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Relation of Law and Medicine in Mental Diseases

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The Relation of Law and Medicine in Mental Diseases

(CONCLUDED FROM JANUARY ISSUE)

MANIC-DEPRESSIVE PSYCHOSIS

CASE A

1 Statement of Case

Male, aged thirty years. Arrested for "holding up" a bank. Entered bank in broad daylight, leveled pistol at cashier, raked large sum of money ($2,000), mostly in bills, into pockets of overalls that he was wearing; jammed pistol in pocket, hastily left bank, boarded a near-by waiting train. Suddenly looked at bills and pistol protruding from his pocket, immediately left the train, returned to bank and gave himself up to officers who had already arrived.

2 Legal Facts

Bold "hold-up." Bank robbery. Act committed in broad daylight. Robber captured as he again re-entered bank, apparently having lost his nerve.

3 Medical and Psychiatrical Facts

Habits good. Married. Always open "make-up." Good mixer, industrious, ambitious, high-school education. No definite bad heredity except mother suffered from headaches and is considered "nervous." Health history shows little of interest until several years before delinquency, when he had "kidney trouble" and prior to legal difficulties suffered from dizzy spells. Close study of his condition prior to crime shows severe depression and despondency with suicidal ideas; insomnia (many sleepless nights); thought people were watching him; persecuted himself by thinking that he was a slacker, notwithstanding the fact that he had been in the service and had been discharged because of heart disease. After he left the service he found considerable difficulty in obtaining a position. This but added to his mental anguish. He lost twenty-five pounds in weight and began to brood and worry, and thought he was disgraced. On top of all this his wife was taken seriously ill. He decided to commit suicide. There also came to his mind at this time the idea that he might obtain physical and mental relief by robbing others. He had great difficulty in thinking at times, and would sit and brood for hours, manifesting little or no inclination
to action. Plainly he figured that he would be relieved of all mental stress and that he could make his family more comfortable by suicide or by obtaining money which would necessarily have to be secured by criminal means. His morbid impulse tended in two directions and he allowed the flip of a coin to determine his conduct. Had the coin turned "tails" he would certainly have committed suicide; as it was it turned "heads" and accordingly he was impelled to his criminal act of robbing a bank. Quite characteristically, he soon realized the criminal nature of his behavior. So while feeling relief and freedom from tension, he also manifested remorse. For the moment good judgment came to his rescue and he immediately surrendered himself to the authorities. Probation granted.

CASE B

The following case manifested manic-depressive symptoms but with the possibility of epilepsy associated with amnesia. It exemplifies the need for prolonged observation. At close of ten-hour examination no definite diagnosis could be made.

1 Brief Statement of Facts

Woman kills her husband: cut off his head while asleep.

2 Legal Facts

Extreme brutality of the murder, and motive to get insurance.

3 Medical and Psychiatrical Facts

Woman thirty-nine years of age, anaemic appearance, evidence of irritation of central nervous system. Intelligence twelve years and five months, but irregular, ranging from eight years to superior adult. Evidently fair intelligence, but affected by mental disease. Curious contradictions of her examination, flight of ideas, circumsstantiality, then indifference, grimaces, levity. Same traits revealed by her history. Circumstantial account of her earlier life; from the age of twenty years her narrative of her life-history was shot full of amnesic holes. She was by turns during her life energetic, lively, sluggish, inactive, frank, reticent.

Family History—Father was weak physically and mentally; had to be looked after, disappeared when on a train with the defendant and was never heard of again. The mother was a custodial insane patient, and another member of the family was insane. The defendant was struck by lightning at the age of twenty and was unconscious for twenty-four hours; suffered from dizzy spells, had a long attack of sleeping sickness following the "flu," partial paralysis at times,
headaches, mind wandering. The examination of ten hours was not long enough to give a diagnosis. There was plainly a psychosis with an amnesic condition, which may or may not be a part of the manic-depressive symptoms, but is more likely an epileptic equivalent. As a result of the ten-hour examination it was impossible to get any indication that the defendant realized that she had killed her husband or that she had any consciousness of guilt. An association test was tried, reaction time noted, significant words and various other devices used but no satisfactory results were obtained.

Certainly the examiner would have to report that it was almost certain that the woman had no recollection of her act. It presents an interesting question as to the responsibility of such a person. If the tentative diagnosis is correct, we have a woman with an impulse to kill developed to the point of being expressed in threats. In a dream state, when normal consciousness is asleep, this idea becomes dominant and is carried out. An intoxicated person would be held responsible under such circumstances. A drug addict should be, although the authorities are conflicting. In those cases, however, the intoxication is voluntary. In the principal case the woman could hardly be held responsible for her dream states. Such a person may make a fairly good impression in court. It is hardly possible on cross-examination to bring out convincingly the reality of the amnesic state. Yet the dangerous character of such an individual is evident. The defendant in this case was well known in the community and generally considered crazy. After a disagreement by the jury she was sent to an insane asylum, where she still remains.

Prolonged observation by experts is often necessary. Most people, unfortunately including judges, lawyers and police officers, expect an insane person to perform in court like a raving maniac. A few days of personal study of the inmates of our state hospitals would convince the most skeptical of the impossibility of making a diagnosis on the strength of a few observations and conversations, especially in the manic-depressive, epileptic, and paranoic psychoses. When the defendant on the stand answers quietly and with accuracy the questions propounded, it is quite natural to say that such a person is no more crazy than any of us. The lapses of memory are attributed to the cunning of the defendant or to the skilful planning of the attorney. The effective answer to this is the experi-

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ence of the men in charge of hospitals, who have examined large numbers of such cases and who have no bias.

Manic-depressive mental disease is so named because during the life of a person so affected there will appear usually periods when he is depressed, despondent or suffers from so-called melancholia, and periods when he is elated, over-happy, or greatly excited and maniacal. These depressed and excited periods may alternate with each other. One may merge rapidly into the other or there may be a "normal interval" which can extend over a period of months or years. The depressive phase is characterized by difficulty in thinking, slow motor action, and varying degrees of depression. The manic phase is just the opposite of the depressive and is characterized by an unusually rapid flow of ideas (called flight of ideas); great motor excitement and activity, as well as unstable emotional activity. The case (A) cited above is one of simple depression with ideas of self-persecution, self-destruction and a false judgment based upon the "flip of a coin." For a brief, clear description of this psychosis the reader is referred to White's "Outlines of Psychiatry." 48

PARANOIA
(Paranoid Conditions)

1. Brief Statement of Case

Male, age twenty-three years, deliberately shot and killed his father-in-law, believing him to have seduced his daughter (foster daughter), wife of defendant.

2. Legal Facts

Deliberate, cold-blooded murder. Victim had no chance, as defendant shot him through a window.

