew my top. I felt all washed up like I wasn't worth a darn to myself or anyone else. My family tried to encourage me."

"I knew that I had to have money, and decided to rob a bank and get money or end it all. I vaguely remember putting the bomb together. I knew I couldn't get away with it, and that there was a fighting chance only. I never gave up anything without a fight before, but then I didn't care much. I was afraid that I was going crazy and didn't care much. I didn't want my family to have to keep me. I figured that if the job went over I would have the money and if it didn't I would be out of the way and my family would have my insurance. I never thought both ways would fail. I seem to know what happened, but yet I don't. We had some arsenic at the house from which we used to make ant paste. I took a capsule of it along with the intention of taking it if I was caught. I remember being grabbed in the bank. He said: 'Let's take this man.' He was either a brave man or a damn fool. As they grabbed me I took the capsule. Soon thereafter, a swell warm feeling came over me from head to toes, then I had cramps in my abdomen, and began vomiting. I saw the poison wasn't working so I told the F.B.I. man. They took me to the Hospital. I knew I had done wrong when I talked to my wife the next day. She said they were going to take me to the hospital to fix up my nerves and throat. I know I shouldn't had let them down. I meant to help my family, and ended up by hurting them."

During the first four days of his hospitalization, he remained confused and disoriented and wept during interviews. He complained of nervousness, insomnia, night sweats, shaking internally, and of difficulty in sleeping. He complained also of his arms and legs going to sleep, of a pin and needle sensation in them, of numbness of the fourth and fifth fingers of both hands, and of a feeling of pressure in the right submental region. He would awaken at times with his hands locked and would require assistance to pull them apart. On examination several mornings later he was moderately euphoric and rubbed his hands with joy. He stated:

"I was home last night; I just got back a while ago. They came for me. I'm not going to tell you how I got out, because I don't want to get anybody into trouble. I don't know how you found out I've been home, nobody has seen me . . . It happened just after they turned the lights out. My whole family was with me. I can't remember what they said to me . . . They're probably tired, they've been up all night. I'm going to go again soon, but I can't say how, as I don't want to get the man in trouble."

He broods much over the economic circumstances of his wife and family and over the effect of his offense upon them. He speaks at length of his love and his devotion to them. He is obsessed with strong guilt feelings and a need for punishment. He states: "I don't deserve leniency . . . I don't believe in leniency. I ought to be punished in the good old fashioned way with lashes or else I ought to be put to hard labor and the money sent to my family."

Regarding his offense he states: "I remember walking up to the bank. I had an argument with myself. One side told me I didn't have the guts to do it, the other side told me it was foolish. It seemed like I was two people. It sounds screwy, I don't understand it all. After I was arrested I laughed at the policeman, he didn't know I had taken poison . . . I think I have the thing solved. I'm really comfortable here myself, but I want to put my kids through school and I want

to take care of my wife. I understand the Government has camps. I would like to be put to the hardest work and denied smokes, sweets, and recreation. I would like to have the money sent to my wife. I don't believe in probation and I think that would be punishment enough."

At this time he has an amnesia for the events occurring during the first week of his hospitalization, and his recent dissociated state. He however complains of terrifying dreams. He states: "I dream every night. A fellow by the name of L. . . . ., I have never known anyone by that name, has me tied either in a chair or tied by my thumbs, or has my wife tied. He is a tall, stout, and dark man. He makes me fight with him. I know a detective R. . . . . He took me around, he was very nice to me. I always awoken from these dreams in a sweat and have to use a towel to dry myself. I had a dream the other night that some folks wanted to keep me here, others wanted to send me back to the county. I don't have any sexy dreams though. The night before last, I dreamt I and the family were being chased. We hid in a box car and were then buried in sand. I struggled frantically shoveling out the sand under conditions of extreme heat. I awoke during the night in a sweat and very thirsty."

To date there has been some amelioration of the previously mentioned symptoms and he is less anxious and depressed. He complains of difficulty in writing, and of omitting and misspelling words and transposing letters.

