The Development and Value of Psychopathic Clinics in the Courts of the United States

by

Elizabeth K. Wilson

Submitted to the Department of Sociology and the faculty of the Graduate School of the University of Kansas, in partial fulfillment of the requirements for the degree of Master of Arts.

Approved: Walter R. Smith
Department of Sociology

June 1, 1920.
Preface.

A study of the abnormal child and limited experience in educational clinic work has stimulated the interest of the author in the uses of mental tests in the various fields of social activity. At the suggestion of Dr. Walter R. Smith a study of psychological tests was begun which has gradually been reduced through a constantly increasing interest in the one field to a consideration of why criminology should find in psychiatry an aid in the understanding and administration of its problem. It has been impossible to avoid the conclusion that the administration of justice would be far more rational and humane if society should provide the means of furnishing the judge and all others who are concerned with delinquents a clear understanding of the individual who has violated social law and order or who is likely to do so. The author has endeavored to show through this discussion of the development of the psychopathic clinics in the courts of the United States that society is finding in these laboratories a dependable means of diagnosing criminality and anti-social tendencies and a guide for the treatment of the offender in such a way that the security of society is assured more definitely while the administration of justice is established on a more rational basis.
The sources of material for a study of court clinic activities are limited because the immediate recognition of the value of the clinic has made such demands upon the organization that very little time has been available for the preparation of clinic reports or the publication of results in a more popular form. The only apparent means of acquiring sufficient material seemed to be direct communication with the courts in which clinics have been established. With the list of clinics registered in the library of the National Committee for Mental Hygiene as a nucleus, every means has been exhausted to locate all of the courts in which clinics are located. A questionnaire was sent to thirty-five courts and a number of penal institutions. The directors responded generously with careful reports of their respective clinics and suggestion as to other sources of information. This correspondence varies so widely in content that nothing was to be gained by a tabulation of the replies, hence the material acquired in this manner has been used throughout the paper and acknowledgment of the source made in the notes.

The author wishes to acknowledge the gracious assistance of Dr. Walter R. Smith who has given unsparingly of his time and interest to the development and constructive criticism of this thesis.

E. K. W.
Table of Contents

Title Page ........................................... 1
Preface ................................................ 2
Table of Contents .................................... 4

Chapter

I The Offense and the Offender ................... 5
II Criticism of Court Clinics .................... 14
III The Need and the Aim of Court Clinics ...... 26
IV Location and Development of Organized Court Clinics ....................................... 34
V The Procedure of Court Clinics ............... 54
VI The Achievements of Court Clinics .......... 68
VII Conclusion ........................................ 99
Bibliography ......................................... 105
Chapter I.
The Offense and the Offender.

From the time when our Puritan forefathers regarded crime as the expression of the evil one dwelling in the heart of the offender to the present day when society recognizes complex causal factors in heredity, environment and training, punishment has had one purpose, i.e. the correction of evil tendencies in the prisoner and the creation of an inhibiting force against potential criminals. The traditional policy of society in the accomplishment of this purpose has been the administration of law according to the offense committed. All delinquents have been regarded as members of one large group, offenders against the law, while the individual characteristics of these anti-social members of society have been consistently ignored by the judiciary whose function has been limited by tradition to the determination of guilt or innocence. In case of innocence the defendant was set free; in case of guilt he was subjected to fine or sentence or both according to the nature of the offense—not the offender.

"We have made in the United States more
experiments intended to reduce the volume of delinquency than have been made in any other country.... With more machinery for convicting and punishing the law-breaker than ever before we find the supply increasing in a rising curve." [1] While in many sections of the country the populations of prison institutions have decreased, the number of arrests is increasing. This apparent discrepancy may be explained in part by the greater leniency of the court, the increase in the number of laws which makes possible many new offenses, and the more liberal use of probation and the suspended sentence. Delinquency has been especially marked among juveniles. The chief probation officer of the Court of Domestic Relations of Hamilton County, Ohio states that juvenile delinquency has increased $21\%$ since the beginning of the war. [2] In one month in 1917 the number of petitions filed for juvenile delinquents in the Juvenile Court of Cook County, Illinois was $54\%$ greater than during the same month in 1916. [3] A similar report comes from the Children's Court of New York City as well as from the western and southern cities. Criminological statistics are few in this country; they have not been compiled for the
united States as a whole. Such as are available, however, show that most criminals manifest their tendencies before the age of twenty-one and few commit their first offenses after the age of twenty-five. Hence the increase in juvenile delinquency is particularly significant.

According to the United States census report of 1910, approximately 500,000 persons passed from the United States penal and correctional institutions back into society. If the aim of punishment had been effected, we should expect to find the majority of these individuals functioning satisfactorily in society. Yet those who have endeavored most seriously to produce that result have come to see that administering criminal law according to the offense has not appreciably affected the volume or nature of crimes. A realization of this fact has impelled the study of new methods of dealing with the problem of crime and delinquency. Attention has been shifted from the crime to the criminal with the result that probation, parole and the suspended sentence now give the delinquent the opportunity to reform and become a useful member of society if he is willing and capable. The expensive machinery to
administer sentence and fine, probation and parole has accomplished much. A. C. Backus, Judge of the Municipal Court of Milwaukee, Wisconsin states: "During the twenty years of probationary application and experience it is now well settled that that system has demonstrated a most efficient and practical method of saving the unfortunate youth."(6) Wisconsin has done pioneer work in probation for adult first offenders. In Milwaukee 1146 adult first offenders were admitted to probation in five years. Only thirty-one were returned for violation. Concerning those who violate parole Katherine Bement Davis, former commissioner of corrections for New York City and Chairman of the Parole Commission of New York, makes the following statement: "It has been my experience that in a large per cent of failures on probation, the trouble has been that the probationer was decidedly below par and was actually in need of custodial care."(8)

In spite of these new and profitable methods of dealing with the criminal, again and again the same names appear on court records though each offense has been followed by correctional treatment. The repeater and recidivist continue to constitute one of the most serious problems in
spite of the carefully planned devices for their reform. New York state in 1917 received into its penal and correctional institutions 133,047 prisoners, 60% of whom had served previous commitments. (9) Massachusetts received 25,820 prisoners, 57.4% of whom averaged six sentences each and all had been committed at least twice. (9)

With renewed force in the past decade the offender rather than the offense has become the concern of society. Again and again one finds such statements as the following: "The essential problem facing the court in connection with any individual who has offended against the law and order of society is the problem of readjusting that person to society." (10)

This problem of readjustment is obviously simplified if it can be determined not only that the defendant committed an offense, but also why he did so. The indeterminate sentence, the suspended sentence, probation and parole are at times means of establishing a satisfactory readjustment but they do not reveal, unless by chance, the cause of the previous maladjustment. It is obvious that in many cases unless the cause is removed a repetition of delinquency will follow the restoration of the offender to society. An unjailed, expert criminal
writes: "The only way to stop us is to find out who and what we are and what we're good for. Then you've got to make punishment severe enough or opportunities good enough for us. You don't do either of these now." (11) It is quite generally conceded that the volume of impending crime has little or no relation to the severity of punishment. "Making punishment severe enough" has accomplished little. In attempting to solve the problem of readjustment and prevention of the delinquent, every effort is devoted to becoming better acquainted with the individual with the idea of determining the causes of anti-social functioning and the means of dealing with those causes and the individual in such a way that he may become a satisfactory member of his social group.

As one means of gaining more intimate knowledge of the offender the psychopathic clinic or laboratory has been established in a number of the courts in the United States. The presence of a mental expert in court is not a recent innovation. The alienist has long been sought by the offender and state to testify concerning responsibility for crime. If the accused were found irresponsible, he was freed or committed to an asylum. The function
of the alienist was, and is today in most courts, to give expert testimony which may have weight or be wholly ignored. The purpose of the psychopathic laboratory is quite different. Its findings are not to be used as a means of evading responsibility or correctional treatment. The aim of the clinic or laboratory is to make a study of the defendant or convicted offender at his own request or that of the court with the idea of discovering the possible correlation between the anti-social act and the mental life of the delinquent considering also various other factors such as physical condition and social environment. If a causal relation is established between the condition of the offender and the crime, then is the court enabled to follow more intelligently a course of action to prevent a repetition of the offense and to provide a more safe and just sentence for the offender.

Clinical testing of delinquents is not presented as a panacea for crime as some crusaders would have the public believe. It is merely one means of helping solve the problem of crime prevention, punishment and cure; it is to co-operate with all those earlier methods which have proved worth while. The psychopathologist purposes to show
the essential value of what the law has previously overlooked and at times ignored; i.e. that there are certain mental, physical and social factors functioning in many delinquent individuals which the court must take into consideration if society is to be protected from the criminal and the criminal is to be readjusted satisfactorily to society.

Instead of a traditional point of view in dealing with the problem of delinquency, the clinic proposes to substitute the scientific. Since the medical profession has studied the etiological conditions before attempting diagnosis, prognosis and treatment, the greatest progress has been made in preventive and remedial health measures. Similar success has followed the application of the scientific point of view in every field. That the clinic is producing by diagnosis the results one may expect from the application of the scientific point of view to delinquency will be presented in the chapters which follow.

.............................................

1918, p. 69-70.


3. Ibid


7. Ibid


Chapter II.

Criticism of Court Clinics.

Before considering in detail the organization, procedure, and achievements of court clinics a presentation of the opposition to this phase of court activity is worth while. Opposition has been active from two sources: the public who was reluctant to assume the financial burden of establishing the clinic without definite assurance of its value and from the court officials who have doubted the practical, legal worth of the clinic.

In pioneer clinics, such as those in the Juvenile Psychopathic Institute of Chicago and the trial courts of Baltimore, Maryland the funds were at first provided by private gifts and a part or all of the service was rendered by psychiatric missionaries, as Dr. John Oliver called himself. It was only natural that court clinics should in the beginning be supported by individuals rather than the community. Other institutions which the public now supports as highly desirable if not indispensable were established in that way. Kindergartens and hospitals, for example, were at one time dependent on private subscriptions and fees for support. It is quite the usual experience of any institution that it must prove its right to exist
Before society accepts the burden of its support.

That the opposition of the public has been practically overcome is shown by the fact that at present all clinics are supported by the public and no case has been revealed in which a clinic once established has been discontinued.

In the period between 1909-1920 twenty-three clinics were organized as departments of the courts and are now supported by the public. This number does not include the numerous psychiatrists, psychologists and medical officers who are retained by courts to make examinations which will be a part of the clinic work when the number of cases and available funds make organization feasible and necessary. It is rarely an easy matter to obtain funds to support public institutions adequately. The results of clinic activity have to a great degree eliminated public opposition to the clinic as such and it now suffers no more than any other public institution the disadvantage of insufficient appropriations.

Reports from many courts have convinced the public that a clinic is an economic asset to the state. The increase in individual and social happiness which results from the more successful readjustment of the delinquents is not to be computed.
The report of the Juvenile Psychopathic Institute for 1916 shows this fact most definitely because the clinic has been in existence long enough for statistics to be compiled. A study was made of 325 repeaters and serious delinquent cases to determine to what extent the sentences were influenced by laboratory findings and to discover the proportion of successes and failures among those treated in accordance with laboratory advice as compared with those sentenced to disciplinary treatment or parole without considering the physical and mental defects revealed.

In dealing with 325 of the most serious offenders:
40% were treated according to laboratory recommendations.
40% were sentenced contrary to laboratory recommendations.
8% were sentenced without specific recommendations.
12% were sentenced, but the conditions are unknown.
The careers of 65% of these individuals were observed for two years.
40% proved to be failures, i.e. they did not succeed in becoming satisfactory members of social groups.
25% were functioning satisfactorily after two years.
Of the cases in which the laboratory recommendations were followed:
36% were successful.
19% were failures.

Of the cases in which the laboratory recommendations were ignored:
19% were successful.
62% were failures.