3. Medical and Psychiatrical Facts

Brief resume of conclusions of examiners shows the following: The incidents leading up to his belief were grouped in the defendant's mind to form one definite fixed idea of seduction. The conclusion of the examiner and consultant was that the accused was at all times reasoning from false premises and, while several incidents might have served as a basis in fact for precipitating the reasoning trend, the subsequent incidents and happenings prior to the stimulus incident did not justify the conclusion reached by the defendant. He constantly misinterpreted all acts and utterances of his victim (e.g., conversation about sex matters; kissing of daughter by her father; conversations about defendant's mother; visit of

48 Ch. IX.
victim to home of defendant during latter's absence). No amount of argument or persuasion could dispel the idea. It was definitely noted during examination that defendant's idea concerning rape of his wife by his victim and also the idea that his victim had been the cause all of his trouble was absolutely immutable, and that he had absolute faith in it, supporting it by apparent logic. There also was history of prompt, violent and intense emotional and volitional reaction (murder); no hallucinations (or at best momentary pseudo-hallucinations—e.g., patient saw "horns grow from victim's head," probably due to shutting out of all stimuli except the object of his fury). There was no evidence of dementia. His reasoning was by argument with himself, justifying his conclusion, fitting everything that occurred in his environment into his constellation of persecution. The delusional interpretations were at all times upheld by childish argument. From isolated suspicions, he developed an organized system of suspicious and false interpretations regarding the behavior of his victim, whose most trivial actions were interpreted as significant of an attitude of hostility towards himself. From the very beginning he showed a deficient power of understanding others and adapting himself to them. The opinion of the examiners was that in this case the "mind was so disordered that the patient imagined something to exist which no rational person would believe to exist without evidence to support it."

The history of this boy shows definite psychopathic family history, e.g., alcoholism, fiery tempers, nomadism, nervous breakdowns, suicides. Health history shows possibility of tuberculosis at fourteen years, ordinary diseases of childhood, influenza, electric shocks, fainting spells, severe headaches. Occupations varied from bell-hop, elevator operator to development of trade. Service record since 1917 (three years). School history shows schooling up to first year of high school. No venereal disease or bad habits.

Mental Symptoms—Depression, cock-sureness, abnormal suspicion, mistrust, misinterpretation of acts, attitudes and conduct of his victim and family, when in reality their acts were most kindly intended. The ferocity of his attitude and the conviction of his belief as well as his egoism is exemplified in the following statement:

"I'm sure I can truthfully say that never in my life have I had a desire to kill anyone. I have always made friends with everybody. I always feel sorry when I know anyone is suffering from humiliation, sickness or injury and always try to help them. I know that I'm a sensitive nature myself and it don't
take a great deal to hurt my feelings, if it is not well meant. But I do not get angry easily and I always do what I deem wisest to avoid trouble. But also I'm no coward and if I'm hounded or treated decidedly rotten I can be there 'four bells and a jingle.' And I feel sure that everyone will be as convinced as I am that I'm not a murderer. that I've never killed a human being... but I did kill the most inhuman beast that ever infested the city of -----. I know that the trial will prove that, if my testimony is not suppressed and all is allowed to come out."

Paranoia—(White) "Historical—The term paranoia was used by the ancient Greeks to designate a kind of thinking that was 'beside itself'; it might be the present equivalent of a mind distraught, or distracted with grief or agony. It disappeared from use and did not reappear in psychiatry until the Middle Ages when it was synonymous with craziness in general."49

By some writers "true paranoia" is stated not to exist. By others true paranoia is considered only in the absence of intellectual impairment. "When a paranoid condition was associated with marked intellectual impairment, the diagnosis has usually been dementia praecox."50

It is true, however, that many psychoses manifest paranoid trends, so that if a patient develops ideas of persecution by others the manifestation is termed paranoid. The following ideas regarding paranoia may assist in understanding the concept: Onset may be sudden or gradual. According to Rosanoff,81 the following may be considered as the fundamental features of the disease:

"As soon as the theme, that is to say, the fixed idea, is formed, the disease develops very rapidly and is characterized by:

(1) The immutability of the basic fixed idea;
(2) The absolute faith which the patient has in his delusions;
(3) The apparent logic of the delusional system;
(4) The promptness and intensity of the reactions;
(5) The absence or at least extreme rarity of hallucinations and the presence of numerous false interpretations;
(6) The absence of mental deterioration regardless of the length of time that the disease has lasted."

It behooves attorneys and those interested in medico-legal prob-

49 White, Outlines of Psychiatry, 7th ed., p. 87.
50 Idem.
lems to become thoroughly familiar with this condition called paranoia or, more properly, paranoid state.\textsuperscript{52}

The case above cited has been tried twice, resulting in two disagreements. The boy is still in custody, awaiting trial.

\textbf{Dementia Praecox}

\textit{1. Statement of Case}

Male, presumably aged fifteen years, in company with a younger boy (who was a mental defective), murdered his employer, an aged woman. He was sent to a custodial reform institution for three years, then released on parole over protest of juvenile probation officer who originally handled the case, and also against the warning of one of us who had examined him shortly after his arrest. The protest in part was: "Society should not be exposed to the criminal potentialities of this individual. The boy has certain abnormal tendencies and traits that make his future conduct more or less predictable. Under normal and healthful restraint he may cause little or no trouble, but his make-up is such that he would be unable to cope successfully with the difficulties and problems of the ordinary city or town environment."

Shortly after his release on parole he again started on a career of crime which included mainly thefts. He was arrested in a distant state under an assumed name, and later returned to California for trial for his crime of murder.

\textit{2. Legal Facts}

Committed murder four years ago; being juvenile case he was sent to reform institution, paroled after three years, left state, committed numerous crimes of theft; returned to California for trial on original charge of murder, which was deliberately planned and cold-blooded, the motive being robbery.

\textit{3 Medical and Psychiatric Facts}

Best given from summary of original report to Juvenile Probation Officer, and from statement of mother and from examiner's notes.

\textit{Appearance}—A male individual of uncertain age, presumably fifteen years. Precocious physical development for that age. Indifferent attitude; unemotional except upon prolonged questioning when some mental fatigue associated with some motor agitation was

\textsuperscript{52}White, Outlines of Psychiatry, 7th ed., ch. VIII; Kempf, Psychopathology, 1st ed.
noticeable. Patient received examiner without any show of curiosity; in fact, indifference was at first the attitude manifested. A fairly well nourished individual without any great physical defect ascertainable after thorough physical examination.

Heredity—Bad. Definitely neuropathic and psychopathic. History is of three generations, including the patient. Consanguinity; father and mother related. Father extremely cruel to animals and humans; alcoholic; illiterate; wife-beater; killed in a drunken brawl. Paternal grandfather a cruel man; overbearing, wicked, vicious. Mother apparently a physically normal woman; poor education; unstable nervously; made weak efforts to correct early delinquencies of her children; did not contribute much to moral betterment of children. Maternal grandfather killed (accidentally). Maternal grandmother died at age of forty-four from pulmonary tuberculosis. Maternal uncle known as "Tough Bill."

Environments—Extremely bad. Vicious, cruel, vulgar father. Mother timid, hyper-religious type, of no force and poor will, which latter was undoubtedly influenced by her early training and instillation of false ideals.


Make-up—Definitely psychopathic. Early life-history gives evidence of cruelty to lower animals. Later pathological lying and pathological stealing. Undoubtedly serious mental conflicts initiated by vicious environment and fixed by poor heredity. Rather "shut-in" type, somewhat repressive, finding exit at times in acts of malicious destructiveness. Enjoyed being destructive and always felt better after such an act, particularly if he could watch the conduct of his victim while viewing the work of destruction.