#### SUMMARY

Patient is a well-developed but poorly nourished middle-aged white male. He is a rigid, conscientious, industrious individual with a strong sense of duty. He is closely attached to his wife and children. He was admitted to this institution and hospital under suicidal precautions, in October, 1940. His present illness dates back to July, 1939, when he was working strenuously. He had difficulty in sleeping and would wake up more tired than when he went to bed. He was laid off from a job which he had held for four years in November, 1939. This served to aggravate his condition. He experienced difficulty in concentrating, would sit about absent-mindedly, and would get mad at trifles. He feared that something might be happening to his mind, but did not seek help as he had little confidence in doctors and was fearful that he would be sent to a mental hospital. He found himself unable to work. He brooded over the future of his children, over his wife having cashed in an insurance policy, and over her desire to sell their house. His mother was very sick, but he hesitated to spend the money to visit her and grieved much over her illness. In a state of agitated depression, he decided to rob a bank and take poison if the attempt was unsuccessful. He remembers little of what transpired about that time.

During initial interview he had a sad facial expression, appeared to be under marked tension, and wept considerably. His mood was characterized by anxiety and depression. Speech was under moderate pressure with emotional blocking at intervals.

During the first four days of his hospitalization he remained confused and disoriented and wept during interviews. He had a host of

psychoneurotic complaints. He experienced a dissociated state for which he later expressed amnesia. He was persistently obsessed with strong guilt feelings and a need for punishment, and was troubled with terrifying dreams. To date there has been some amelioration of his symptomatology and he is less anxious and depressed than previously.

#### DIAGNOSIS

Reaction Agitated Depressed State. Under observation for Manic Depressive Psychosis.

#### PROGNOSIS

There has been moderate improvement in this patient's condition since admission to this institution and further improvement is expected.

#### RECOMMENDATION

This patient has not had an adequate period of observation and is not sufficiently recovered at this time to stand trial. Suicidal precautions are still necessary. It is suggested that his trial be postponed for a period of several months so that he may be further studied and treated.

(Five months later)

#### PROGRESS REPORT

Subject has been seen regularly during the past five months. During interviews he appears to be composed and is alert, cheerful and amiable. Speech is relevant and coherent and his emotional reactions are in accord with his thought content. He has expressed concern over the welfare of his family. No disturbance of thought content has been elicited. His comprehension, memory, imagination and insight are good. Until several days ago he worked in the bindery in the Educational Department, and showed unusual interest in his work. Since he has been assisting in the Glove Factory. He is, at this time, in need of only occasional psychiatric care. The prognosis for outside social adjustment is fairly good.

### *Case No. 25*

#### SUMMARY

Patient is a tall, poorly nourished, middle-aged white male of asthenic habitus. He is in poor health and is understudy and treatment for duodenal ulcer. As far as can be determined his heredity is good. He states he was a problem child and that he could not adjust himself to his surroundings. He enlisted in the United States Army in 1917. During the ensuing year, he was hospitalized much of the time for treatment for hysterical deafness, blindness and headaches. He served overseas in the Canadian Army and in 1920, re-enlisted in the United States Army. While on guard duty he ran off with a prisoner for which he was later sentenced by court martial. He escaped, but later returned voluntarily.

He gives a history of a head injury at fourteen years of age. At



twenty-five he was shot in the head. At twenty-six he sustained multiple burns in an explosion, and was again ill with hysterical blindness. Despondent over his state of health he took bichloride of mercury tablets in an attempt at suicide. He was hospitalized for study for pulmonary tuberculosis while in prison in 1930. This disease was never confirmed. He has suffered from stomach trouble the past five years. In 1937, he was injured in an automobile accident. His poor health has been aggravated by a number of transfusions given in rapid succession, between 1938 and 1940. In December 1940, he was injured in a suicidal attempt when he crashed a plane he was piloting. In February, 1941 he was operated upon for an acute abdominal condition. During the past eighteen years he has made frequent changes in occupation. He has worked as a credit manager, brakeman, bootlegger, internal revenue collector, draftsman and painting contractor.

Patient was admitted to this institution and hospital in April, 1941. He appeared to be under marked tension and exhibited a tic of the circumoral muscles, and nervous restlessness. Considerable blocking of speech was noted. His productions were rambling, poorly coherent, and frequently irrelevant. His mood was characterized by moderate anxiety and depression. For several days following admission, he was lacrimose. He expressed a host of somatic complaints encompassing many of his bodily organs. Hallucinatory experiences were on several occasions expressed. He was only partially oriented and was unable to give data of personal identification or any coherent account of his past life.