The outcome of the other cases not accounted for by these figures was pending or doubtful at the time the statistics were compiled. (1)

The economic significance of these figures need only be mentioned. Where laboratory counsel was followed, approximately twice as many became satisfactory citizens as those who continued to violate social law and order. Where clinical counsel was ignored, less than one third responded satisfactorily to the treatment accorded them while two thirds failed to respond—and society pays the price of the continued maladjustment.

The opposition of the court officials has persisted only until the clinic has justified its existence by results. It can be fairly stated that the sceptical officials have co-operated to secure these results which have converted them from interested sceptics to enthusiastic advocates. The statement of Dr.
Leonard of the Municipal Court of Boston is typical: "At first the work was viewed with doubt and even suspicion but there was a gradual increase of confidence as to the usefulness that such work might be to the court, to the individual delinquent himself and to society in general so that in 1915 the judges petitioned the legislature for permission to establish a medical service." (2) This service includes examination, diagnosis and prognosis from a medical and a psychiatric point of view.

There are three conditions which have caused the most active opposition on the part of the general public as well as the court officials: the prevalence of mental testers, a popular misconception of the use to be made of clinical findings, and the lack of trained experts qualified to organize and conduct court clinics.

The mental tester may be described as one who has learned the technique of applying various tests and adding the results. In short courses and by reading manuals literally thousands of interested and curious individuals have acquired the ability to make tests accurately. This automatic system of classifying has little or no value in itself and is positively harmful in the hands of the untrained worker if it is used for
diagnosis. As early as 1916 the large number of mental testers made it expedient for the New York Psychiatric Society to recommend "a disapproval of those undertaking to pass judgment upon the mental condition of sick, defective or otherwise abnormal persons when such findings involve questions of diagnosis or affect the future care and career of such persons. (3) Thus the activity of the inexperienced and unqualified tester has discredited to some extent the efforts of those prepared to be of real assistance to the courts in the solution of their problems. It is not on the conclusions reached by such examiners that psychiatry and psychology base their claims. The fundamental principle of clinic methodology is accurate diagnosis and safe prognosis. All that medicine, psychology, and sociology can contribute is carefully considered in reaching a decision for any case. There is no wholesale classification of human beings by I. Q's. It is true that the intelligence quotient is significant, but it must be interpreted in the light of physical and social influences at work in and around the individual if diagnosis is to be accurate and prognosis safe.

Mabel R. Fernald, former director of the laboratory of Social Hygiene at Bedford Hills, N. Y.
explained the changing attitude toward tests as follows: (6) testing has passed through stages. First mental tests were hailed as accurate scales for measuring intelligence. Second there arose a flood of Binet testers ready to diagnose the mental ability of an individual in ten or fifteen minutes. The natural reaction from this was the casting aside of all tests as worthless or nearly so. It has been the violence of this second stage that has delayed the opportunity for the third; i.e. the careful scientific experimenting with the tests by skilled psychologists and psychiatrists who were willing and eager to cooperate with physicians, educators and sociologists. The activity of these mental testers has been so purposeless and futile that it has required little other than time to reveal the difference between their results and the achievements of the skilled experimenter. The thoughtful, conservative interpretation of test values by such individuals as Dr. Wm. Healy, Dr. H. H. Goddard and Dr. V. V. Anderson has accomplished much toward establishing the worth of mental testing and stabilizing the reaction against amateur testers.

Some have regarded the use made in the past of the decisions of alienists and looked with suspicion on the mental expert in his new relation to the
judiciary. It has been necessary by actual results to show that finding a mental defect does not mean freeing the guilty one of all responsibility and sending him back to society without punishment. On the other hand if a defect is found, restraint especially planned to meet the needs of the particular ailment is provided in order that the delinquent may be returned to society in better condition to resist the influences which contributed to his former offense. As has been stated above, the findings of the clinic are not used to determine guilt or innocence, responsibility or irresponsibility of the accused. The clinic reports are used by the court to reach a decision as to the type of punishment or treatment which will effect most surely the purpose of punishment: i.e. the correction of the defect in the offender and the inhibition of potential delinquency. The criticism that the clinic provides one more way of evading punishment is without foundation. When the clinic report shows no defect, law takes its usual course. When the report indicates that a mental defect is present, emphasis is placed upon the fact that the more serious the defect of the offender the greater menace is he to society as long as that condition persists. In no court in the U. S. are clinic results used to secure exemption from
punishment or treatment. It is true that clinics have decreased the number of purely disciplinary sentences. That is the inevitable consequence of treating the offender rather than the offense. One recognizes the adequacy of discipline in dealing with a normal child caught in a Halloween escapade - but is the same treatment to be accorded the feeble-minded or psychotic individual who cannot but do wrong? There are many seriously defective who are leading happy and useful lives. These never find their way into the clinic or courts. However the most conservative estimates approximate 10% of our criminal and delinquent population seriously defective. (7) The clinic does not make it possible for these subnormals to escape the consequence of offending law, but advises rather to which of the various state institutions the individuals should be sentenced under existing state laws and what treatment should be accorded them to secure public safety. This policy has won the clinic some of its most enthusiastic advocates in the legal profession. Herbert Harley, attorney for the American Judicature Society, in his discussion of the manufacture of criminals by disciplinary treatment that confines the defective delinquent but does not correct the defect, says: "The position of the defective abandoned to the full force
of competition's tide is infinitely pathetic. Instead of being known as peculiarly in need of sympathy and tolerance he is blamed for being what nature made him." (8)

Court clinics and laboratories are still so new that a sufficiently large corp of clinicists is not prepared to handle the situation. Many physicians who are willing to coöperate have not had training in psychology and the interdependence of physical and mental conditions. Few laboratories have a staff large enough to care for all the cases that are presented and in addition compile the statistics which must form the basis of generalizations. Hence the case examinations in most clinics require all the time and only brief reports of extensive work are available and these are usually several years old.

Not only are there comparatively few clinicists prepared to conduct the varied activities of a clinic, but few laboratories are organized on other than a personal basis. Court clinics are still in the experimental stage. No definite type of organization and procedure has been determined upon as most efficient and satisfactory. Each clinic is organized by the director to the best advantage with the funds, equipment and staff available. It has been the experience
of every laboratory that the flood of cases has necessitated the neglect of the organization. While it is gratifying to see individual cases being more intelligently considered, one realizes that eventually the success of the clinic will depend on its efficient organization on some plan that will make it possible for any well trained clinicist to carry on the work satisfactorily. An institution of social value must not depend on the devoted service of a few whose qualities of leadership have guided its development through the first decade.

..........................


Chapter III.

The Need and the Aim of Court Clinics.

Although there are many different types of clinics with various relations to the courts from which they draw their cases, all are placed in one category by a common purpose; the acquisition of a more intimate knowledge of the individual offender in order to prevent delinquency through the elimination or control of the causal factors. It is obvious that the more accurately the court knows the delinquent the better equipped is law to deal with him for the benefit of society and for the offender as a part of society. Charles L. Brown, President Judge of the Municipal Court of Philadelphia, states: "Early in its development the Municipal Court recognized the need of medical and psychiatric diagnosis as a means to a substantial justice and intelligent probation work." (1) The clinic brings to the assistance of law the scientific contributions of psychology, normal and abnormal, medicine and social science. "It makes diagnosis the great element in the scheme for reform or restraint." (2) It is not the business of court clinics to theorize but to analyze the case presented with all the factors involved, and furnish a statement to the court with possibly recommendation for treatment.
The cost of the disposition of the average felon is conservatively estimated at $1000 for each conviction. In New York in 1917, 2279 felons were received into the state prisons at an approximate cost of $2,000,000. When we find that 87% of these were recidivists, we see how the expense is multiplied because the treatment received was not curative or restraining.

Add to this the cost to the state of those not convicted and the burden is greatly increased. The diagnoses and prognoses of the clinics are confirmed constantly by the cases which have been examined. In 1916 case Lindrum was examined in the Municipal Court Laboratory of Chicago and pronounced not only defective in intelligence but also psychotic - a type most dangerous at large. Since there was no place to which he could be sent on indeterminate sentence, he served a short term and was set free. He returned to a criminal career which culminated in a murder for which he was hanged in 1918 - less than two years after the examination.

While defectiveness is likely to lead to some crimes, it is not by any means the cause of all. As the statistics indicate, however, it is too significant a factor among delinquents to be ignored.

In most cases an actual defect or tendency
toward weakness is to be clearly discerned early in life. The greater proportion of offenders found in the prisons have previously passed through the courts as petty offenders. It is the purpose of the laboratory to demonstrate that the large number of repeaters can be reduced; that criminal tendency due to various personal and social factors can be discovered in a large per cent of the cases whenever the subjects are presented. Furthermore the clinic may be of service by recommending punishment and treatment that will eradicate or control the abnormality. It is more economical and just to prevent crime than again and again to spend vast sums on its punishment. It is more reasonable, safe and humane to make use of the assistance the clinic has to offer for the treatment of those so defective that they cannot be controlled except by custodial care. The loss to the state in money as the result of ignoring the diagnosis of delinquents and criminals is enormous, but even so the smallest part of the price paid. The injustice, the sorrow, the sacrifice of life happiness and usefulness are even a greater loss to society. In regard to the feebleminded Goddard says that criminals are made - not born - but the best material out of which to make them is feeblemindedness. The feebleminded are the easiest
victims of influences leading to a criminal career though lacking in initiative. That the feebleminded and those suffering from mental and nervous abnormalities furnish much of the material for criminality is easily demonstrable by the statistics from penal institutions. The following figures are convincing although all the border line cases are omitted and only those definitely defective included.

Dr. Bernard Glueck finds that 59% of the men committed to Sing Sing in nine months, ending April 30, 1917, are clearly abnormal. (5)

A. Warren Sterns states that in the Massachusetts prisons the most important group is the feebleminded, forming from 20 to 30%. (6)

Of the inmates in prisons throughout the country where studies have been made, 27.5% are found to be feebleminded. (7)

The tests show a greater number with nervous and mental disorders than those actually defective in intelligence. Dr. Guy Fernald found 59% of 1376 men in the Massachusetts State Reformatory suffering with such disorders. (8)

Of 5310 women criminals either on probation or sentenced to institutions in 1915 in Massachusetts
72.2% showed nervous or mental abnormality.

Dr. V. V. Anderson and Dr. Christine M. Leonard made studies of 100 immoral women and 100 drunken women brought before the Boston Municipal Court. Among the immoral women 39% of the first offenders, 47% of the second offenders and 84% of the recidivists were suffering from some sort of mental or nervous abnormality. (11) Among drunken women 35.4% of first offenders and 82.2% of recidivists were similarly defective. (12). We cannot estimate the enhanced value of these lives had the defect been discovered when as children these delinquents came in conflict with law for the first time. For some of them there would then have been opportunity for proper training. For the rest who could not profit by training how infinitely more just and humane would custodial care have been.

The delinquents who have nervous and mental abnormalities can receive no specialized treatment in penal institutions under the ordinary regime. The experience of Massachusetts indicates that individualized treatment for subnormals is necessary for social security. The records of one hundred feebleminded delinquents were selected from the court files alphabetically. In the past five years the one hundred had
been arrested 1,825 times; many had earlier court records. They seemed utterly incapable of profiting by experience. Probation was tried 432 times. An average of less than one trial proved successful for each probationer for even a short period. Four out of five failed on probation for six months. Although all had had favorable opportunity for education, 73% after attending eight, nine and ten years were never able to get beyond the fifth grade. (10)

There is a greater need than the exigencies of individual cases that the psychopathic clinic will help remedy. Sensational statistics are readily compiled, but classifying delinquents by grade of intelligence does not explain anti-social conduct. However, there is a need for the study of case records to reveal some of the factors which play a prominent part in crime and delinquency. It is such study only which may serve as a basis for the generalizations that must be made before scientific legislation can be evolved. Some of our law is the result of agitation following a crime and is based upon superficial, variant factors. Laws capable of wider application because of their derivation from principles rather than single incidents will eventually supply the need of a means to make
effective a constructive policy in dealing with crime. Because of the studies made in Sing Sing and other penal institutions, the state of New York has already committed itself to such a policy. (13) Ohio is working out its problem of juvenile delinquency through the Bureau of Juvenile Research mentioned elsewhere. (14)

In looking forward toward the realization of these broader ideals one is apt to forget that these may be accomplished only through the analysis of individual cases and a compilation of the results thus obtained. Hence the clinicist while striving to lay the foundation for the greater achievements of the future has ever in consciousness the following questions, the answers to which are the aim of his immediate efforts:

1. Is this individual normal, inferior or defective, physically, mentally, nervously?
2. May such defects as are found be related as causal factors to the delinquency?
3. What in the light of the above conclusions should be the course of legal action?
4. How can the clinic help the agencies of probation, parole, punishment and correction to carry out the sentence imposed?