Psychological Examination—Shows mental age to be fourteen years. (Binet-Simon, Stanford Revision, intelligence test).

Neurological Examination—Definite evidence of irritation of the central nervous system, no positive destructive lesion being present.

Psychiatrical Examination—Shut-in make-up, Memory of recent and past events excellent and normal; orientation normal; calculation normal; retention normal; insight poor; emotions unemotional; absolutely split from psyche; instincts perverted; no sexual instinct ascertainable; will absolutely guided by false ideas of persecution and not by normal ideation processes; consequently cunning and often fixed idea to "get even" for a fancied wrong;
judgment absolutely poor, none at all where it concerns his relations
to those interested in him and his social and ethical conduct.

In addition to being subnormal mentally, this individual has an
early psychosis of the dementia praecox type. He is absolutely
unemotional and the normal instincts are not manifested. His
will is subservient to baser ideas and not directed by judgment.
His life-history shows mannerisms, cruelties, unemotionalism,
moods, “shut-in” type, secretive, and many asocial acts. He has a
definite splitting of his psyche or mental content of consciousness.

The attitude of the patient regarding his crime, which to the
psychiatrist shows the absence of emotion and unguided will, as
well as lack of judgment, is exemplified in his statement: “I can’t
truthfully say that I am sorry; she was old and dirty and she
might as well be dead as to go to the poorhouse or commit suicide.”

From the legal standpoint such a statement indicates the cold-
blooded nature of his act.

Trial resulted in conviction and life sentence to San Quentin.

Dementia Praecox—This psychosis is not only one of great
interest to the psychiatrist but one of the most important to the
legal profession. It is described by White 83 as “A psychosis essen-
tially of the period of puberty and adolescence, characterized by a
mental deterioration tending to progress, though frequently inter-
rupted by intermissions.” Kraepelin54 states that dementia praecox
“consists of a series of states, the common characteristic of which
is a peculiar destruction of the internal connections of the psychic
personality.”

The term “dementia praecox” to the lay reader appears to indi-
cate a disease entity; by the trained psychiatrist it is used hesitat-
ingly, as he is well aware of the pitfalls to which the variety of
symptoms, classed as dementia praecox, may lead him. It could
probably be stated that the promiscuous classing of certain abnormal
mental symptoms under the diagnosis of dementia praecox is correct
in about fifty per cent of the persons so diagnosed. More than half
of the permanent state hospital cases are dementia praecox.55

83 White, Outlines of Psychiatry, 7th ed., p. 156.
54 Kraepelin, Dementia Praecox and Paraphrenia, p. 3, R. M. Barclay’s
translation from 8th German ed. of Text Book of Psychiatry, Vol. III,
Part II, Section on Endogenous Dementias.
55 Horatio M. Pollock, Dementia Praecox as a Social Problem, 3 Mental
Hygiene, 575. It is apparently easy for a psychiatrist to associate a group
of symptoms with a name. This usually satisfies the person who seeks
information on the subject, and is very well exemplified in legal procedure.
The “reasoning from symptoms to name” and from “name to symptoms”
Another definition states that dementia praecox is "a process of mental dissolution which makes its appearance in persons especially predisposed, usually between the ages of fifteen and thirty years." According to a number of authorities, and especially Stoddart, the children of paretics are especially predisposed to dementia praecox.

Kraepelin's further version of this psychosis is "that it is a chronic disease... developing independently of any external cause." Several forms (hebephrenic, simple depressed, depressed with delusions, excited, catatonic, paranoid, forms with marked speech confusion) are described.

A large number of dementia praecox patients exhibit marked peculiarities of mental make-up long before the onset of a definite psychosis. Kraepelin gives the following as the most frequent types of personality found in dementia praecox cases:

1. Shut-in, seclusive type, mostly males.
2. Sensitive, irritable, excitable, obstinate type, mostly women.
3. Lazy, unsteady, shiftless, mischievous type, mostly boys who often become tramps or criminals.
4. Good natured, pliable, conscientious diligent type, mostly boys, who are marked by avoidance of youthful naughtiness.

Individuals who show some of the above traits but have later no psychosis may possibly be considered as having had abortive dementia praecox. Many juvenile delinquents—sex perverts, patho-

usually satisfies the court's and jury's demand for logic (see Edward J. Kempf, Psychopathology, 712), especially if the "name" (e.g., dementia praecox) has been carefully defined according to some textbook. It seems to the authors that when it is necessary to present cases in court a great deal of wrangling, disagreement, and discredit could be avoided, and a more common ground ploughed up, if both sides would confine themselves to a recital of physical and mental symptoms, whether or not such symptoms indicated a diseased mind or were evidence of gross pathological changes in the central nervous system. It would then certainly not be difficult to present an array of physical and mental symptoms definitely proved as facts by either lay or expert witnesses or both, nor to secure a more uniform opinion from experts from both sides as to the responsibility of a person manifesting the symptoms. As it now stands, the psychiatrist or medical man usually falls into the trap of being compelled to diagnose his case before the court and jury, when too often the symptoms in evidence and those obtained from his examination are not sufficient to buttress him against attack. Such "trap" diagnoses, and such only can they be termed, could be avoided and many uneasy moments avoided both by counsel and witness, if symptoms and conditions only were recited, and conclusions given relative to the bearing such symptoms and conditions have on the behavior and responsibility of persons so afflicted.

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Supra, n. 54.
logical liars, petty thieves, tramps, prostitutes—are of the dementia praecox type. The bulk of our criminals, juveniles especially, are dementia praecox type.

Many people have a tendency to this disease and are known as persons with dementia praecox type of character. The dementia praecox type is often very intellectual and brilliant, and they frequently have high ideals. Many things are undertaken with great enthusiasm but never completed. They will absolutely not assume any responsibility. Many of these cases, if taken and disciplined when children, could be saved from dementia praecox.

A child with dementia praecox tendencies is often sullen, broods, stays by himself, buries himself in books, and gets nothing out of life as the normal child does. The "shut-in" type of character in a child must be strictly discouraged.

(Kraepelin's view). Kraepelin considers dementia praecox as a disease of auto-intoxication. This is probably because the physical symptoms resemble the phenomena by which intoxications are usually manifested. "Frequent appearance of the first symptoms at the age of puberty, or, in the female, at the time of first childbirth, are arguments in favor of Kraepelin's hypothesis."

(Adolph Meyer's views). "Dementia praecox may be the result of an acquisition and unchecked development of vicious mental habits or of abnormal 'types of reaction' which ultimately replace by substitution healthy and efficient mental environment such as are necessary in our constant acts of adjustment to our usual environment as well as to newly arising situations."

