Society Proceedings

NEW YORK NEUROLOGICAL SOCIETY

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The President, DR. F. TILNEY, in the Chair

IN MEMORIAM—DR. WILLIAM MABON

By George H. Kirby, M.D.

Dr. Kirby spoke of Dr. William Mabon, late superintendent and medical director of the Manhattan State Hospital who died February 9, 1917, at the age of fifty-six, referring to his birth and his early and later noteworthy psychiatric career, which extended over a period of thirty-two years. In the field of institutional work Dr. Mabon's industry, ability and devotion to duty won him rapid advancement; he held in succession a position on the staff of the New Jersey State Hospital at Morris Plains, at the Utica, N. Y., State Hospital, and as superintendent of the Willard State Hospital, of the St. Lawrence State Hospital, and of Bellevue and Allied Hospitals, as President of the State Commission in Lunacy (now the State Hospital Commission), and finally as superintendent of the Manhattan State Hospital, the largest insane hospital in the world. He gave freely, even when it involved personal sacrifices, his time and his services for any movement which concerned the welfare of the mentally afflicted. His advice and counsel were constantly sought by governors, legislative committees and hospitals boards, not only of New York but of various other states. He was very active in the work of the National Committee for Mental Hygiene, being a member of the Executive Council of that organization. Besides being a member of the New York Neurological Society he belonged to various other medical and psychiatric organizations as well as various social organizations. He was a wonderful teacher, a hard and efficient worker, of a sincere, generous and sympathetic nature, a wise counsellor and steadfast friend, a man of high ideals and great wisdom. To those who knew him his loss was deeply felt and to those who worked under him his memory would ever remain a guiding influence.

THE PLACE OF A PSYCHIATRIC CLINIC IN A PENAL INSTITUTION

By Bernard Glueck, M.D.

The speaker, director of the psychiatric clinic at Sing Sing Prison, spoke of the activities and of the purposes of this clinic, which were to meet the problems that confronted it according to individual reaction and not according to rules laid down for it, thus obtaining a broader view and a keen interest in the vital issues. The functions of a psychiatric clinic might and ought to be made to reach far beyond the limitations of mere diagnostic activity, so

that its usefulness might make itself felt in other directions. The clinic constituted a rational, scientific approach to the problem of anti-social behavior.

One of the functions of the clinic was as a therapeutic agency. In a prison, mental disturbances, not necessarily certifiable psychotic conditions, naturally existed in a ratio of about ten to one as compared with the incidence of mental disease among a free population. Timely interference might frequently prevent the outbreak of a psychosis. As a purely therapeutic agency there had been little for the clinic to do so far at Sing Sing, but the prisoners were fully alive to its inherent possibilities.

As to the value of the clinic as a research agency, material was being accumulated which would ultimately prove to be of considerable value in the study of anti-social behavior. For the present, attention was being especially focused on two problems which seemed to be of particular importance, namely that of the defective delinquent and that of vocational training of prisoners. With respect to the first, it was necessary to determine the precise relationship between mental defect and anti-social behavior. With respect to the second, it was being determined on the one hand which prison industries were most likely to fit the prisoner for greater economic independence upon his release, and on the other hand the suitability of certain prisoners for certain trades.

The third field of the psychiatric clinic was in the nature of an agency for propaganda and education in the broader sense. Prison officials were beginning to realize that the problem of the individual delinquent was primarily a problem in abnormal behavior, and that those experienced in matters touching abnormal behavior might well be consulted. For instance, since August, 1916, when it was established, the clinic had been furnishing reports of examinations of the men about to be paroled to the parole board, and these reports had been consulted before the paroles were issued. In short, the influence of the psychiatric clinic at Sing Sing had been very tangible and its effects very much in evidence. There had even been a tremendous change for the better in the general medical activities of the prison since last August.

The fourth direction in which the psychiatric clinic might and should be active in penal institutions was as a reformatory and reconstructive agency. The psychiatric examinations of the men, eventually to be released, necessarily led to a dependable estimate of the individual; of his capabilities and disabilities; of his weak points and desirable qualities; this was all of tremendous advantage in the process of successfully helping the man in a reconstructive capacity.