..........................................................
2. Report of the Psychopathic Laboratory of the Municipal Court of Chicago for the years May 1, 1914 to April 30, 1917. p. 15.
8. Ibid - p. 3.
9. Ibid - p. 3.
Chapter IV.

Location and Development of Organized Court Clinics.

In order to secure an accurate list of clinics in courts it has been necessary to verify the directory of mental clinics in connection with courts, prisons and reformatories issued by the National Committee for Mental Hygiene together with references found in the Journal of Criminal Law and Criminology, 1915-1919 inclusive, Mental Hygiene, 1917-1919, The Journal of Sociology, and other articles mentioned in the bibliography. To accomplish this purpose the following questionnaire was sent to thirty-five courts.

1. Give a brief account of the origin and organization of mental testing in the courts of - (City, County, State.)
2. What cases are referred to the clinic?
3. What examinations are made?
4. What use is made by the court of the clinic findings?
5. What publications regarding the clinic are available?

Without exception replies were prompt, definite and carefully prepared. With the letters came court reports and references to publications containing such statistics as have been compiled. Although some of these reports are six years old, they furnish an account of results actually accomplished and are of inestimable worth in evaluating this phase of social activity.
Although the investigation has revealed no court in which a clinic once established has been discontinued, not infrequently have the name and organization been changed as the sphere of the clinic's activity has enlarged. In Philadelphia the clinic work was established five years ago with one physician in the Municipal Court. Now it is known as the Medical Service and Neuro-Psychiatric Service with a corp of physicians and psychiatrists to make the laboratory examinations, and social workers to compile the sociological records. (1) In New York City there was originally a Children's Court Clinic, but it was discovered soon after the work was begun that two clinics would be necessary. These are known as the clinics of the Manhattan Court and of the Brooklyn Court respectively and have replaced the original Children's Court Clinic. (2)

Since 1909, when the first court clinic was organized, twenty-three have been established in the United States in the following places and in approximately the following order. The history of many of the clinics has never been written and exact dates are not available in some cases.

<table>
<thead>
<tr>
<th>Location</th>
<th>Court</th>
<th>Date of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago, Ill.</td>
<td>Juvenile</td>
<td>1909</td>
</tr>
<tr>
<td>Seattle, Wash.</td>
<td>&quot;</td>
<td>1911</td>
</tr>
<tr>
<td>Minneapolis, Minn.</td>
<td>&quot;</td>
<td>1912</td>
</tr>
<tr>
<td>Location</td>
<td>Court</td>
<td>Date of Organization</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Boston, Mass.</td>
<td>Municipal</td>
<td>1913</td>
</tr>
<tr>
<td>Buffalo, N. Y.</td>
<td>Juvenile</td>
<td>1913</td>
</tr>
<tr>
<td>Chicago, Ill.</td>
<td>Municipal</td>
<td>1914</td>
</tr>
<tr>
<td>Newark, N. J.</td>
<td>Juvenile</td>
<td>1914</td>
</tr>
<tr>
<td>Los Angeles, Calif.</td>
<td>All Courts of County</td>
<td>1914</td>
</tr>
<tr>
<td>Philadelphia, Penn.</td>
<td>Juvenile Division</td>
<td>1915</td>
</tr>
<tr>
<td>Berkeley, Calif.</td>
<td>Juvenile</td>
<td>1915</td>
</tr>
<tr>
<td>Cincinnati, C.</td>
<td>&quot;</td>
<td>1915</td>
</tr>
<tr>
<td>Manhattan, N. Y.</td>
<td>&quot;</td>
<td>1916</td>
</tr>
<tr>
<td>Brooklyn, N. Y.</td>
<td>&quot;</td>
<td>1916</td>
</tr>
<tr>
<td>Kalamazoo, Mich.</td>
<td>&quot;</td>
<td>1916</td>
</tr>
<tr>
<td>Lansing, Mich.</td>
<td>&quot;</td>
<td>1916</td>
</tr>
<tr>
<td>Grand Rapids, Mich.</td>
<td>&quot;</td>
<td>1916</td>
</tr>
<tr>
<td>Jackson, Mich.</td>
<td>&quot;</td>
<td>1916</td>
</tr>
<tr>
<td>Detroit, Mich</td>
<td>&quot;</td>
<td>1916</td>
</tr>
<tr>
<td>Memphis, Tenn.</td>
<td>&quot;</td>
<td>1917</td>
</tr>
<tr>
<td>Boston, Mass.</td>
<td>&quot;</td>
<td>?</td>
</tr>
<tr>
<td>Baltimore, Maryland</td>
<td>Supreme Bench</td>
<td>1917</td>
</tr>
<tr>
<td>Norfolk, Va.</td>
<td>Juvenile and Domestic Relations-1919</td>
<td></td>
</tr>
<tr>
<td>Detroit, Mich</td>
<td>Recorders Court</td>
<td>1920</td>
</tr>
</tbody>
</table>

Many other courts recognize the value of clinical findings and are availing themselves of other agencies until the court clinic is established. Since the work is not organized as a part of the judiciary, such cases have not
been included in the above list although the courts are making daily use of examination reports gathered from various sources. This condition has led to a misunderstanding regarding the number and location of clinics. As a result when the list of the National Committee for Social Hygiene and the references from various magazine articles were verified, a number of errors were revealed. In St. Louis, Mo.; Louisville, Ky.; Toledo and Cleveland, Ohio, the examinations are made by specialists employed by the Board of Education. This arrangement proves very satisfactory for most of the court cases have previously been school problems. In Youngstown, Ohio the Children's Bureau cares for all juvenile examination. In Salt Lake City, Utah and Denver, Colorado the examination of juvenile court children has been given by various agencies because of the lack of funds to establish a court clinic. The courts of Clarksville, Tenn., Cleveland, Ohio, and Providence, R.I., are listed as having clinics, but correspondence indicates that none have been established in connection with the courts.

Those clinics which are not closely related to the court render a valuable service in lieu of court laboratories; however, they should not be classified with court clinics. Any decentralized system of examination will necessarily be less effective. In Denver, for ex-
ample, the examinations are made by seniors and graduates at the University of Colorado located at Boulder, some thirty miles away. The department of Psychology of the University assists in determining the conclusions. The plan at Salt Lake City is nearly as unsatisfactory - Physical examinations are given by the county Physicians at the Community Clinic. Psychiatric examinations are made by the physicians for the insane asylum at Provo. Psychological tests are applied at the University of Utah, at the Public School Clinic and in the probation division of the juvenile court. A complete report on any one case is difficult to secure under such circumstances. One doubts the reliability of results obtained under such trying conditions when he realizes that the delinquent is probably already depressed and nervous before starting the rounds of these various laboratories. It must be stated, however, that the court officials find even such unsatisfactory methods better than no examinations at all and are free to express their belief that these reports have made it possible for them to dispose of their cases more intelligently and with greater success from the point of view of the delinquent and society. Prognosis is rendered even more difficult than diagnosis by this decentralization of clinic procedure. Accurate prognosis necessitates an intimate knowledge of the individual as
he reacts in all the tests and an interpretation of these reactions in terms of the sociological and moral records. It is obvious that such systems as are in force in Denver and Salt Lake City make it nearly, if not altogether, impossible for any one person to secure this essential basis for prognosis.

As has been stated elsewhere the court clinics have been established in some cities with private funds. In that case there has been originally no official relation between the court and the laboratory although the cooperation has been nearly perfect. At present, however, the majority of clinics form a department of the court and are maintained by the public as a part of judicial equipment.

Of the twenty-three clinics connected with courts thirteen are under the immediate control of the courts for which they conduct examinations, while ten have a definite but more indirect relation to the courts. Of these ten, six are out-clinics of state or city psychopathic hospitals. These are the five Michigan court clinics and the one in Los Angeles. In Minneapolis the court clinic is conducted by a mental examiner of the Board of Education. The Cincinnati clinic is responsible to the Ohio Bureau of Child Welfare for all problem cases and the Berkeley Clinic is sponsored by the police department.
Ohio with its Bureau for Juvenile Research and Michigan with the out-patient department of the State Psychopathic Hospital have such complete and effective state organizations that it is worth while to consider these two more definitely. They represent to some extent what can be accomplished by state rather than local organization.

Out clinics of the Kalamazoo State Hospital were established in Michigan in 1916. These clinics are carried on in connection with the juvenile courts in Kalamazoo, Grand Rapids, Lansing and Jackson. The juvenile court judges bring most of the cases for mental tests, neurological examination and the Wasserman. The work is not confined to juvenile court cases. Adults and children come voluntarily for diagnosis and advice. A great deal of work is done for the various organized charities. The secretaries notify the judges of the cases they wish to present at the clinic. The State of Michigan has authorized the clinic work and pays the salaries of the physicians from the State Hospital. The counties in which the clinics are held pay the other expenses through the judges of the probate and juvenile courts. Dr. George Inch, Assistant Medical Superintendent, reports that when there is sufficient help properly organized, the clinic can be used as the center from which supervision of the discharged patients
from the institution is carried on. Social workers can bring early cases for examination and advice, not only giving those suffering from nervous diseases better care but also eventually decreasing the tax rate by enabling the state hospitals to discharge patients earlier and in many instances prevent the admission of a number of cases.

(3) New York, Pennsylvania and Massachusetts also hold out-clinics, but they are not so closely connected with the courts.

The Ohio Bureau of Juvenile Research was established at Columbus by the state as the agency to deal with all juvenile cases falling under the jurisdiction of the probate and juvenile courts operating in Ohio. It has been organized about two years on its present basis. While the child is detained at the bureau, tests are made to determine whether he is defective or normal, an examiner visits the home and other environment and makes careful investigation of all causes that apparently operated to the detriment of the child. All information is filed with the bureau. Curable troubles are treated and when the survey of the case is complete the board decides on the disposition of the case. Normal children are placed in private homes whenever possible. Defectives are detained under state control. The purpose is to retain defectives permanently if no cure is possible and they or their descendents might
prove a menace to society. The juvenile problem cases of all the courts of Ohio are sent to the Bureau. (4)

Thus in Michigan and Ohio the psychopathic clinics of the state serve the various communities through the local courts. Such organization makes possible more extensive achievements with comparatively little additional effort and practically no more expense.

Eighteen of the twenty-three clinics deal with children's cases exclusively. The first clinic was established as the Juvenile Psychopathic Institute of Chicago with Dr. William Healy as director. He devoted his efforts to juvenile cases with such success that his work paved the way for the entrance of psychologists and psychiatrists into many children's courts. Only very gradually are laboratories being introduced into courts where adult offenders are tried. The municipal courts of Boston and Chicago, the county courts of Los Angeles, the Domestic Relations Court of Norfolk, the Supreme Bench of Baltimore and the Recorder's Court of Detroit are the only ones on record at present. With the exception of the two last named these have certain types of juvenile cases also. Hence there are only two courts dealing with adults exclusively which make use of the contribution which a clinic is able to make toward the more effective solution of the problems of the judiciary. The juvenile and municipal are the most recently
organized of all our courts. It is to be expected that they should be the least conservative and most ready to accept suggestion from other fields.