August Hoch finds that more than sixty per cent of the cases of dementia praecox have a peculiar mental makeup termed "shut-in personality." Hoch described shut-in personalities as "persons who do not have a natural tendency to be open and to get into contact with their environment. They are reticent, seclusive, cannot adapt themselves to situations, hard to influence, very often sensitive and stubborn, the stubbornness, however, manifested more in a passive than in an active way. Such persons show little interest in what goes on, do not participate in the ordinary pleasures, cares and pursuits of those about them, do not unburden their minds, are frequently shy and have a tendency to live in a world of fancies. These patients live in a world apart, a wall is built up between them.

and the outside world." Hoch's description of the shut-in personality and his observations of many cases tend to support Meyer's views.

Newer studies of dementia praecox patients have revealed fairly constant anatomical changes. Those who are interested in this phase are referred to E. E. Southard's article "A Study of the Dementia Praecox Group, Showing Anomalies in Particular Brain Regions." 60 Rosanoff has reached the conclusion that "dementia praecox is associated in some way with changes in the brain which lead to atrophy." 61

Dementia praecox will be described in three forms: simple dementia praecox (without delusions), dementia praecox of the catatonic form, and dementia praecox of the delusional form.

(a) Simple dementia praecox (without delusions)—Onset usually imperceptible or insidious. Impossible to fix the exact date. To quote from Rosanoff: "A subject previously affectionate, active, intelligent, even brilliant, becomes indifferent, indolent and distracted. He is weary of everything, of play as well as of work. He ceases to acquire new ideas, or to co-ordinate those which he has acquired previously, so that his general stock of ideas becomes more and more limited." Headaches, insomnia, loss of appetite, are noticed. The following extract from a letter from a school-teacher regarding a pupil, which is taken from the "Manual of Psychiatry," by de Fursac and Rosanoff, will give a fair idea of the development of these cases:

"As you can see, the marks of M. L. are no better than those for the preceding term, far from it. This pupil pays no attention to his duties, which three-fourths of the time are left unfinished; he no longer takes the trouble of learning his lessons. In the classroom and at his studies he spends most of his time dreaming. It is evident that he cares nothing for his work. His professors no longer recognize in him the former studious pupil. It seems that even the approaching examinations do not affect his indifference. When it is pointed out to him that he is likely to fail, he promises vaguely to be more diligent, but one can see that he has no firm determination. The comments and suggestions in the letters of his parents no longer have any effect on him... Formerly so jolly and so full of good humor, he has become quite unsociable. He does not seem to be pleased except when alone. When, by way of exception, he joins his comrades, in conversation or in play, he soon leaves them, often

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60 American Journal of Insanity, July, 1910.
61 See article by Rosanoff, American Journal of Insanity, July, 1914.
after quarreling with them over some absurd trifle . . . Lately he has been complaining of insomnia and headache. We have had the physician see him, but he has found nothing serious and has merely prescribed rest.

(b) Catatonic form of dementia praecox—Warning symptoms are almost always present. There is change of disposition, inaptitude for work, insomnia. Even the patient may become depressed and there may be delusions and hallucinations. The catatonic symptoms may appear at the onset of the disease, but they are usually preceded by a period of depression. There are two types described, catatonic excitement and catatonic stupor.

(1) Catatonic excitement is characterized by disorders of movements, incoherent speech, impulsive reactions, but Rosanoff states that there are four principal features of catatonic excitement:
   (a) Freedom from emotion.
   (b) Not influenced by external impressions.
   (c) Not governed by definite delusions.
   (d) It is monotonous, there being stereotyped movements.

(2) Catatonic stupor: Lucidity is but slightly impaired in the catatonic. The condition is more a disorder of the will than an intellectual disorder proper. It is in this type that we have the three classical forms of automatic reaction, namely, **negativism**, **stereotypy**, and **pathological suggestibility**. Negativism is often manifested in a refusal of food, or nutrition. The pathological suggestibility is manifested in the retention of any attitude or position in which these patients may be placed.

(c) Dementia praecox of the delusional form: Usually ushered in by a change of disposition, lowered physical health and sleeplessness. Delusions and numerous hallucinations are present, but there does not seem to be any governing idea, nor does the patient attempt to give any explanation or interpretation of his delusional ideas. As a result of these delusions the patient may be depressed or maniacal. On the other hand, we may have a delusional type with some systematization which may be so well developed that the disease resembles true paranoia, but it is well to remember that hallucinations are rare in true paranoia, while in the paranoid type we have frequent hallucinations. The delusional type of dementia praecox usually presents three varieties: persecutory, melancholic and the megalomanical.

Others describe dementia praecox as divided into three groups—hebephrenic, catatonic and paranoid.
(a) *The hebephrenic type* is the most common and generally occurs from fourteen to twenty years of age. It is less easy to detect than the other two types. It is generally accompanied by a flight of ideas (sentences are constructed but never finished, as one thought crowds out another before it is fully expressed), mannerism and repetition of speech, facial expressions, hallucinations of hearing, seeing, and smelling, and, quite often, delusions. The emotions and the intellect have nothing in common. The person laughs in the silliest manner at times when he should not, and serious things may be taken with indifference; a broken pane of glass and a loss of a home may be taken with the same degree of seriousness. The beginning of this disease is often slow and one is liable to be misled. The child appears to get along well in his school and may even be considered precocious; finally we find that this supposed "cleverness" is only a veneer. He is unable to do and think as he should. He becomes sullen, broods, and is irresponsible, and underneath this veneer there has been going on a mental deterioration.

(b) *The catatonic type* occurs generally from twenty to thirty years of age. Negativism is the principal manifestation, not only in speech and manner but in attitude as well. Persons will hold the same position they are put in for an indefinite period until lost through fatigue. Sometimes this continues for months and after they are able to walk will often stand in catatonic attitude. They will often refuse to eat or drink unless left alone.

(c) *The paranoid type* is marked by fixed ideas and delusions. The paranoid type of dementia praecox and paranoia are similar and yet very different. The delusions in dementia praecox are not firmly fixed as in paranoia. The delusions are often vague and disconnected. The paranoid type occurs generally over thirty years of age, although there can be no definite age for any of these types. This type is very dangerous and the chances for recovery nil.

Besides these three types, there is another called the simple type which is somewhat like the hebephrenic, but not so marked. Delusions and hallucinations may be present, but only for a period of time and then they fade away. Even the simplest responsibilities are not carried out. Many tramps and prostitutes are found in this group. The recruiting offices of the army have taken in many young men of this type who later were found in the guardhouse because of their conduct. These persons were either
returned to their homes or placed under proper care in institutions.

Possible Criminal Conduct—Impulsive acts of all sorts, theft, arson, murder, assaults, sexual crimes, burglary, hold-ups, suicide.62

The number of abnormal personalities who develop dementia praecox is much larger than is generally supposed. E. Bleuler describes a shut-in type of personality as "autism" and he, with a number of other authors, calls a special form of thinking "autistic." This autistic thinking may be described as a turning away from reality; a patient sees life in a fantastic manner and his thoughts do not follow the logical laws of thinking.