He came to the examiner early in May, smiling and enthused. He stated his mind was clear and that he remembered everything. He then narrated in detail the major events in his past life, and experiences leading up to his present predicament. His account of his past life has varied considerably from day to day and many of his statements conflict and are obviously exaggerations and dramatizations. He has drunk periodically to excess since 1931. From 1937 to 1940, because of marital difficulties he drank unusually heavy. He alleges that in 1940, his wife requested that he leave and he complied. While living away from home he met a student nurse. They fell in love and took up a common-law relationship which culminated in pregnancy and abortion. He drank heavily because of the strain of this illicit relationship and in a daze, went east. He traveled about considerably during the ensuing few months. One night in F—— he met R—— who had just been divorced by his wife. Under the influence of alcohol, they became mutually attached. Our patient posed as a Reserve Officer in the Air Service, and offered to get R—— into the Army Air Corps. He later told this individual he was not an Army Officer. The Federal Bureau of Investigation was informed, and our patient was then arrested.

For twelve days during interviews, he spoke repeatedly of his paramour and vowed he could not live without her. When informed he could no longer correspond with her and he had a certain responsibility toward his children, he made a complete reversal. He stated his real place was with his wife and children and expressed gratitude toward officials for having broken up his common-law relationship. Since, he has been progressively less depressed and more at ease. At this time, he appears to be under some tension and his mood is characterized by mild anxiety. He is attentive and amiable and ingratiating in manner. Speech is normally productive, relevant and coherent. Many of his statements are conflicting. He still complains of abdominal distress, headaches, ner-

vousness and smothering spells. No delusions or hallucinations can be elicited. He is correctly oriented and his comprehension, memory and imagination are fairly good. Reasoning and judgment show moderate impairment. By psychometric tests, he is of normal intelligence. Personality studies show him to be neurotic, introverted hamperingly self-conscious, suggestible, and submissive.

#### DIAGNOSES

- (1) Constitutional psychopathic state; emotional instability.
- (2) Hysterical psychoneurosis.

#### INTERPRETATION

One is dealing with an individual of a hysterical personality type, who has never made a satisfactory social adjustment. He has suffered many accidents and illnesses. When not organically ill and under stress, his subconscious mind has come to his rescue with the production of a false physical ailment of an hysterical nature. He remembers posing as an Army Officer while under the influence of alcohol. His judgment was, no doubt, impaired to some extent by the toxic effect of alcohol. The examiner is, however, of the opinion that he was able to differentiate between right and wrong in relation to the offense committed. Toxic-organic factors from an acute abdominal disorder played some part in the precipitation of his recent confusional state. In the opinion of the examiner, he has not suffered from a true psychosis and is not psychotic at this time.

#### PROGNOSIS

The prognosis for outside social adjustment is poor.

#### RECOMMENDATION

This individual is in need of hospitalization and treatment for duodenal ulcer and an hysterical psychoneurosis over an extended period of time.

### *Case No. 26*

#### SUMMARY AND INTERPRETATION

This individual is a well-developed, but poorly nourished middle-aged white male. He was born out of wedlock and his childhood was unhappy. He has had a twelfth grade education and is of high normal intelligence. He has a history of maladjustment dating back to 1918, when he entered the United States Army. There he was a misfit and spent almost his entire time in the hospital. He has on a number of occasions engaged in anti-social behavior and at such times has sought escape from justice through feigning illness and irresponsibility. His statements reveal the nature of his abnormality. Once frustrated and economically embarrassed, he becomes moody and depressed, at which times he cashes checks which he knows to be worthless and engages in other anti-social behavior, which he later regrets. He later attributes his acts to influences beyond his control. He is correctly oriented, and his comprehension and imagi-

nation are fairly good. Memory for events leading up to past anti-social activities is defective. Reasoning, insight, and judgment are poor. Personality studies show him to be neurotic, introverted, and hamperingly self-conscious. It is the opinion of the examiner that his symptoms are aggravated by his present detention and that they are also exaggerated in order to obtain clemency.

#### DIAGNOSES

- (1) Psychoneurosis, anxiety state.
- (2) Constitutional psychopathic state, criminalism.

#### PROGNOSIS

The prognosis for recovery from his present anxiety state is good, and will no doubt shortly follow his trial. Because of his basic emotional instability it is probable that he will again become moody and depressed and engage in anti-social behavior which will be followed by acute anxiety states.

#### RECOMMENDATION

On the basis of studies to date, it is the opinion of the examiner that this individual is responsible for his actions. He is in need of psychiatric treatment over an extended period of time.