The institutions which receive the end-product of the higher courts, the adult, condemned criminal, have for years found it profitable to use the findings of psycho-pathic laboratories. A brief discussion of one of them is sufficient to show the possibility of psychiatric work with adults. The first prison clinic was made possible at Sing Sing in 1916 through the financial support of the Rockefeller Foundation. It has been the aim to examine all admissions in order that the data should be reliable and representative. Mental tests, the person's life career and his ability to adapt himself to demands made upon him formed the criteria for judging mental normality. From August 1, 1916 to April 30, 1917, 608 prisoners were admitted to Sing Sing. Of these 66.8% were recidivists. While 59% were not in average normal mental health, 28% were definitely feebleminded. Of this group 80.6% were recidivists in contrast with 66.8% of the entire series. They averaged more than three previous sentences each. 85.7% of these confirmed, feebleminded criminals will have taken their place in society again before 1922. (5) If nothing has been done to make them better citizens than they are capable of becoming if left to their own devices, not many months will
pass before this same group of names appears on some court records. This need implies the other phase of the clinic's activity. The specialists have endeavored not only to diagnose defect but also to diagnose ability and prescribe training to compensate for the weaknesses. "The test of a modern penal system is its success in turning out not model prisoners, but decent citizens." On the basis of his investigation of prison facilities and the types of prisoners examined in Sing Sing, Dr. Glueck devised the following plan adopted by the State of New York as an ideal to be realized as rapidly as possible.

Sing Sing Prison is to serve as a clearing house for the examination of all offenders before being sentenced to any state institution. All prisoners are classified on the basis of laboratory findings into five groups and sent to the proper institution for the term of the sentence as follows:

1. The normal, young adult capable of learning a trade is sent to the Dannemora or Auburn Industrial Prison. An individual with training for self-support has less temptation to commit crime when free and is more useful to the state during imprisonment.

2. Normal prisoners of more advanced age who are unskilled laborers are sent to the agricultural prison at Great Meadows. These two groups comprise 40-45% of the
prisoners of the state and give the least trouble.

3. The insane delinquent if unable to adjust himself to any form of prison life is sentenced to the Dannemora State Hospital for the criminal insane. This class is small in numbers but particularly dangerous because of an occasional appearance of normality while harboring delusional ideas.

4. The defective delinquent is most frequently the recidivist. In an institution where the social demands upon the intelligence are not so great, those who have constantly violated law become contented members of a group which is self-supporting. Most defectives can function fairly well in a favorable environment. It is only when life history in addition to test results justify the diagnosis of habitual, defective delinquent that permanent custodial care is the sentence.

5. The psychopathic delinquent is not defective but badly balanced. He also is frequently a recidivist. Under very favorable conditions the psychopaths may be treated as normal offenders. Under stress they are apt to become insane. (6)

By such a plan as this to which New York has committed itself, the various state institutions are enabled to function most economically and effectively. Only those whom the institution is equipped to treat are sent to that place.
Not only are the institutions rendering better service within their own confines, but they are returning to society individuals better able because of specialized treatment to assume the responsibilities of good citizenship.

This plan shows how the clinic may function with adults. If located in the court, the diagnosis could be made before the case came to trial instead of after sentence has been pronounced. It is essential, if the problem of recidivism is to be solved, that the sentence be determined by the character of the offender. If the examinations are made after the term of imprisonment has been determined the only advantage gained is that of placing the offender in the proper institution for a given period. On the other hand should the clinic report be given the court before the trial, a suitable sentence may be determined upon with economy of time and effort. If the tests indicate that the criminal is one who has not and in all probability cannot profit by experience, the sentence may be made indeterminate in the first place and thus reduce recidivism.

One example which is typical of hundreds passing from court to prison, prison to society, society to court and on around the vicious circle year after year will suffice to illustrate that many of the most serious offenders manifest this criminal tendency early in life and will continue to do so as long as treatment is not based on the
actual character of the offender. Chart 10 in "Concerning Prisoners" by Dr. Bernard Glueck, Director of Sing Sing Psychiatric Clinic shows the case of a prisoner thirty-seven years of age, admitted to Sing Sing for the fourth time having already served five sentences in penal and reformatory institutions of various types. His parents are industrious and law-abiding. In early adolescence serious anti-social tendencies manifested themselves after a school career characterized by inability and truancy which terminated at thirteen. His parents used every means to improve his education but met with constant failure. He chose his associates among the bad element in the neighborhood. To improve his environment he was sent to live with an uncle in a New Jersey small town. A shock and severe injury in an explosion necessitated some months in a hospital. On his release he manifested a mania for stealing. His family tried to help him overcome the desire but it was so strong he threatened to kill when refused what he sought. The father gave him money to forestall his stealing but to no avail. At 15 he was sent to House of Refuge for burglary. At 17 he was returned for same offense. After three months freedom he was sent to the penitentiary. Again after one month he was returned to the House of Refuge and after a few weeks sentenced to Sing Sing from which he was transferred to the Hospital for Criminal Insane. With two
periods of freedom amounting to nearly two years he served subsequently one term in the work house, three in the insane asylum and two at Sing Sing. He lacks all sense of responsibility and ambition. He has seemed to find jobs without difficulty but held them for only two or three weeks. His family have showed never failing interest in his career. As they fear that he will always be criminal and are in fear of his committing murder, they would like to see him confined for life. The clinics of these various penal institutions realize that is society's only safeguard. At the last trial all these facts were ignored. The District Attorney's office for the sake of a cheap and quick conviction induced the prisoner to change his original plea of not guilty to guilty of burglary in the second degree and he was given one more futile sentence of four years and eleven months in prison. (7) Back of the theft there was syphilis, excessive alcoholism, sexual perversion, defective intelligence and at times active insanity. (8)

Dr. Glueck presents this case history as only an average one of the 12% of those received in nine months at Sing Sing who were mentally defective. Possibly 10% (9) of all criminals, the defective delinquents, are as little benefitted by a limited, disciplinary sentence. The per cent of this type in institutions is much higher than the proportion in the general population, for only the more stupid
delinquents are apprehended and only the most serious cases sentenced to state institutions. Scores of similar case histories to be found in the files of any psychopathic clinic emphasize the need of developing the clinic as an adjunct of the judiciary first, then in the penal institutions afterwards as an aid in the classification and treatment of the inmates.

The most recently established psychopathic clinic forms a part of the court which has been termed "the first real criminal court ever established in an American city", the new Recorder's Court of Detroit, possessing all criminal and quasi-criminal jurisdiction and will. The purpose of the clinic is "to enable the court to determine the mental and physical condition of prisoners as an aid in passing sentence." The expenses of the clinic are met by appropriation from the city council. Detroit has been the first city to recognize the value of clinic study of adult criminals and provide means for such diagnosis. (10)

In the cities in which the clinics comprise a department of the court which they serve, the laboratories are situated in or near the place where the accused are held for trial. In Berkeley the laboratory of the police department was originally located at the police station. For a time it has been advisable to make the examinations at the dispensary but the inconvenience has led to the
decision to return the clinic to the station. Detroit, Memphis, Buffalo, Boston, Chicago, Minneapolis, Manhattan, Brooklyn, Newark, and Philadelphia are among those cities that have endeavored to keep the clinic activities centralized. The clinicists of Denver, Salt Lake City and Seattle, where there is no centralization, all state that the efficiency of their work is impaired by scattered effort and the lack of adequate clinic facilities. In these cases it may be said that lack of funds necessitate conducting clinic examinations according to the most expensive plan. In spite of this disadvantage Lilburn Merrill, Chief Probation Officer of the King County Juvenile Court, at Seattle writes "that the effort made to understand the personality of the children and apply treatment in accordance with scientific method, is of large value to the court and heartily appreciated." (11) Regarding organization the general opinion of courts and laboratories is that whether the personnel be limited to one person or a corp of specialists, this clinic for diagnosis and treatment should be a department of the court and not an "extra legal adjunct."

The clinic requires no expensive or elaborate material equipment. The initial expense of furnishing a laboratory completely does not equal the cost of one recidivist to the community. The training of the clinic personnel, however, must be of the highest order. That this is the
case has been established by the success of those clinics where practically all that has been accomplished may be attributed to the competent practitioners who have served without remuneration, using the equipment most readily acquired. In Memphis, Tenn., for example, the examinations are made through the kindness and generosity of psychiatrists who receive no compensation. At times one of the psychiatrists sits with the Judge of the Juvenile Court. The Chief Probation Officer, writing for the Court, states that the findings are of inestimable value to the judge in his decisions, for approximately three fourths of the delinquent cases show mental defects. (12)

The number of specialists in any court clinic depends almost entirely on the funds available, though in many laboratories there are volunteer workers serving efficiently. Although the ideal has by no means been attained in many clinics, it may be noted that when the development is complete every laboratory functions through at least four departments: i.e. the medical, the sociological, the pschiatrical and the secretarial. If the trained workers are available, the physicians make the physical and neurological examinations; the social field workers secure the sociological and pedagogical records and the psychiatrists give the mental tests. The secretarial or clerical department prepares from these reports the recommendations for
the court. This plan presupposes that all workers are experts and the various departments cooperate perfectly. While no one clinic has exactly that organization, all approach it in the working out of their plans. In some clinics all these functions are performed by one individual; in some of the older institutions the personnel is complexly organized. The character of this study scarcely justifies the analysis of each clinic separately from the standpoint of personnel and organization, for though each is different in some details all are striving, however limited their resources, to acquire all the information possible to diagnose the cases that come under their observation.

1. Correspondence of February 21, 1920.


3. (a) Correspondence of Feb. 5, 1920. G. F. Inch, M. D. (b) Cleveland Plain Dealer, July 6, 1913.


6. Ibid. pages 61-66.

8. Ibid. page 25.


"Court Reform in Detroit."


Chapter V.

The Procedure of Court Clinics.

The methods of procedure in court clinics are in a general way identical in as much as all are seeking the facts necessary for diagnosis, prognosis and the disposition of the cases presented.

The physical examination is an important part of the clinic procedure. The aim of this study is not to discover Lombroso's stigmata of degeneracy, but any pathological physical conditions which may be the source of more or less constant and serious irritation. Physical ailments are not often cited as direct causal factors in crime, but undoubtedly they frequently contribute to weakening the will power and the breaking down of inhibitions. So trivial an ailment as a toothache at times makes the best of citizens unsociable or even anti-social. The constant irritation of the diseases so prevalent among delinquents must be removed before any plan for reformation is feasible. Some of these, such as tuberculosis, syphilis and various skin diseases are highly infectious or contagious and constitute an expensive menace to our institutional populations as well as to society at large to which many of the cases are returned unimproved unless the courts provide treatment. Statistics from every clinic show the significant factor of physical defect among de-
linquents. The following will serve as typical illustrations.

Of all cases examined in the Seattle Clinic in 1912, 29.5% presented serious physical defects which in the opinion of the court contributed largely to their delinquency. (1)

At the Berkshire Industrial Farm for delinquent boys in 1919:
16% had defective vision. Abnormal throat, ear and teeth conditions were much more common.
35% were physically retarded due to various ailments. (2)
Among 781 cases appearing in the Children's Court clinic of New York City, there were 704 physical defects. 191 of these were diseases of metabolism; 149 nose and throat diseases. Without exception all physical defects were vastly more prevalent among the feebleminded, retarded and constitutional psychopathic inferior children than among the normals. (3)

Among 70 drug addicts brought before the Boston Municipal Court in 1917, there were 87 serious physical defects. (4) Of the last 1000 delinquents appearing before the same court in 1918, one out of every three was in such physical condition as to warrant urgent medical treatment. (5)

Most of these defects are curable—practically
all of them improvable. This fact alone justifies this phase of court clinic work. If in the sentences the court provides such means of improving the physical condition of the delinquent that he is returned to society in good health, one of the important factors contributing to a criminal career has been removed. This is particularly important in the treatment of juveniles. No adequate means of discovering the full significance of good health to good citizenship have as yet been devised. However, the figures above are conclusive enough to show that there is a real correlation and that this phase of clinic activity is valuable if the court makes use of the findings. That this is the case in New York, Seattle, St. Louis, Chicago, Boston and Philadelphia is indicated by the reports concerning the disposition of cases. In most clinics such reports are not available but that use is made of clinical findings is indicated by the correspondence from the various courts. Examination of parole cases which have previously been examined shows improved physical condition among those for whom definite treatment was recommended.