From a behavior standpoint, dementia praecox has stimulated more interest and research than any other form of mental disorder. Professor Kraepelin in 1896 first presented the dementia praecox as a disease entity.63

62 Supra, n. 58.

63 The importance of this disease from a legal standpoint makes necessary a brief outline of psychic symptoms and bodily symptoms that may be present. The following outline has been made up from Kraepelin's description of dementia praecox:

A. Psychic Symptoms—
2. Attention: Distraction; persistent; attraction.
3. Hallucinations: Hearing (influence on thought and action); sight (shadows, sparks, etc.); smell and taste; haptic (electricity).
4. Sexual sensation (all sorts of perversions and references).
5. Orientation not usually disturbed.
6. Consciousness, aside from terminal dementia, not usually disturbed.
7. Memory very little disordered.
8. Retention usually well preserved.
10. Train of thought suffers considerably; poverty of thought.
11. Association experiments (see Kent-Rosanoff, American Journal of Insanity).
12. Stereotypy: does one thing over and over again.
13. Evasion (paralogia).
15. Mental efficiency diminished.
17. Delusions: transitory or permanent ideas of sin, persecution, influence, exaltation, sex, reference.
18. Emotions ("ataxia of feeling"): profound damage, causeless laughter and crying, loss of sympathy, loss of moral sentiments, loss of delicacy of feeling, less sensitive to bodily discomfort, sudden oscillations of emotional equilibrium.
19. Volition: general weakening, "no more joy in work," "stare into a hole," no inclination for work.
20. Automatic obedience: at all stages, waxy flexibility, involuntary obedience, echolalia (repeats what others say), echopraxia (executes or imitates movements of others).
22. Catatonic excitement.
23. Mannerisms.
24. Parabulia.
27. Stupor.
CONSTITUTIONAL PSYCHOPATHIC INFERIOR

(Psychopathic Personality—Psychopath—Psychopathy)

1. Statement of Case

Best given from report of examiner: The history definitely shows change of personality as a result of stress of war and is given in detail to demonstrate the type. The form used in this report is suggested as a good one for use by physicians communicating findings to attorneys, especially as it compares the behavior of the individual before and after stress. Family all of nervous disposition, easily excited, angry at trivial things. The defendant before the war had a grammar-school, and in part a high-school education; he was a stenographer and secretary, capable in his work. He married and when the war broke out entered an officers' training camp, made good in his handling of men, was severely wounded through the thighs and the ankle in the Argonne, gassed slightly, terrible suffering, operation, "flu," shipwrecked on the return voyage, in the hospital again, discharged with a fifteen percent disability, receiving as compensation $7.50 a month. On his return was nervous, irritable, unable to keep his attention on his work, impulse to get away. A romantic girl, of low intelligence, sympathized with him, begged him to let her go with him and they left together.

2. Diagnosis

Medical—No evidence of constitutional disease. Scars which were the result of wounds received in service as above noted.

Neurological—Evidence of irritation of central nervous system. No organic nervous disease, as such, was discovered. All deep tendon reflexes very greatly exaggerated. Thyroid slightly enlarged. Rapid pulse. Fine tremor of upper extremities.

Psychological—Chronological age thirty-three years. Mental age (Binet-Simon, Stanford revision, test used) eighteen years, six months. Classed as superior adult.

28. Incoherence.
29. Paraphasia.
30. Neologisms.

B: Bodily Symptoms—

1. Headaches frequent.
3. Tendon reflexes usually exaggerated.
4. Psychomotor domain: tremor, staggering, vertigo (fainting), epileptiform attacks, rarely apoplectiform attacks.
5. Spasmodic phenomena: grinning.
8. Temperature usually low.
9. Blood changes: leucocytosis (increase in number of white blood cells in blood over normal).
Psychiatrical—"A typical case of shell shock, in which the defendant manifested about all the symptoms summarized by White."  

Constitutional Psychopathic Inferior with manic-depressive tendencies, associated with definite paranoidal ideas, and characterized in this instance by moral deficiency and temperamental peculiarities.

A review of the available medical, psychological and psychiatric facts in this case show that he has a personality as follows:

**BEFORE STRESS OF WAR**  
**AFTER STRESS OF WAR**

**Intellectual Ability**
- Noted in ability to learn.
- Memory good. Capable in positions. Good power of concentration and observation.
- Noted as incapable in position.
- Power of concentration and observation poor.

**Output of Energy in Work and Play**
- Described as lively, active, pushing.
- Described as sluggish, inactive, lazy, quiet.

**Habits of Activity**
- Systematic, orderly, punctual. Had a definite purpose. Carried responsibility exceptionally well. Consistent.

**Moral Standards**
- Truthful, honest, conscientious.
- Untruthful, dishonest, not conscientious, great tendency to shirk.

**General Cast of Mood**
- Apparently stable, although at times suspicious, and inclined to worry. At times irritable. Quite cheerful most of time. Optimistic.

**Attitude toward Himself**
- Always more or less egotistical. Had scruples. Ability to see mistakes.

**Attitude toward Others**
- Sympathetic—affectionate at times. Quite often suspicious. Liked by others.
- Feels that the world has not given him a square deal. Very suspicious. Sensitive. Resentful. Irritable.

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64 Outlines of Psychiatry, 7th ed., p. 272.
Reaction to Attitude towards Self and Others

Seemed to take disappointments fairly well. Somewhat reticent. Suspiciousness. Demand for sympathy not very great.

Self-Assertion


Ambition apparently killed. Makes little effort to shape things, led, rather than leading. Difficulties poorly managed.

Adaptability

Liked to be with older people as a child. Sociable. Stubborn at times. Able to take advice. Obedient.

Not sociable. Unable to take advice. Opinionated. Dominated by fear and controlled by flight instinct.

Position towards Reality

Patient took things as a matter of course. Occasional fantastic ideas.

Does not take things as they are. More or less day-dreaming.

Sexual Sphere

Considerable occupation with the question. Longings. Considerable occupation with question. Fairly frank in discussing the question.

Balancing Factors

Interest in work, hoping for betterment.

No ideals noted. Interests are all mixed, with no settled ideals, either personal or social.

Disposition

Usually cheerful; somewhat erratic; romantic; affectionate; courageous; ambitious; distrustful at times; orderly; zealous.

Despondent; dazed at times; definitely erratic; lascivious; cowardly; arrogant; hostile and vindictive at times; sullen; very distrustful; skeptical; nomadic.

3. Legal

Not insane. Not responsible. Comes within a group that could be called the semi-insane or semi-responsible.

4. Conclusions

From all of the available facts obtained during the brief observation of this patient, I am led to the conclusion that (1) This man has always been a potential psychopath and it simply took the severe physical and mental stress of war to precipitate a definite abnormal reaction, the most important of which, in this case, was the uncontrollable impulse to flight (technically called impulsions of ambulatory actions).

(2) At present, and at the time he committed his offense
against society, he was under the domination of an irresistible
impulse to flee, and that there existed and still exists a diminu-
tion and possible loss of family feeling.

(3) There is definite inability of the patient to adjust internal
conditions to meet rapidly changing external conditions.

(4) To all appearances, this man is responsible for his acts,
but from a psychogenetic standpoint he is not responsible. The
one great characteristic of this type is that frequently up to
a certain point in their lives—when the abnormal or anti-social
act or series of abnormal or anti-social acts calls attention to
them—they are considered normal.