It was a fact that a large percentage of prisoners were physically or mentally defective. In one instance, out of fifty consecutive admissions, thirty-seven, or seventy-four per cent., were definite medical cases, suffering from various disabilities, such as syphilis, mental defect, alcoholic deterioration, morphine deterioration and insanity; and a number of other grave affections of a physical nature, such as organic disease of the heart and pulmonary tuberculosis, were found. With this type of population, the various activities outlined for a psychiatric clinic would seem to be entirely justified and then if it did not succeed it would not be because the clinic had not made the most of its opportunities.

Dr. Smith Ely Jelliffe said that he had had the pleasure of knowing Dr. Glueck for a number of years and also of having heard him previously give some of the details of his work at Sing Sing. On many previous occasions he had taken opportunity to express himself in regard to a hopeless pessimism into which for years he had sunk every time he contemplated the thoroughly distressing inefficacy of the legal way of handling the problem of the criminal. The impossibility of stirring this legal incompetency always put him in mind of a couplet of Kipling's "Naulaka":

"Now it does not pay for the Christian white
To tackle the Indian brown,
For the Christian writhes and the Indian smiles
And he weareth the Christian down;
And the end of the fight is a tombstone white
And the name of the late deceased
And the epitaph drear, 'A fool lies here
Who tried to hustle the East.'"

But a ray of optimism was beginning to lighten the situation, primarily through Osborne's activities, secondarily through the psychoanalytic movement and now through the studies of Dr. Glueck and their far-reaching consequences; and the community might look, as he did himself, for a more enlightened understanding, on the part of those whose business it was to understand crime, of the reasons why so many anti-social units of the community became criminals.

Dr. B. Sachs said that after hearing the splendid presentation of the subject by Dr. Glueck, no one could doubt the justification for the psychiatric clinic in a penal institution. It must be a satisfaction to old New Yorkers to realize they were living in a progressive state in regard to penal institutions; the manner in which the study of criminology was being conducted at Sing Sing did credit to the industry of Dr. Glueck and of those associated with him.

It made the speaker feel that it was a pity one could not get at some of the other social problems in as thorough a manner. It showed that excellent work was being done for those who offended against the statutes of the law and equally as good work was needed in behalf of those who had other social grievances; who had not succeeded in making a success of life; who were suffering from poverty. Some day perhaps the poverty-stricken would be gathered together and the reason for their social defects studied; their guilt or innocence analyzed.

Coming to some of the details of Dr. Glueck's paper, there were a few thoughts that must have occurred to many. One was that contemplating this exhaustive study of conditions leading to social maladjustment, it was noticeable that every cause that had seemed to lead to this had been taken into consideration; but taking the community at large it was safe to say that the vast majority of those who did not become criminals had known these same conditions somewhere in their course through life; what was there in addition to this list of conditions that helped to develop criminals? There must be some one cause, or perhaps a few, more important than all the others. The offending criminal was the victim chiefly of heredity and environment, but that was true in all diseased mental conditions that did not necessarily develop into criminality. The problem would bear the closest study.

The speaker was glad to hear that Dr. Glueck had a word to say in denial of the general belief that the defective delinquent was necessarily a potential criminal. As he had had occasion to say before, it was a shame that the stigma of potential criminality should be borne by the family of one mentally deficient. By accident of life a defective might become a criminal, but the probability was not as great as had been declared.

The remarkably orderly behavior of 1,500 prisoners when the lights were accidentally turned out might be capable of another interpretation than that given by Dr. Glueck. Among an equally large group of free men this sudden darkness would undoubtedly be met by very different conduct, and it occurred to the speaker that the orderliness of the prisoners was not so much due to the rules of self-government as to the latent fear of punishment.

Dr. Glueck had presented an extremely interesting series of psychiatric studies, and the speaker would watch the further progress of this Psychiatric Clinic with great attention.

Dr. Edward D. Fisher thought that one of the causes that led to criminality had been overlooked. He had recently had occasion to talk with a friend, not a medical man, connected with the Elmira Reformatory who had started on the work there enthusiastically, but, following up the careers of many of the inmates who left there, came finally to the conclusion that there was little hope for the future of those who had been incarcerated in a penal institution.