To show just how significant this phase of clinic activity is it will be necessary to compile statistics to show decrease in the amount of physical defect among discharged delinquents in comparison with those figures which were gathered at the time of arrest. Judges and clinicists are
now ready to cite scores of individual cases which are convincing. When the clinics are so organized that time may be devoted to compiling the statistics obtained from the physical examinations and to making generalizations, more definite and valuable results will be produced by this phase of clinic procedure.

Neurological examinations are also a part of the physical analysis. This is made necessary by the discovery of such facts as the following: 25% of the delinquent children appearing before the Seattle Juvenile Court have presented functional neuroses which have been traced to be largely, though not entirely responsible for the delinquent condition. (6) In a study in the same court of sexualism among a group of one hundred delinquent boys "A syndrome of nerve signs, anaemia, undernourishment and early fatigue was common to the group and amounted to a somatic type. Fully one half the group were functionally neurotic in this composite respect." (7) For the most part neurological findings are included in the tables showing general physical conditions. Low grade nerve tone, excessive and inferior innervation, nervous automatisms are all common among delinquents. As they develop they mean difficulty in establishing social adjustment in the school room, the playground and the place of employment. The chance of committing wrong is intensified by these stigmata which
set the juvenile apart from his fellows and mark him as queer, slow or impulsive as the case may be. If taken early enough these abnormalities frequently yield to treatment. Thus this phase of clinic procedure leads to the means of inhibiting the potential criminal. In some cities when an offender proves to be physically and nervously degenerate, he is paroled to an institution for the correction of these defects and then paroled back to society. If his subsequent career is satisfactory no court record, is held against him. A clear record, physical well-being and nervous stability are undoubtedly inhibiting factors against an anti-social career. The discovery and elimination of physical defect is not only important because of the physical well-being which follows, but also because of the greater opportunity for a well-balanced intellectual, emotional, and volitional life afforded by physical health.

A second phase of clinic activity is the securing of sociological records for each patient. Just how large a part environment plays in making criminals is uncertain. Statistics gathered from the offenders and their relatives and associates are frequently unreliable; offenders are too ready to plead environment as a reason and excuse. In many cases there is a question whether the offender has sought and helped to create his unfavorable environment or the environment has induced the criminal
career. Whatever the relation between environment and the delinquent career, knowledge of the family, school and neighborhood conditions as well as the defendant's moral record are essential. In adult cases it is quite commonly found that the criminal career began with disobedience, lack of interest and dishonesty in school. A tremendously large number of convicts have dropped out of school early—not because they were criminal but because early in life forces were at work that later became criminal. Most courts employ field workers who are skilled in obtaining this information from every possible source. Parole and probation officers already in most courts have taken over much of this type of clinic activity.

Each clinic has its own plan for recording information secured by the above procedure. The cards used by the Minneapolis laboratory are sufficiently suggestive of the records kept at all courts that they may be called typical as to material, if not in form. All record cards are the same size though each is a different color so that all cards pertaining to one case may be filed together yet readily distinguished if the single index plan is used.

**PHYSICAL RECORD**

Name . . . . . . Age . . . . . Color . . . . . Sex . . Date

Nationality.

Father . . . . . . . .
Mother

Brothers and Sisters

Relations

Prenatal History

Birth History

Infancy

Childhood

Anatomical

Height

Weight

Puberty

Head. Circumference

Ant. post

Lateral

Index

Anemia

Malnutrition

Glands

Tonsils

Adenoids

Nasal obstruction

Orthopedic defect

Vision

Hearing

Teeth

Heart

Lungs

Foreskin

Balance

Nervous

Epilepsy

Reflexes

Heredity

Alcohol

Epilepsy

Insanity

Mentally defective type

Operation and treatment

Results

SOCIOLOGICAL RECORD

Name

Age

Date

Father. Nationality

Occupation

Religion

Steady work

Use of Liquor

Tobacco

Home evenings

Literature read

Native ability

Attitude toward children

Mother. Religion

Nationality
Outside work . . . Use of Liquor . . . Clubs or Societies ..
Children. Number . . . Living . . . . . Dead . . . . . .
Mother's opinion of their intellect . . . . .
Spare time spent how . . . Moving pictures . . . . . . . .
Money allowance . . . Dances . . Church attendance ....
Literature read . . . . . . . .
Play ground facilities . . . . .
Home. No. of rooms used .. No. in sleeping room . . . .Ventilation.
No. of meals . . . Character of same . . . . . .
General sanitation and hygiene . . . . . . . . . . . . .
PEDAGOGICAL RECORD

Name . . . Age . . . Date . . . . . .
Address . . . . . . School . . . . . .
Age on entering . . Years in each grade . . .
Absent for sickness . . . . . . .
Native ability . . . Application . . . . .
Especially proficient in . . . . . . .
Especially deficient in . . . . . . . .

(Normal . . . .
(Bright . . .
(Insolent . .
(Mentality-- (Restless . .
(Forward . . .
(Sluggish . .
(Sly . . . . . .)
Responsive  
Expression of Feeling (Indifferent  
(Sullen  

General estimate by teacher  
Subsequent history  

MORAL RECORD  
Name  
Offense, present  
Past  

Able to differentiate between right and wrong  
Addicted to cruelty to animals  
To smaller children  
Pathological liar  
thief  
truant  
Is he a repeater  
specialty  
Motive  
Does he get value received for stolen property  
Does he give it away  
Easily led  
Do his parents view his actions as normal  
How does he compare morally with brothers and sisters  
Morals: Sexual  
Tobacco  
Liquor  
Gang life  
Shack  
Company in general  
Effect of punishment  
UnGovernable temper  
Wanderlust  
Attitude toward court  
Summary  

The third phase of the laboratory procedure is the mental testing. As has already been indicated, there is a tendency for those who have not studied the situation to regard this last phase as the only function of a court
psychopathic laboratory. It is true that this is the most important part of the clinic work, yet it must be remembered that the mental test alone loses much of its value if deprived of the facts learned through the other investigations which form the background in which the mental performance must be interpreted. "No one phase of the work such as sociological, psychological, psychiatric and physical should constitute an independent unit, if anything like a well-rounded study and an intelligent and understanding treatment of each individual is the aim." (8)

While various tests are used at times for individual diagnosis, the Stanford and Goddard revisions of the Binet test are most commonly adopted. The reasons for this are not far to seek. The Binet-Simon tests have been more carefully criticised and extensively used than any other. The two revisions mentioned have the further advantage of having been standardized with American subjects. Every nationality has its own peculiarities that are just as significant as individual differences. It is essential that the test used shall be first standardized with Americans. In time a racial standardization will be made, no doubt, to eliminate the necessity for weighing the results obtained from negro subjects. No other race is often enough involved in our courts to make any further standardization on the basis of race necessary.
The results obtained from the Binet test show mental age, the grade of "general intelligence" and the comparative strength and weakness of the abilities which go to make up general intelligence. Wherever a failure appears, additional examinations are made to determine just how weak that capacity is and whether or not it might yield to training. Perhaps equally as important are the tests passed with significant facility, for they are of value in the determination of the type of work to which the individual should be assigned in the institution to which he is sentenced. The manner of reaction is often of greater importance than the reaction itself. Nerve signs, characteristic attitudes, emotional instability are all revealed more or less.

The Kent-Hosanoff association test is used to determine the presence or absence of certain types of mental derangement which may be present together with high intelligence. Numerous, abnormal reactions are symptomatic of mental irregularity which proves especially dangerous to society when combined with criminal tendencies.

The Yerkes-Bridges point scale is also used to determine mental development. While it is more accurate for calculating mental age than the age gradation method, it has a high correlation with the Binet-Simon test. In most courts only one is used. The mental examinations are
not employed to test memory, perception, reasoning or any other psychic process as it might be analyzed in clinical psychology, but for the purpose of revealing the individual as a member of society. "The psychological studies must determine constructive ability and learning ability, imaginativeness, motor co-ordination and association, as well as the ability to follow directions and the degree of moral comprehension." (9)

In conclusion it may be said that clinic procedure includes examinations of all types that will reveal the individual to the clinicist and enable him to discover the cause of the delinquency and the most expedient method of treatment. Heredity, training, school record and industrial efficiency, habits, medical history and environment must all be studied carefully to disclose what influences have been at work in the past to create the individual of the present. General physical, neurological and bacteriological examinations are made by those qualified to render judgment in such matters. Psychiatric and psychological tests are applied to determine the grade and type of mentality with the presence or absence of defect or irregularity. Finally examination is made of the subjects general information, retention of school knowledge, mechanical ability, learning ability and judgment. The description and analysis of clinic procedure implies greater complexity than is
actually present in clinic activity. As has been previously stated practically all of these functions are performed by one well-trained clinicist in some laboratories. With very limited facilities five or six cases may be diagnosed in one day unless a longer period of observation is required. The procedure of the most highly organized clinic scarcely approaches the complexity of the court trial.

The results which are derived from clinic procedure enable the clinicist to make some diagnosis of every individual sent to him. It must be remembered that the effort of the clinic is not wasted if no defect is revealed. Intelligence and physique may be normal or superior and still the tests will lead to the discovery of certain emotional or volitional difficulty which may have social significance. The court is not only made aware of the fact that an offense has been committed, but has at hand a careful, scientific analysis of the individual who has offended. Causal and contributing factors are revealed whenever they are to be discovered. This procedure, then, makes possible a sentence that will tend to approach the aim of all punishment: the reformation of the criminal and the inhibition of potential delinquents.

.............................

2. McCord, Clinton P. "Physical and Mental Condition of
Delinquent Boys.


3. Annual Report of the Children's Court of New York City, 1918.


8. Anderson, V. V. - "Mental Disease and Delinquency." page 9.

Chapter VI.

The Achievements of Court Clinics.

No figures are available to show the total number of cases examined and their disposition for the entire period of court clinic activity in the United States. The number of psychopathic clinics in courts and their development in widely distant sections of the country, however, indicate that the achievements have been extensively recognized. Publications issued by the clinic, court reports, occasional magazine articles and correspondence furnish an unorganized account of the results that are being obtained by means of diagnosis in the psychopathic laboratories. The data in this field has not been classified even in the individual clinics for more than a very short period of time - at most three years. Hence the discussion of the achievements of court clinics is limited by the fact that not one clinic has been able to utilize its facilities in such a way that a complete report of the results accomplished during the entire period of clinic existence can be made. The neglect of so important a phase of clinic functioning is the result of the immediate recognition of the value of the laboratory examination of individual cases. Diagnosis has of necessity been made the essential function while classification of data to form the basis of generalizations concerning crime
and criminals has been accomplished only incidentally. Since in the end this research to reveal causal factors will be recognized as of primary importance for individual diagnosis, it is essential that the organization of every clinic should at least be complete enough to afford a careful study of case records. When courts can know instead of surmise the relation between various physical, mental or social conditions and potential as well as actual delinquency, disposition of the cases can be made with somewhat greater accuracy and facility. As malaria was not controlled until the physician turned from individual cases to a study of the factors involved in all cases, so the solution of the problem of crime must be sought in the study of many delinquents and the social environment in which they develop. The emphasis must ultimately be placed on prevention rather than cure. The material for such an analysis is being accumulated daily in every clinic; it is to be expected that an increasingly extensive use will be made of it as the public comes to appreciate its value sufficiently to provide the means for its utilization. Until that time the interpretation of clinic achievement must be made on the basis of publications issued occasionally as the clinicists find time to prepare them.

The number of cases examined and for which
recommendations were made in the various clinics is reported in the court publications and furnishes some idea of how extensive the work is in the various communities.

In the Juvenile and Domestic Relations Divisions of the Philadelphia Municipal Court Dr. Lippert made 3496 examinations in 1917. (1) The staff of assistants made 9618 visits to homes and hospitals to carry out or emphasize these recommendations. In 1918, 3264 persons were examined at the court, and several thousand more at the House of Detention. (2) In the year 4715 girls visited the clinics established. Of 1716 new cases, 55% were found diseased and 1935 treatments administered.