(5) This man, handicapped by a neuropathic and psychopathic
heredity, his nervous system shattered by terrible physical and
mental stress incident to war, failed to find in his co-members of
society the sympathy and encouragement and constructive co-op-
eration he personally felt his due. Consequently he reacted instinc-
tively and without reason or judgment, and uncontrolled by the
higher intellectual qualities he certainly possesses. The instinct
of flight, associated with the emotion of fear, entirely governed
this man's conduct.

The sex instinct and demand for sympathy were satisfied by
the companion and were merely incidents, but were equally
uncontrollable and should also be considered symptoms. The
impulse could just as well have been in other anti-social direc-
tions.

Trial and incarceration will but aggravate this man's condi-
tion and may be the final act of society's persecution of him
that will precipitate a complete mental break. On the other hand,
it would be folly to turn this man loose upon society in his present
mental state, as his potentialities for abnormal acts are very great.
He should positively be under treatment with physicians who
understand these conditions, and who will re-educate and teach him
the best methods of social adjustment, so that finally he may
become a useful, constructive member of society. His poten-
tialities, intellectually and physically, for good are many and
they should not be crushed.

Jury disagreed. Case dismissed.

Constitutional Psychopathic Inferior (Middle-of-the-Road
Group)—There is a great middle-of-the-road group—a group
recruiting its members from all walks of life—which gives to
society most of its problems. This group is variously called by
different writers constitutional psychopathic inferiors, constitutional psychopaths, psychopathic personalities, psychopaths, neurasthenics, psychasthenics, the semi-insane, the semi-responsible, etc.


The symptoms which one author describes as emanating from a particular cause or group of causes overlap the symptom-group of another author who has given other causes for the same or similar condition. Kempf 66 deplores this and suggests the term "Suppression" or "Anxiety Neurosis" to include the whole group above mentioned, whose principal outstanding symptom is the failure to meet normally the physical and mental stresses incident to modern society. The failure to meet stress situations is demonstrated in so-called abnormal behavior of the individual which naturally attracts attention to him.

One of us mentions this chaotic condition,67 and calls attention to it by stating: "It is decidedly interesting, and certainly amazing, to note the similarity of symptoms in the various psychoses. Why not one mental disease—one great group differing only in degree, the symptoms manifesting themselves in the various recognized types of psychoses according to the selective action of the etiological agent, the degree of its potency, and the natural resistance of the individual?" 68

The psychopath "may be incapacitated for work or normal happy living and social relations. He lives to too great an extent in an unreal world of his own construction."

For purposes of clearness the views of de Fursac and Rosanoff 69 are given in condensed outline form.

65 See Jan Don Ball, The Correlation of Neurology, Psychiatry, Psychology and General Medicine as Scientific Aids to Industrial Efficiency, American Journal of Insanity, Vol. LXXV, No. 4, April, 1919.
66 Kempf, Psychopathology, 1st ed. (1920), 206.
A. Chronic Mental State of Psychopaths

1. Anomalies of Judgment:
   (a) Does not see things in their proper light.
   (b) Weakness of attention.
   (c) Poverty of imagination.
   (d) Often dull, stupid.
   (e) Sometimes brilliant, particularly in some particular line.

II. Anomalies of Character:
   (a) Generally pessimistic.
   (b) Extreme mobility emotions.
   (c) Passes alternately from exuberant joy to boundless desolation.
   (d) Passes from affection to hatred and suspicion.

III. Anomalies of Conduct:
   (a) Conduct often inconsistent with his ideas of justice and charity; no insight.
   (b) Given to anarchistic ideas.
   (c) Poses as champion of justice, as an avenger of humanity.
   (d) Often seeks to interfere in public affairs.
   (e) Poses as a victim of fate—tries all sorts of jobs and succeeds at none.
   (f) May be termed a "vagabond"—has been aptly termed a ne'er-do-well—"the black sheep."

B. Anomalies of Sexual Life are noted in:
   (a) Eroticism.
   (b) Frigidity.
   (c) Sexual perversion.
   (d) Sexual inversion.70

It may be stated that the various psychoses are recruited from the so-called psychopathic personalities; hence we are permitted to say that there are manic-depressive types, dementia-praeocx types,

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70 For a complete discussion of this topic see Thoinot and Weyssse, Medico-Legal and Moral Offenses. In this volume will be found discussed such sex perversions as Fetishism, Exhibitionism, Sadism, Masochism, Bestiality, and Necrophilia. The importance of such studies is exemplified in a recent California case—"Bluebeard" Watson—whose sadistic impulses sent numerous women to death. Exhibitionism is also of legal importance. It is usually found in feeble-minded, seniles, epileptics, psychopaths, and various psychoses.
paranoidal types, etc., of psychopaths, according to the behavior of the particular individuals under observation.\textsuperscript{71}

\textit{Shell Shock}—This phenomenon may well be considered under Psychopathy. Under this term a great variety of conditions were included, more particularly during the early part of the war. Some of these conditions were apparently functional, but the finding of blood in the cerebro-spinal fluid determined their organic nature. As the matter stands now, the “shell-shock” cases include varieties of the phychoneuroses, particularly conversion hysteria and anxiety hysteria. Most, if not all, of the types of palsy (monoplegias, aphasias, abnormal attitudes and gaits) and anesthesias (blindness, deafness) belong in the conversion hysteria group. Along with the usual psychoneurotic symptoms, may go unusually marked regressive symptoms (childishness, interest in toys), which have often been fostered by the forms of treatment originally essayed.

“The stresses of war serve to bring out latent neurotic taints, to cause the personality to break down along lines of cleavage, determined by the inadequately assimilated complexes. Treatment by suggestion, electric shocks, etc., can only be symptomatic and temporary in its effects. A psychoanalytic attack affords the rational method of approach and if time does not permit real analysis, at least the methods of treatment outlined should be fashioned upon the principles which psychoanalysis has shown to be involved.”\textsuperscript{72}

\textbf{FEEBLEMindedness}

1. \textit{Brief Statement of Case}

Case of burglary. Method of operating: always ascertained that persons whose residence he intended to rob were away from home. His modus operandi included a telephone message after the burglary, telling the victims about it, thus displaying the common criminal bravado. Known as the “Telephone Burglar.”

2. \textit{Legal Facts}

Burglary. Confession to other burglaries.

\textsuperscript{71} To gain an appreciative knowledge of the mechanism underlying the behavior of these various types it would be well for the reader to become familiar with such volumes as Kempf’s Psychopathology; McDougall’s Social Psychology; Jastrow’s Character and Temperament; White’s Outlines of Psychiatry; Sisson’s The Essentials of Character; Grasset’s The Semi-Insane and Semi-Responsible.