Dr. Sachs had expressed very much what the speaker thought himself. The conditions indicated by Dr. Glueck as having caused the prisoners to become criminals corresponded to those of many normal individuals. Even from such environments emerged able, law-abiding men. Therefore, it seemed that Dr. Glueck's problem should be to find out what constituted the difference between the ordinary citizen and the criminal both coming from the same environment and with similar heredity.

Another point was this: The speaker did not believe the defective was naturally inclined to do wrong; he had little self-discipline, and the reason he took what he wanted unlawfully and went the easiest way and fell into the list of the criminal class was because it was often impossible to inculcate this in him.

Dr. L. Casamajor said that he had been wondering if it would not be necessary to change the definition of the word "justice" among others. At present the word meant forcing the criminal to give up something of his freedom, his happiness or his property as a recompense to society for having broken its laws. That might be justice to society, but was it justice to the criminal? The work now being done at Sing Sing showed how ineffectual was this old idea of curing criminality. Society had paid too much attention to what the criminal had done to it and now it was time to find out what society had done to the criminal.

There could be no such thing as a "criminal class." Dr. Glueck's diagrams showed some of the conditions which led to the downfall of this group of criminals, and these were the same as those of many other people not in prison. Criminals did not constitute a class, but each one was an individual problem of personal make-up and of environment and that meant society.

The closing years of the eighteenth century saw the birth of ideals of honesty and fairness in the treatment of the insane. Were these opening years of the twentieth century to see the birth of the same ideals in the treatment of another unfortunate group—the criminals?

Dr. William Steinach said that investigations along the line carried out by Dr. Glueck were to be commended and encouraged. There was necessity for a psychiatric clinic at Sing Sing, but there should also be one at the Tombs where the prisoners were first received and from where they were sent to the various prisons and reformatories of the State. Work of this character would furnish a large body of accurate data from which valuable deductions in criminology and anti-social conduct might be made.

The speaker had often wondered, not that there were so many criminals, but why there were not more. The intelligence of children was looked after through compulsory attendance at school, but their ethical and emotional side was supposedly developed at home, or through ethical and religious agencies. However, owing to the necessity of the mother being compelled to go out to work, there was no one to look after many children who, especially in the congested districts such as the East Side, were thrown upon the streets at a tender age; as a consequence, these children, having little or no home influence, grew up like weeds, and what emotional training they received was picked up haphazard. So it was not to be wondered at that they grew up ethical imbeciles, as it were, and as a result became anti-social and even criminal at times.

The problem, then, should also be attacked from this standpoint and an effort made to supply in some way this deficient moral and ethical education.

Dr. Frank Wade Robertson said that he had very much enjoyed Dr. Glueck's presentation, in which subject he had long had a personal interest. It might be a matter of historical interest, and perhaps he would be pardoned if he drew the attention of the Society to the fact, that at the New York State Reformatory, beginning with the year 1895-1896, great attention was paid to the study and treatment of the mentally defective. In 1900, when he left Bellevue and went to Elmira, at the request of the board of managers he made a careful analysis of the population of the Reformatory. This resulted in the discovery that out of about 1,300 men, seventy were insane and they were subsequently transferred to the Matteawan State Hospital. Much criticism resulted, the insanity of these men being attributed to their treatment at Elmira, but as a matter of fact careful examination showed that the insanity had preceded their commitment and had undoubtedly been a factor leading to their criminal behavior. As the speaker recalled the figures, ten per cent. of the inmates at Elmira were epileptics, thirty per cent. were mentally deficient and fifty per cent. were physically below par.

The question of discipline in prison was very important and had much to do with the development of mental disease. Infractions of discipline occurred in ratio with the requirements of discipline; strict rules met more infractions than lax ones.