For the year 1918, in Detroit 978 diagnoses were made in the Wayne County clinic. (3)

In Seattle in 1912, 1149 delinquent and dependent children were brought into court. Every child who appeared was subjected to diagnostic inquiry. (4)

In New York City 781 cases were selected for examination from 14,519 delinquents who appeared before the children's court. (5)

In the Chicago Municipal Court 4447 cases were examined in a three year period. (6)

In the Newark clinic Mrs. Kirk reports that she examines the maximum number of cases possible each day, five or six.
Hence, though it is impossible to secure statistics one may say that the clinics are achieving the maximum with their limited facilities.

In the trials courts of Baltimore, Maryland, known as the Supreme Bench of Baltimore, the clinic results are unique for they pertain to adults only, while in other clinics the cases are for the most part juvenile. In Baltimore the clinic findings have been used successfully for two purposes: first, as testimony in trials by jury and second, as recommendation for treatment after trial by jury, the clinicist goes on the stand as an officer of the court and testifies to the fact of having made an examination of the prisoner and to the results reached. He then is cross-examined by both sides on the basis of the testimony. In cases of insanity the court or defense may ask for an examination and the findings are submitted to the jury or the judge. (7) The use of the clinic by the defense as well as the state is a step in the progress toward a safe and just disposition of the criminal. An impartial analysis of the individual at the request of the defense but at public expense is even more essential than examination as the result of a court order. Many accused cannot afford the expense of examination and expert testimony, nor is there assurance that the privately employed alienist is qualified to make a complete examina-
tion and render an impartial decision. While the expert testimony of an alienist employed by the defense may be ignored, the findings of a court clinic will be carefully weighed as evidence. This use of the clinic by state and defense induces cooperation between the two for the solution of the individual problem presented. The defendant is not only given every opportunity for a fair trial but is given the advantage of an intelligent, constructive sentence on the basis of a scientific, impartial examination. If the accused chooses a trial by the judge the results are placed before the court in the form of a written report and are used at his discretion. This use of the clinic findings in the trial is also worthy of special note because it denotes significant progress in the direction of prevention rather than cure. From the beginning, diagnosis has been a factor in the determining of the disposition of cases, but the Baltimore clinic is the first to secure its use before the determination of guilt. Court costs and jail up-keep are wasted on the habitual, feebleminded delinquent. Examination before trial eliminates this expense and provides suggestion for a course of treatment that will restrain a further criminal career. In Baltimore if the prisoner is not examined until found guilty, usually informal verbal report is made by the psychiatrist to the judge. On the basis of this the judge imposes his
In the first two years of the clinic at Baltimore Dr. Oliver working alone examined 200 court cases, 25 sent by the State Attorney and 100 for the Prisoners' Aid Association. His work was limited by the fact that it had to be accomplished to the exclusion of his private practice and without remuneration. Only obvious cases of defect were referred to the clinic. He saved the community the money usually expended for court costs and jail upkeep for the feebleminded delinquent, the fees paid for expert testimony, the time and expense of referring a number of cases to the lunacy commission and in case of curable defect in those worthy of probation, a costly jail sentence. In its place parole to the laboratory was substituted. In the Baltimore court provision has been made for a history room for clinic cases. Here complete reports of all cases as to nature and treatment are filed in such a form as to be available for the study of the theories and general laws of criminal action. The possibility of accomplishing more extensive results is evident continually. Every moment of time is occupied in this process of increasing human happiness through the just and intelligent treatment of difficult cases.

It has been deemed expedient to discuss this clinic of the Supreme Bench of Baltimore separately because it
deals exclusively with adult cases. The clinic of the Recorder's Court of Detroit has been organized only one month and has as yet no report to issue. However, one of the most promising features of court clinic activity is that its achievements have been chiefly in the field of juvenile delinquency. It is here that permanently successful readjustments may be expected and an adequate control of delinquency established most quickly.

In the juvenile courts the chief probation officer is usually the director or an examiner of the clinic staff. Dr. Anderson, under the guise of a probation officer, introduced diagnosis into the Boston Municipal Court. In practically all the courts the laboratory has been established first in the probation department and the functions have been performed by probation officers.

Probation is one of the newer and more successful methods of dealing with delinquents. Many children who are not defective but weak in volition need to be protected against themselves. Some who are normal but who have been misled require new conduct habits. An unfavorable environment is often too great a strain without the guidance and support of the court. Positive assistance and dread of additional punishment combine to prevent a delinquent career. It has been said that the habit of delinquency is a more serious draw-back than a defective
personality. Probation seeks to prevent the formation of the habit by establishing right habits. However for those suffering from emotional or volitional instability it cannot succeed for such cases will be unable to cope with the stress of social intercourse and competition. It is with this type that the clinic proves of vital assistance to the probation department. The clinicist teaches the offender how to meet his temptation to fortify himself against his own weakness. His diagnosis of kind and degree of mental departure is presented to the parole board as a basis for action under their rules. In speaking of the New York situation, Mabel N. Fernald said of the Bedford Hills Reformatory: "there is next to nothing to prevent clear defect from going out to the easy life of the street with its lack of demand on the intellectual powers."

With a complete correlation between the court, probation division and clinic, it is determined what individual can safely be placed on parole, what cases should have permanent or temporary custodial care, and to which of the various state institutions a given case should be sentenced.

Of the 978 examined in the Wayne County clinic at Detroit 123 were given probationary sentences and 220 supervision. (9)

Of 781 from the New York children's court 414
were given probation. (10)

In Seattle 167 were given probation. (11) Probation on the basis of careful diagnosis is practically always successful. Before clinics were established in courts, probation had proved its worth as a means of dealing with the youthful offender. It has been so very successful that one might even doubt the necessity or possibility of more nearly approaching the ideal. The mental defect which renders the individual incapable of competition on fair terms with his fellows, the nervous irritation, the emotional instability which make the future of one already started on a criminal career very uncertain are by no means always obvious. The court clinic, however, has substituted certainty for experiment by revealing factors which make prognosis safe in many cases in which the keenest insight of the judge could discover no defect. These abnormalities are revealed in the clinic and the delinquent is given custodial care instead of probation, which, as experience has shown, will not be successful.

The Bureau of Juvenile Research for the State of Ohio has made probation and parole on the basis of clinic findings a prominent feature and has therefore achieved more definitely than any other organization making report. Since the founding of the Bureau about two years ago normal, delinquent children have been placed in private homes where
they are given the opportunity to overcome wrong tendencies after curable physical defects are remedied. Treatment, rather than punishment, is the underlying principle of the diagnoses made by the courts related to the Bureau and forms the basis of the probationary sentence recommended.

Regarding probation on the basis of laboratory findings many courts express their appreciation of its value. In Boston cases are treated on inside and outside probation at different hospitals and clinics. The clinic is a part of the probation office and was established because the achievements of Dr. Anderson as a probation officer were so significant that the judges petitioned for it. (12)

For many cases successful probation is dependent upon a satisfactory industrial career. The physical examinations in the clinic of the Boston Municipal Court have been of value not only in providing the background for the interpretation of the mental status of the individual but have called attention to the correlation between physical condition, industrial efficiency and delinquency.

Of 1000 delinquents examined by Dr. Anderson 35% were in good or fair physical condition and had been steadily employed, while only 2% of those in poor or bad physical condition had had continuous employment for more than a few weeks. 96% of those regularly employed were in
good physical condition, while only 3% were in poor or bad physical condition. Parole and probation of those for whom the records show poor physical condition combined with a history of industrial inefficiency is useless. (13) Through its probation department and clinic Boston has eliminated this waste. Dr. V. V. Anderson, Director of the laboratory of the Boston Municipal court in 1917, made a comparative study of feeblemindedness among offenders in court. He found that 94% of the one hundred feebleminded appearing before him in a given period and 79% of the one hundred psychopaths had proved failures on probation. After wide experience he reaches the conclusion that the larger proportion of feebleminded need more or less permanent supervision in institutions. (14)

Miss Nellie L. Perkins, psychologist of the Wayne County Psychopathic Clinic writes that any officer having difficulty with a case may refer it for study or advice. The psychopaths are looked after by the Department of Psychiatric Social Service, a few are carried on probation, but for the most part this has not been found satisfactory. (15)

In Norfolk, Va. the clinic was established for the examination of repeaters and children considered for probation. The findings are used to determine the disposition of the cases but no attempt has been made to run
correlations or make deductions from the data secured. (16)

A diagnosis of physical and mental inferiority is not a sufficient basis for adjudging a delinquent unfit for probation unless he has proved himself a social failure also. Sometimes probation in a new environment will inhibit the anti-social expression of the inferiority. In Chicago in 1916 such a recommendation was made by the clinic with the result that 62% made good. Of those allowed to return to the old environment contrary to clinic advice, only 32% had made good at the end of two years probation. The clinic diagnosis, after two years trial, proved to be accurate in twice as many cases as the court's judgment. This significant achievement was made possible through the careful study by the clinic of every factor involved before probation was recommended.

In conclusion it may be said that the psychopathic clinics have functioned first through the probation department of the juvenile courts. They have proved the value of scientific diagnosis in determining what subjects will profit by probation and parole. Through the prognosis and recommendations of the laboratory the state has been saved the expense of unwise, costly jail sentence in some cases and, on the other hand, unsafe and unsuccessful probation in other cases. The greatest gain, however, is not to be calculated in the hundreds or even thousands of dollars.
saved, but in the increase of human happiness and the development of social security and justice.

The indeterminate sentence is one of the most recent devices of law to secure through control of the criminal the safety of society. The crime can never be an adequate criterion for judgment concerning the desirability or necessity of an indeterminate sentence. The recommendations of the Ohio Bureau of Juvenile Research and the Chicago Municipal Court Clinic include the indeterminate sentence. Other clinics may recognize its value, but such reports as are available give no account of its use. In Ohio the hopelessly defective delinquent is given custodial care permanently through the indeterminate sentence. Ohio expects to solve its problem of crime committed by defectives through life segregation of all those whose past career and present diagnosis indicate that they and their descendants would in all probability constitute a menace to society. The bureau, however, is finding the existing institutions so crowded that it is necessary to allow all but the most serious problem cases to remain in the community. Nevertheless it is worth while that Ohio has protected society and the criminal even in a small way for the present and pointed out the need of facilities to care for this delinquent class in the future.

Illinois faces the same problem that confronts
Ohio. The Municipal Court clinic has demonstrated the value of an indeterminate sentence in solving the problem of recidivism by revealing the futility of treatment, punishment or confinement for a definite period. However, the institutions are lacking to which the recidivists may be sentenced. Dr. Hickson advocates farm and industrial colonies built on the order of detention camps, with administration building, cottages, industrial, farm, amusement, hospital and living departments. After the first few buildings are erected the inmates can build up a home colony for themselves. (17) The possibility of the development of state resources such as uncultivated lands, poor roads and neglected forests is worth serious consideration. In addition to these economic advantages there is the greater gain of a safe, comfortable life experience with all possible happiness for the defectives who habitually turn to delinquency when free in any community. This plan suggested by Dr. Hickson has proved successful in dealing with the feebleminded at Rome, New York. The organization of the Rome colonies is too complex to permit a detailed discussion. (18) In brief, their success shows the value of specialized training in colonies at state expense. The indeterminate sentence must necessarily be used only after most careful diagnosis because in all but the lighter borderland cases it will mean life sentence. Furthermore
it can be justly recommended only when the state provides a suitable place, for those who are sentenced, to live lives as happy and useful as their condition permits. Because penal institutions can only make the condition of the defective delinquent worse and the institutions for defectives are already crowded with those not delinquent, the clinics have had little opportunity to recommend the indeterminate sentence for the cases in whose treatment it is most imperative. In the control of those who are incurably defective and habitually delinquent lies the success of any plan to reduce recidivism and the volume of crime and, perhaps at first to a smaller extent, the number of criminals. The indeterminate sentence is the means of control and the clinic, the source of reliable diagnosis. As yet the clinic has only been able to prove its worth by negative means: that is, in cases where the lack of a place to which they might be sent on indeterminate sentence has forced the court to use other treatment than that recommended by the laboratory. Subsequently the failure of the cases to respond to the short, make-shift sentence has demonstrated what the saving to society might have been had the clinic prognosis been used as a guide.