\textsuperscript{72} White, Outline of Psychiatry, 7th ed., p. 272.
3. Medical and Psychiatrical Facts

Age 26, looks younger. Nice appearing boy. Soft southern voice. Attractive. About four years before married to a sixteen-year-old girl, and has a newspaper account of a romantic marriage. Since separated from his wife. One would naturally hesitate somewhat in deciding whether to send him to San Quentin as a dangerous burglar or grant the probation his youth and attractiveness suggest. Which shall it be? No positive disease was discovered, although the dry skin suggests insufficient thyroid and the reflexes show an irritation of the central nervous system. Headaches and some heart weakness, yet no definite physical or mental disease. Conversation with the defendant reveals that he reads the newspaper, but does not remember that he ever read a book. This suggested a psychological examination, as a result of which he appears to have a mental age of ten years two months, which gives an intelligence quotient of sixty-six. Further examination reveals a family history on the mother's side fairly normal, but on the father's side several suicides, several cases of insanity, and a feeble-minded brother. The father suffers from frequent severe headaches, violent and uncontrollable temper, despondency, contemplation of suicide. Space does not permit a reproduction of the family chart, but it would delight a student of eugenics to note the alternations of ability rather above the average and abnormality. The father was successful in business.

Now check up this man's family history with the boy's history. He was a seven-months blue baby, weighing three or four pounds for the first five months, walked at eighteen months, but soon lost the ability and did not recover until four years of age. Simply mumbled until seven years of age, very playful at school, impossible to teach him, forgot what he had learned the day before. Father had him examined at the age of fifteen by an expert in New York, who gave him a mental age of nine years and predicted that there would be little change. The defendant learned to read newspapers and was "crazy" about baseball and seeing his name in print. To stimulate his interest his father organized a minor baseball league and made the boy nominal president, someone else doing the work. It was while posing as the manager of a big league team that he met the young girl whom he married and by whom he had one child. He never worked. When sent on errands he would play with children eight or nine years old and forget about the errands. He was drafted into the army. His
father allowed it, thinking it would do him good. A score of
times he left camp and went home, giving as a reason: "Father
there is nothing there to play with; I have come home to play
with mother." His father would drive him back all night to save
him from punishment. He was guilty of no criminal acts until he
left the army. In the army he was "bunky" with two burglars
and it was from them that he got the idea and the plan that
he carried out.

So here we have it: instead of a bold bad burglar we have a
feeble-minded boy who wants to be home with his mother and play
with her and the children; who has just about brains enough to
read the sporting columns of the newspaper and imagination
enough to crave excitement and notoriety. The following inci-
dent furnishes one practical confirmation of his childish character:
The lady whose house was burglarized appeared against him in
the police court, and describing it afterwards, she said that at first
she was sorry for him, but after he talked a while she wanted to
spank him. We thus have the psychological test rendered probable
by the family history, by the expert examination ten years before,
by the school history and by the life performances. Most of the
burglaries to which he confessed never took place: his telephoning
was a childish trick. Everything, in other words, confirms the
diagnosis.

Now what should be done with him—San Quentin or proba-
tion? Neither would seem proper. A few years in the society of
criminals would make him a dangerous tool in the hands of "brainy"
crooks. At the same time, he is too big to be kept at home. It was
arranged that he be sterilized, so that he would bring no more chil-
dren into the world and that he be sent to an institution in the East
where the feeble-minded are trained. Perhaps with training he could
be entrusted to the guardianship of his family. Otherwise he should
be a permanent custodial case.

It is not always, indeed seldom, that we get such a complete
history as in this case. Where there is little else, the mental
intelligence test gives an excellent line on a person and in a short
space of time.

What are these mental intelligence tests, their uses and abuses?
Just what do "intelligence tests" measure? This question is a
most difficult one to answer. It is easy to say that these tests
are devised to measure "mental capacity," but what is meant by
"mental capacity?"
According to Trabue, the term “mental capacity” can hardly be regarded as accurate, although it is the best term we have to describe the qualities which determine the individual’s ability to perform acts requiring conscious thought. “What we actually measure in scientific mental tests is a complex of natural or inherent abilities plus the results of education and training; because, while it is possible to a considerable extent to eliminate by properly devised tests a record of the individual’s acquired knowledge, it is practically impossible to distinguish between acquired and inherent mental ability.”

It is also well to take cognizance of the difference between mental ability and mental capacity—the latter being always greater than the former. These tests are used to compare individuals with one another as to their “mental capacity.” The experience with mental intelligence tests demonstrates their value in assisting in the determination of the responsibility of a person accused of crime. Unfortunately “mental intelligence testers” have been “turned out” by the hundreds—oftentimes with but a faint idea of the responsibility they assume when “testing” a subject. Just because a subject scores a certain percentage does not always mean that such a person is feeble-minded, a genius, or a normal. It behooves everyone interested in this work to become acquainted with all methods of examination, of which a mental intelligence test is only a part.

The promiscuous grouping of school-children into feeble-minded, normals, and superiors, should be discontinued. Every school and institutional survey should be under the direction of a person qualified to interpret all findings—to co-ordinate the physical with the nervous, mental, and intellectual findings. A closer unity of action between psychologists, psychiatrists, and physicians is eminently desirable.

The methods for testing intelligence according to the Binet-Simon system are briefly described by White in his “Outlines of Psychiatry.” In this volume will also be found a full description of methods of examination for mental disorders.

Inasmuch as children are most frequently examined, if a low intelligence is discovered, the parents should also be examined.

73 Trabue and Stockbridge, Measure Your Mind.
74 For those especially interested in this subject, it is recommended that Measurement of Intelligence, by L. Terman; Measure Your Mind, by Trabue and Stockbridge; Feeblemindedness, by R. H. Goddard, be carefully read.
While putting the test questions to a child, a glance at the mother will sometimes indicate her inability to answer the questions. This helps to clear up the mystery. On investigation it will probably be found that the mother was not very bright, but was helped along through elementary and private schools, as the children of the rich often are. Not talking much, but being pretty, doll-like and amiable, she got along and married well. Such women, when surrounded by wealth, with a husband to attend to the financial problems, and a housekeeper or mother to attend to the domestic, may go right through life without any one realizing the fact that they are functioning with the intellectual capacity of a ten-year-old child. In short, there are good feeble-minded and bad feeble-minded, and the problem is not so much one of the intellect as it is of character and impulses. It is a problem of psychiatry. The feeble-minded person is not usually so troublesome. It is the feeble-minded dementia praecox type, manic type, psychopathic inferior type, etc.

Wonderful work has been done in discovering and developing special abilities in the feeble-minded. Under proper supervision, most of them can get along fairly well in the world. It is the few who have a mental twist or have been too badly warped by environment and have become habitual criminals that are permanent custodial cases. It has been thought advisable to go into this problem at some length, because much of the discredit that has been cast on expert examination of criminals has been caused by persons who have merely learned the technique of intelligence examinations, merely Binet testers, and on the strength of such tests have presumed to tell practical men what should be done with an individual. Their judgments have in many cases outraged common sense. Too much emphasis cannot be placed on the proposition that each individual is an individual case, that a complete diagnosis can be made only by a thoroughly trained physician, bringing to his aid all the resources of psychiatry, psychology, sociology, common sense, and a practical knowledge of human nature in general and criminal human nature in particular. It must be added that the judgments of such an expert are not infallible and there is so much still to be learned that it seems as if a beginning had hardly been made.