The treatment of criminals would eventually prove to be a medical problem. Under present conditions, this was not feasible, for the head of an institution containing over a thousand inmates could not give individual care or attention to them; it was impossible for him to actually know that many personally. In the General Superintendent's Report for 1901, the speaker had suggested for Elmira a division of the population into groups of one hundred or more and that a psychiatrist be put in charge of each group that a careful study might be undertaken with a view to securing a better understanding of their mental endowments, thus helping the discipline and assisting the men toward a proper conception of their obligations to society. This had not yet been done. Nevertheless the records of the histories of the men who had been discharged or paroled from Elmira showed that only fifteen per cent. were later convicted of crime; fully sixty per cent. did not again resort to it.

The speaker felt that crime was essentially a medical question and that criminals could be properly handled only with the advice and assistance of medical men and trained psychiatrists particularly, and that their counsel should be sought for and acted upon by parole boards with great advantage.

Dr. Emil Altman said that it seemed to him there was little support for a belief that certain localities, or groups, or races, or religions could be indicted in a discussion of anti-social qualities for each had equally given their quota of high contributions to society and to civilization. There were many people in prison who had never known the environments of the poorer quarters of cities where children had few advantages and yet many grew up right-thinking and right-living men and women. It was a mistake to lay too much stress upon early environment, which did not, as history had shown, invariably predispose to either good citizenship or to criminality.

In closing the discussion, Dr. Glueck said he would answer Dr. Sachs's query by stating that he did not believe it was fear of punishment that made the assemblage of 1,500 men so orderly when the lights were suddenly extinguished. Greater fear of punishment must have existed under the old system of government by force, for punishment was not now what it was under the old regime, and yet in those old days pandemonium would have broken loose under such conditions. The men realized the value to themselves of

good behavior. The group of men outside the prison might riot under such conditions for there was no reason for them to think they would be judged and condemned for it, but the inmates of Sing Sing realized more was required of them and they tried to live up to it. The fact that someone had told them he believed there was good in them brought out the good; they were stimulated to show he was right.

The system at Sing Sing had not changed in any degree under the present warden from what it was during the regime of Osborne. This was in spite of the fact that Warden Moyer came to the prison prejudiced against the system by hearsay. But the idea of self-government had no better friend to-day than the warden who had seen it practically illustrated.

In speaking of some of the seemingly etiological factors of crime, the speaker did not intend to convey that the man who had one or more of them was destined to go to prison, or that they were the essentials of criminal behavior. They were put on the charts for purposes of study and comparison. A man with dementia præcox might not become a criminal, but it was easy to understand how he might become one, if he had delusional ideas, unless he was protected. There were many more defectives outside of prison than in it, and it was largely a question of proper protection, proper home environment and care. If there was any one thing that frequently occurred in the histories of these men it was this: a number of them had never succeeded in adequately differentiating themselves from their environment, never had a clear-cut conception of the rights of the individual. There was no distinction for them between mine and thine and they did not comprehend the laws protecting private property. In their own homes it was no crime to take things from each other, and this easy indifference to the property rights of brother or sister led to crimes of acquisition away from home.

The speaker said he was familiar with the excellent work Dr. Christian was doing at Elmira. But it seemed to be true that most juvenile penal institutions did not lead to reform, but tended to perpetuate criminal tendencies.

THE TREATMENT OF PARESIS BY INTRAVENTRICULAR INJECTIONS OF SALVARSAN

By Norman Sharpe, M.D.

Dr. Sharpe presented five of the cases. He said that most of them had so far responded very satisfactorily, improving mentally and physically and being able to do work they could not do before, which, from a sociological standpoint alone, made this operation worthy of fair trial.

There were thirteen cases in the series reported. In all these, both the clinical symptoms and the serology were positive of paresis. In the first patient injected intraventricularly (January, 1915) salvarsanized serum was used. The remaining twelve cases received solutions of neosalvarsan and salvarsan in blood serum. The first injection in each case was given under ether because of the trephining, but all subsequent injections were given under local anesthesia. There had been no deaths and no accidents. In some of the cases the temperature rose to 101° or 102° for twelve to twenty hours following injections and the pulse to 110. This reaction occurred for the most part in those patients given ether. At no time were the reactions severe enough to give rise to any uneasiness. The majority of cases were out of bed the second day and left the hospital on the fourth day. Of the thirteen cases, five had returned to work following several months of quiet and rest after treatment and had been at work for four months to seventeen