A definite sentence in a penal or correctional institution has been the treatment most frequently accorded all delinquents. It was years before society discrim-
inated in its treatment of those in any respect obviously different from the great mass. The diseased in mind and body, the literary genius, the zealot and the scientific innovator have all paid the price of their peculiarity in prisons along with the willfully anti-social. It is only recently that within the delinquent class itself distinctions have been made. Through the efforts of those whose use of careful diagnosis antedate that of the clinic and by means of the clinic, the more careful discriminations within the delinquent class have been made with constantly increasing value and frequency in the last decade. Court clinics activity originated in the attempt to understand better the problem cases which failed to yield to the treatment accorded the great numbers of anti-social individuals passing through the court. The careful analysis of individuals has revealed that they should be sentenced to given institutions with as much foresight as a profession is chosen. The court reports indicate the wide acceptance of this principle more clearly than any other result of clinic activity. Purely disciplinary sentences are decreasing though the number of arrests have increased.

Of 781 cases examined in the New York Childrens' Court Clinic in 1917, 131 were given disciplinary sentence, 20 sent to charitable institutions and 77 given hospital care, while 414 were placed on probation and given friendly,
helpful supervision. Only about 16% are receiving punishment; the condition of the others warranted treatment of various abnormalities rather than discipline. It is to be remembered that these 781 clinic cases represent only about one twentieth of the number of delinquents appearing in court during the year and were selected because of obvious defect. In 84% of these cases the defect proved to be so much more predominate than the delinquency that it was given first consideration. (19)

The Juvenile Court of King County, Seattle, Washington, gave formal court hearings to 731 children previously examined by the director of diagnosis. About 17% of these received disciplinary sentence. The larger number of children were reported as suffering from defective social conditions and parental neglect, a smaller number from physical and mental subnormality. The sentences were calculated to eradicate or minimize the unfavorable social conditions and to give proper custodial care and treatment to those who were physically and mentally abnormal. (20)

For all divisions of the Municipal Court of Philadelphia 3264 diagnoses were made in 1918. 638 were sent from the juvenile division. That this department influenced the sentences is demonstrated by the fact that only 300 of 1625 cases which were committed to institutions, were sent to reform institutions and agencies.
Statistics which show the daily utilization of clinic findings as a basis for sentencing delinquents for limited periods to hospitals, industrial schools, child caring agencies and other institutions for medical care and training in right habits of living in improved environment are to be found readily in any court report in which the disposition of cases sent to the clinic is recorded. New evidence of a growing appreciation of the value of such treatment is to be found in the statements of those connected with the courts and juvenile agencies. It is quite generally conceded that the success of the clinic in bringing about this condition is one of its most signal achievements in the direction of crime prevention.

In some cities the court clinic serves as a clearing house for cases, many of which never receive a formal court hearing, thus reducing the work of the court and promoting its efficiency. In Seattle in 1912 there were 1149 delinquent and dependent children brought into the juvenile court. The director of diagnosis was able to adjust 418 of these cases without formal court hearing. Definite figures are not obtainable in many courts, for most frequently statistics are compiled only for those cases which are brought to trial. However, wherever there is a clinic the probation officers may solicit its aid to settle cases out of court. The result is that many
cases are more effectively cared for without the stigma of a delinquent or criminal record. It is useless to prefer charges against insane or feebleminded individuals hence the Michigan juvenile courts, police, circuit, recorder's and probate courts refer cases whose defect is apparent to the clinic. If the diagnosis is positive the charges are withdrawn and the case referred to the Insane Division of the Probate Court. (21) This adjustment of cases out of court has been of particular value in dealing with the confirmed recidivist. The money and effort formerly expended on repeated trials are directed into more useful channels when the habitual offenders are sent to the clinic and then assigned to an institution by the Probate Court instead of passing through some other court first.

The clinics are playing an increasingly active part in the social service carried on in the various localities. They serve as a center for advice in handling the problems of social readjustment. Agencies other than the courts have profited by the court clinic in almost every city. In Detroit, at the Wayne County clinic, examinations are made for the Board of Education, four child caring agencies, four charity agencies, the Red Cross, four homes for young women, five hospitals, The Board of Health, the Visiting Nurses Association, the Babies Milk Fund Association, private physicians, and five industrial
plants. In all 1064 diagnoses were made for those agencies in less than two years. These cases represent the failures of the institutions and it is of interest to find that about 80% of them which had been difficult for years were definitely in need of clinic study. Frequently the examination has not discovered a psychiatric condition but has revealed peculiar dispositions and unusual attitudes which required a different type of social service than that which had been given. Reconstruction by social agencies is nearly impossible as long as the feebleminded, the psychopaths and otherwise defective are allowed to remain in the communities to maintain low standards and fail to profit by assistance and experience. The number of defectives among those who receive public support through these various agencies is large enough to make the expenditures in their behalf a heavy burden with no return in permanent social or individual improvement. In the entire population of the United States about 2% are feebleminded. (22) The United States Census Report for 1910 shows 63.7% of the paupers in almshouses as mentally defective. Millions of dollars, inestimable labor and energy, and untold happiness were expended on these paupers before they entered the almshouses as a last resort. From these figures and others which have been compiled for sections throughout the country, one may safely conclude that there is a high
correlation between mental defect and the necessity for charitable support. Mention has already been made of the frequency of physical defect among those incapable of supporting themselves. Recognizing these factors the clinic is pointing the way to rid the community of this group of troublesome cases that the resources of the social agencies may not be expended on those who will only use unwisely what they receive and return for further assistance in a short time. In Wayne County the examinations have led to many commitments to institutions and have already relieved conditions for the social agencies of Detroit and the surrounding counties. (23) There has been closer co-operation between social agencies and less duplication of work in the treatment of cases that do not need custodial or hospital care. One of the less tangible but very real achievements has been the education of the public in the more intelligent understanding of social behavior. The habitual, troublesome cases have been received with sentimental sympathy or rebuffed with a certain realization of the futility of aid but utter ignorance of causal factors or effective remedial measures. The court clinics are not only explaining the reason for the failure of the social agencies in dealing with these cases but are making recommendations for treatment that solve the problem in many cases. Although the court cases require practically all
the time of the clinic personnel, this feature of clinic functioning has been developed to an appreciable degree in Detroit, Philadelphia, Baltimore, Salt Lake City, Berkeley and Seattle. Other clinics doubtlessly serve the community in this way without making definite report.

The results accomplished by clinics for the various agencies furnish some insight into the social significance of a court laboratory. This phase of clinic activity has been most extensively developed in Detroit and Philadelphia. In Detroit before the founding of the clinics, pensions were awarded without examination of the applicant and often proved a waste of public funds. Now whenever the applicant is thought to be mentally incompetent, the case is referred for examination and the recommendation of the clinic accepted. "The per cent of feeblemindedness and insanity runs very high in this group." "Many of these families have succeeded with a pension because of the special provisions (suggested by the clinic) made to meet their requirements, whereas they might have failed if left to themselves as formerly. (24)

The child caring agencies of Detroit place children in boarding homes and care for them temporarily before adoption. It is essential that the child be sound if he is to be placed in a boarding home or private family.
These agencies present their cases before assignment in order that the defective children may be placed in state institutions where their training will take into consideration their deficiency. Atypical children rarely succeed in homes or schools where their daily associations are among normal children. As a result of clinic diagnosis and prognosis Michigan has provided special boarding homes as a temporary provision for this group until there are vacancies for them in the State Institution. (25)

One of the most recent and promising uses of the clinic is that made by the Welfare Departments of the industries in and near Detroit. In the last year the Ford Motor Company, the Solvay Process Company, the Union Trust Company and other industries have solicited the aid of the clinic. The Welfare Workers employed by these firms refer the employees and their families to the Wayne County Clinic. "Their Social supervisors carry out all directions immediately upon recommendation, and the case is not closed until advice is carried out or the employee in whose interest the case was taken up leaves the factory." (26) The result is that many features contributing to unsatisfactory family life and inefficient industrial careers are removed. Very frequently custodial care is not necessary but intelligent social service makes possible the correction of many maladjustments.
One of the most interesting features of this supplementary court clinic work is the nursery service in the medical department of the Philadelphia Municipal Court. The nursery is situated near the Domestic Relations Divisions. A trained nurse and assistants care for the children while the mothers are transacting their business. Examinations are made of each child and arrangements made for treatment. During 1918, 3063 cases were examined, 2611 of whom proved to be normal. The nursery comes in close contact with the people and furnishes opportunity for the clinic to apply preventive measures. (27)

In time these extra-legal agencies will probably establish clinics to carry on the work so successfully developed by the court laboratories in their effort to be of the greatest possible service to the community.

Although the number of cases presented for examination taxes the organization of most court clinics to the limit, clinicists have not neglected the compilation of data entirely. Research in court laboratories has been directed to some extent by questions concerning criminals and the factors involved in criminal careers, which puzzle the court officers as day after day they come in contact with delinquents. The prevalence of certain conditions among prisoners has been suggestive to the clinicists for other studies which have proved of value to all
who have a part in the readjustment of anti-social members in society. It would be utterly impossible to present even a brief survey of the results accomplished by research in the twenty-three court laboratories, however, the presentation of the conclusions reached in a few of these courts will furnish some idea of this type of clinic achievement. Each laboratory has followed the line of research which seemed most imperative and of greatest interest to the director; hence no organized account of results accomplished in all clinics can be presented.

Dr. V. V. Anderson, formerly Medical Director of the Municipal Court of Boston, has published in the last three years the conclusions reached in his study of thousands of cases passing through the courts of Boston. One of the first questions which presents itself in any court is the relation of mental defect to delinquency. In going over 1000 difficult offenders selected by the court and probation officer as needing mental examination, Dr. Anderson found 36% feebleminded. It has been estimated that not more than 10% of offenders in general are feebleminded and only 2% of the general population. This discovery of so large a proportion of feeblemindedness among problem cases led to further research, not only by Dr. Anderson but by many others. (28) Without exception the
conclusion has been reached that the majority of feebleminded delinquents are incapable of adjustment to the social standards of the communities in which they live. Subsequently studies were made of the feebleminded in various penal institutions. It has been practically proved that society profits from the punishment of most feebleminded delinquents only so long as they are confined - that confinement in a penal institution tends to produce more harm than benefit. As a result of these studies new policies of treatment for the feebleminded delinquent have been adopted wherever there are clinics to reveal the defect.

Another problem which is prominent in every court is the treatment to be accorded drug addicts. The high percentage of failures in treatment is well known but the cause of them has not been understood. Dr. Anderson undertook to acquire a more intimate understanding of the physical and mental condition and industrial efficiency of these delinquents in order to determine upon a more effective method of dealing with them. On the basis of careful study of all cases appearing in the Boston Court in 1916, he found that two-thirds fail on probation and 81.5% showed some form of mental impairment from the drugs so serious that medicine alone would be futile as a means of cure. As a result he advises against any
sentence which does not provide for prolonged detention with physical and mental treatment and on discharge assistance in making industrial adjustment. No longer will two-thirds of the cures applied to Boston drug addicts prove failures. Dr. Anderson's careful investigations are of interest and value to every community. (29) Similar studies have been made to determine the relation of physical defect, drunkenness, and immorality to various types of delinquency and the problem of crime in general with equally illuminating results. Results are conservatively estimated in order to form a sound basis for generalizations that are finally expressed in court orders and state laws.