For these feeble-minded—and they constitute ten to thirty percent of the inmates of our prisons and jails—the state prison is not the best place. While there, they are kept from harming
society; but they do not fit in, as a rule, with the work done by the other inmates. Furthermore, they do not get the training that will develop their best capabilities; so that if released they are likely to come out more dangerous than when they entered. On the other hand, probation is almost certain to fail, unless with the most carefully supervised environment—the same environment that should be provided for a wayward child. This is practically impossible. The best solution is an institution for training the feeble-minded and releasing them when they are sufficiently developed, and when a proper environment has been prepared for them in the outer world. If they cannot be so prepared it is cheaper to keep them in the institution.

The real question of the feeble-minded is for the school. There they should be discovered and trained so that as few as possible will become custodial cases. If a lawyer is consulted by an indignant parent whose child has been pronounced feeble-minded by a Binet tester it would be desirable to have a careful examination made by a medical expert. The tester may be right. On the other hand, he may be wrong. But right or wrong, there is a condition that calls for further study and that may yield to treatment.

**What Caution Should Be Observed in the Interpretation of Mental States**

1. The results must be interpreted. Take a group test. A man scores low. An examination of his paper shows him to be of a reflective type accustomed to wait and analyze the question before answering. Every answer is correct, but he finished only one half. Yet he is the ablest man in the group. In other words, his paper itself must be interpreted.

2. An uneven test, i.e., a test where the subject fails on simple questions, yet answers some difficult ones while the average may be low, usually indicates not feeble-mindedness, but some form of mental disease.

3. A low result in any particular examination may mean little; tested a month later the result may be entirely different. In other words, the low result may be the effect of mental disease. One of the leading psychologists of the country not long ago tried to procure the release of a prisoner, saying he had examined him, found him to be feeble-minded and that his family would take care of him. As a matter of fact, the man was not naturally feeble-
minded, but was in an advanced stage of paresis, from which he
died two months later.

4. The mental or even physical disease from which the patient
is suffering may be curable, or at any rate improvement may be
made. The cure of infections from tonsils, adenoids, teeth, appen-
dix, defects in hearing, vision, thyroid, etc., may result in
marked improvement and take the child out of the feeble-minded
class. In other words, the low test is not final. It simply indi-
cates that here is a subject for further and more intensive exam-
ination.

5. In spite of the efforts to get tests independent of educa-
tion, language and other environmental conditions, these factors
do play a part.

6. With the idiots and imbeciles we have no difficulty. They are
recognized at once, but the low-grade moron, and especially the
high-grade moron, are little understood. Take the telephone burg-
lar we have been considering: the average prosecuting attorney and
judge would say that he knows perfectly well what he is doing.

The soap-box orators and the leaders of hobo agitation are
often of this feeble-minded type, resembling the loquacious, argu-
mentative nine or ten year old boy. As Dr. Goddard says, the
answer must not be judged absolutely. For instance, the defendant
in one of his cases when asked to define charity replied that charity
was giving. The district attorney made much of this as a proper
answer. That, however, as Dr. Goddard points out, is not the
question. An examination of thousands of children reveals that
most nine-year-old children define charity as giving. Most ten-
year-old children add something, such as "charity is giving to
the poor." In other words, the answer of the defendant in that
case was a nine-year-old answer.

People overlook the fact that children of from five to eleven
years of age can add, subtract, multiply, speak fluently, give facts
of history and geography, and yet they are children with child
minds. It would be taking a terrible risk for their future lives
to turn them loose in the world where they might fall under
the influence of depraved and criminal persons. But experience
has shown that in general those adults who are intellectually chil-
dren are usually children in character. They are easily led, lack
judgment and lack mature morality.

7. The mental intelligence taken alone is dangerous for another
reason: it may be faked. An experienced examiner will not often
be fooled. The experienced examiner of criminals, however, is never satisfied with a test alone. He checks it with performance, school grade, jobs held, conduct in general. Often the objection is made, "Why, the man was earning five dollars a day. Do you mean to say he was feeble-minded?" But how was he earning five dollars a day? It was during the war, by carrying a load of iron from one place to another, digging trenches, etc. There was not a single operation beyond the intelligence of a seven-year-old boy if he had a man's physique.

8. This suggests another caution: while mentality of twelve or even of ten indicates an incapability of holding a job calling for judgment, it is quite sufficient to do useful work in the world, so that it is entirely wrong to say that such persons should be permanently segregated in institutions. It is true that they are not as safe as normal persons but, given a proper environment, they may get along all right, just as children do when brought up in a proper home. Whether they should be sterilized, see Goddard,\textsuperscript{75} in whose article the effects of alcohol and stimulants are minimized, and it is suggested that feeble-mindedness is hereditary and follows the Mendelian law. For another view see Dr. Goddard in his latest book,\textsuperscript{76} in which he says: "The sanguine and the choleric feeble-minded are the ones most apt to get into trouble and be the most serious menace to society . . . . Whether the feeble-minded person actually becomes a criminal depends upon two factors—his temperament and his environment. If he is of a quiet, phlegmatic temperament with thoroughly weakened impulses, he may never be impelled to do anything seriously wrong. In this case when he cannot earn a living he will starve to death unless philanthropic people provide for him. On the other hand, if he is a nervous, excitable, impulsive person, he is almost sure to turn in the direction of criminality. Fortunately for the welfare of society, the feeble-minded person as a rule lacks energy. But whatever his temperament, in a bad environment he may still become a criminal, the phlegmatic temperament becoming simply the dupe of more intelligent criminals, while the excitable, nervous, impulsive, feeble-minded person may escape criminality if his

\textsuperscript{75} Feeblemindedness. See H. C. Stevens, Eugenics and Feeblemindedness, 6 Journal American Institute of Criminal Law, 190; V. V. Anderson, Feeblemindedness as Seen in Court, 1 Mental Hygiene, 260. For the imbecile in actual murder cases see Goddard, The Criminal Imbecile.

\textsuperscript{76} Psychology of the Normal and Subnormal.
necessities are provided for, and his impulses and energies are
turned in a wholesome direction."

In this review of cases, we have simply touched a few that are
typical, and by a brief analysis have tried to indicate that each
delinquent is a subject for study. It is no disparagement of the
average judge or district attorney to say that he knows very little
of the people with whom he is dealing. The policemen usually
know more, but they know little except what appears on the sur-
face. Every member of the human race, except the blind, saw the
sun rise and set and saw bodies fall to the earth; yet it took
a Galileo and a Newton to explain the real meaning of the phe-
nomena. So we repeat, it is no disparagement of judges or dis-
trict attorneys or policemen to say that they can know little about
criminals unless they study the results of scientific investigation.
Familiarity may breed contempt. It does not breed scientific
knowledge. It would be well for the district attorneys and for bar
associations to hold their conventions at state institutions. A
clinic at San Quentin, Agnews, Stockton or Glen(Ellen would
Teach more about the nature of the human material with which
they deal in courts than could be learned in any other way. The
awareness of the mental springs of abnormal conduct and of the
science thereof that has been developed would be useful not only
for the lawyer but for the layman. It would tend to make better
jurors, better teachers, and better parents.

Jau Don Ball.
A. M. Kidd.

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