Dr. William Healy of the Judge Baker Foundation has worked out a number of correlations that are sufficiently broad to be of value to all society in the solution of the problem of crime. He has in his research emphasized individual differences among defectives of the same mental age level to show the feasibility of relieving the crowded conditions of institutions for mental defectives by choosing through careful diagnoses those capable of happier adjustment in other environments. (30)

H. L. Newkirk of the Minneapolis Juvenile Court has given special consideration to the truant delinquent. (31) In cases of chronic absence he found that the average
truant simply cannot keep up with the normal child and naturally finds his school career unbearable. Confirmed truants show consistently mental incapacity even when physical condition is fairly satisfactory. The vocational school has accomplished much in attracting the truant but even that fails when he yields to the influences drawing him into a criminal career. Such studies as this have caused the school authorities and public in general to provide for careful individual diagnosis. When a tendency toward truancy has become apparent in the child.

One may turn to almost any magazine devoted to sociology and criminology and find reports of studies carried on in these clinics to furnish further reliable data for diagnosis and prognosis of delinquency with a view to applying preventive as well as therapeutic measures. Already these experiments have become sufficiently extensive to serve as a basis for the most adequate legislation evolved for protecting society from the criminal and the criminal from himself. In conclusion we may say that the psychopathic clinics in the courts of the United States have proved themselves of immediate value in dealing more effectively than any other agency with individual cases presented and of permanent worth by providing a means of constantly increasing the possibility of ultimately establishing an adequate control of crime.
2. Ibid.
3. Sixth Biennial Report of the Board of Trustees of the State Psychopathic Hospital at the University of Michigan. p. 42
5. Report of the Psychopathic Clinic of the Children's Court, New York. 1917, p. 3.
7. Correspondence of March 19, 1920. John Oliver, M.D.
12. Correspondence of December 23, 1919. Dr. Christine Leonard, Assistant Medical Director of the Boston Municipal Court.
13. Anderson, V. V. and Leonard, Christine M. - "A Study of the Physical Condition of One Thousand Delinquents Seen in Court." Boston Medical and Surgical Journal,

15. (a) Correspondence of March 19, 1920.
(b) Report of the Wayne County Clinic to the National Committee for Mental Hygiene, 1919.


24. Ibid, p. 34.

25. Ibid, p. 36.


Chapter VII.

Conclusion

Any study of criminology, but particularly a survey of the various institutions that are concerned with the administration of criminal law, reveals the fact that the institutions dealing with delinquents have rarely caught the vision of a common aim, that is, the adjusting of the criminal to a position in society where he can function most adequately and safely. The courts, prisons, and reformatories have been so occupied with the complexities of their respective problems that they have not seen the possibility of simplifying these problems and securing a higher degree of success in the cases received through collaboration with one another and the psychopathic clinic. It has remained for the clinic to point out that the manner in which the problem of any delinquent is handled before he is placed in an institution is a determining factor in the development of a better citizen as a result of his institutional experience. "The prisoner is a liability upon society. How can he be turned into an asset, not only while in prison, but afterward, when he has to make his own living without conflicting with the law?" (1) The clinic in attempting to answer this question has effected an appreciable saving at the source by diverting from prisons and other institutions those who cannot profit by
that type of treatment.

There is always a tendency to herald any new movement which shows immediate results as a panacea for all the difficulties that have hitherto interfered with the solution of the crime problem. The honor system in prisons, probation and psychiatric examination have all been hailed with such enthusiastic expectation of unprecedented success that the reaction in the face of only partial success has delayed the limited but important advantage to be gained by the application of these new methods of dealing with delinquents. It has been the part of the clinic to develop a balanced program which has served to produce less sensational but more stable results. The finding of so many criminals defective, insane, or psychopathic has not been considered alone a solution of the problem of crime. A consideration of the various environmental factors, physical as well as social, which are responsible to some extent for criminal behavior has been a part of every diagnosis. While the psychiatrist has not failed to recognize that many insane, feebleminded and otherwise defective people are cared for satisfactorily outside of institutions, he also realizes that unintelligent treatment of them may serve to direct them toward criminal careers. The clinic has been of inestimable value to the court and society by utilizing its various methods of diagnosis to determine whether the cases
require institutional or non-institutional care.

The psychopathic clinics in the courts of the United States have established in four ways their worth in helping to solve one of the most serious and pressing problems with which society has to cope. First, they have relieved the state of the expense and waste of time and energy of attempting to reform through punishment those whose physical and mental defect far outweighs their delinquency.

The social environment has been regarded as one of the most dominant factors in the determination of a delinquent career. Through the investigations by the probation officers and the service of the social field workers the clinic has not failed to take into account the essential importance of the social environment of all those cases presented. But at the same time it has recognized that other methods of approach must be used in the study of many criminals, particularly juveniles, who are continually relapsing into delinquency. The achievements of the clinic have justified the medical and psychological viewpoints as well as the social in the disposition of delinquents.

Second, they have revealed those cases which are actually capable of improvement and have recommended means of development which produce good citizens.

The mere establishing of a diagnosis has been
received by the court with credulous interest. Prognosis and recommendations for treatment have necessarily become the most practical and valuable phase of present clinic activity. Frequently children who appear worse than they really are because their actions are particularly irritating or strikingly contrary to community social mores are committed to institutions while the quieter yet infinitely more serious offender is dismissed with a reprimand or possibly placed on probation. Obviously such method of treatment does grave injustice to the individual and society. The clinics through its three types of functioning diagnosis, prognosis, and treatment, averts the consequences of such unintelligent treatment of offenders.

Third, they have accomplished more than the reclamation of delinquent individuals by establishing a means of revealing potential criminality and making readjustments before serious conflict with the law has occurred.

The court laboratory displaces in no way the functions of law but contributes much to the effectiveness of the courts and other agencies concerned with the management of delinquents. Without the co-operation of all the forces directed toward the reformation of the criminal and the use of the machinery of the judiciary the clinic could have achieved little. However psychopathology has that
one great advantage over law which the clinic has demonstrated: i. e. the anticipation of crime. Prevention, which is far more humane and economical than cure, is being exercised daily in committing many to institutions and asylums who undoubtedly would become anti-social if left to their own devices or supervised with no understanding of their propensities toward a criminal career.

Finally, the court clinics have begun a line of constructive social work the value of which cannot be calculated fully without the perspective of several more years. This scientific study of delinquents will doubtlessly result in a contribution of knowledge in this field which will be expressed not only in the treatment of individuals but in scientific and adequate legislation.

The development of the court clinic to its highest point of efficiency is possible only when the principles of mental hygiene in their relation to physical and social hygiene become a part of the knowledge of the public, so that cases of maladjustment may be recognized and directed to the clinic before they cause anti-social conduct. The clinic is obtaining a general and intelligent recognition for the constructive possibilities of the methods of approach used to bring to the surface the hitherto unrecognized causal factors that have through the centuries remained the productive source of failure in social control.
Adler, Herman, Psychopathic Work. The Journal of the American Institute of Criminal Law and Criminology. VIII, 5. (1917)


*Anderson, V. V., The Laboratory in the Study and Treatment of Crime. The Journal of the American Institute of Criminal Law and Criminology, VI, 2., 840. (1915)

*Anderson, V. V., Mental Disease and Delinquency. Mental Hygiene III, 2. (1919)

Anderson, V. V., A Comparative Study of Feeble-mindedness Among Offenders in Court. Mental Hygiene I, 2. (1917)

Anderson, V. V., The Immoral Woman As Seen in Court. The Journal of the American Institute of Criminal Law and Criminology. VIII, 6, 902-910.

Anderson, V. V., Drunkenness As Seen Among Women in Court. Mental Hygiene III, 2, pp. 266-274. (1919)

Anderson, V. V., Drug Users in Court. The Boston Medical and Surgical Journal. 176, 22, pp. 755-757. (1917)
*Anderson, Y. V., Feeble-mindedness As Seen In Court. The Boston Medical and Surgical Journal. 176, 12, pp. 429-431. (1917).


Backus, A. C., Probation and Suspended Sentence. Journal of the American Institute of Criminal Law and Criminology, VIII, 1, p. 670. (1917)


Bridges, James W. and Coler, Wm. F. The Relation of Intelligence to Social Status, Psychological Review, Jan. 1917; 24: 1-21.

Bridgman, O., Mental Deficiency and Delinquency, Journal of the American Medical Association, 1913, 61; 471-472.

*Bronner, Augusta F., A Research on the Proportion of Mental Defectives Among Delinquents. Journal of the American
Institute of Criminal Law and Criminology, V, 6, 561. (1914)

*Bryant, Louise Stephens, A Department of Diagnosis and Treatment for a Municipal Court.

Bryant, Louise S. The Women at the House of Correction, Holmesburg, Penn.


Carlisle, Chester L. Dr., The Problem of the Mental Defective and Delinquent Board of Charities, New York. Bureau of Analysis and Investigation.


Gordon, Alfred, Mental Deficiency and the Importance of its Recognition from a Medico-legal Standpoint. The Journal of the American Institute of Criminal Law and Criminology. IX, 6. (1918)


Haines, Thomas H., *Bulletin No. 4 of the Bureau of Juvenile Research, Columbus, Ohio* (1917)

*Haines, Thomas H., Mental Examination of Juvenile Delinquents. Publication No. 7 of the Ohio Board of Administration, Columbus, Ohio. December 1915.*


*Healy, William. The Individual Delinquent.


*Hicks, Vinnie C., Intelligence Testing and Testimony. Journal of the American Institute of Criminal Law and Criminology. VIII, 6. (1917)*

Healy, Wm. and Fernald, Guy M. *Tests for Practical Mental Classification. Psychological Monograph 1911, 13, No. 54. p. 53.*


Holmes, Arthur, Can Impacted Teeth Cause Moral Delinquency? The Psychological Clinic. IV, 19.


Kirchway, G. W., President's Address at the Tenth Annual Meeting of the American Institute of Criminal Law and Criminology, November 1918. Published by the Journal of Criminal Law and Criminology.


Kelley, Truman Lee. Mental Aspects of Delinquency. Bulletin of the University of Texas, No. 1713, March 1, p. 917

Lazard, Marguerite, The Practical Application of Psychology in Social Service Work. Psychological Clinic IX, 4, 107-114. (1915)


Merrill, Lilburn, A Summary of Findings in A Study of Sexualism Among a Group of One Hundred Delinquent Boys. The Journal of Delinquency, III, 6, 255. (1918)

Miner, James Burt, Deficiency and Delinquency. An Interpretation of Mental Testing. (1919) Warwick and York. Baltimore, Md. Also in Educational
Mounts, Lewis H., Dependents, Delinquents and Defectives in Iowa. Study in the Social Sciences VII, 2. University of Iowa.


Murray, J. H. and Kuh, Sidney, A Psychiatric Clinic at the Chicago House of Correction. IX, 2. (1918)

*Newkirk, H. D. A Suggestion Concerning the Truant Delinquent. VIII, 3, 105-107. (1917)
*Oliver, John R., The Experiences of a Psychiatric Missionary in the Criminal Courts. Journal of the American Institute of Criminal Law and Crimino-
logy. X, 1. (1919)


*Peyton, David Coombs. Constructive Criminology. IX, 2 (1918).


Strong, George, V. Maj., The Administration of Military Justice at the United States Disciplinary Barracks, Fort Leavenworth, Kansas.

Schlapp, Max G., Mental Deficiency and Criminality. The Medical Record, 97, 14 p. 554. (1920) New York.


Wile, Ira S., Mental Hygiene During Childhood. The Medical Record, 97, 14, p. 561. (1920) New York.

Wooley, H. T., A New Scale of Mental and Physical Measurements for Adolescents and Some of its Uses. Journal of Educational Psychology. 1915, 6, 521-550.

Reports.

Report of the Psychopathic Laboratory of the Municipal Court of Chicago for the Years May 1, 1914, to April 30, 1917.


Sixth Biennial Report of the Board of Trustees of the State Psychopathic Hospital at the University of Michigan, 1918.

Report of the Psychopathic Clinic of the Children's Court,
New York City, (1917)

Annual Report of the Seattle Juvenile Court for 1912.
First Annual Report of the Psychiatric Clinic in Collaboration with Sing Sing Prison. (1917) Published by Mental Hygiene, New York. Publication 11.