Original Articles.

CLASSIFICATION OF REFORMATORY PRISONERS.*

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WHATEVER a prison physician and laboratory worker may say to an audience of administrative experts on the subject of this session should attempt to contribute to the bases of administrative opinion rather than attempt to suggest administrative methods.

The term "defective delinquent" like the term "insane" has a social significance as well as a psychiatric or laboratory significance. To the layman each is inclusive; but to the psychiatrist each is generic also. Both are good terms when used with discrimination. In the following classification the members of the defective delinquent class are scattered among the various groups of the segregable.

It will be much better both for prisoners and all concerned in their training as well as for the community when they are classified before sentence is passed. In all Chicago criminal courts those accused are examined by competent medical examiners and their assistants and the courts may be furnished with an expert's findings and classification before sentence is imposed. Similarly, in the Boston Municipal Court there is a regularly appointed medical expert who furnishes the courts, probation officers and prison officials with an alienist's classification of prisoners. Other cities are considering the taking of this or some similar step.

It is now an undisputed principle, having been repeatedly enunciated by authoritative writers in the "*Journal of Criminal Law and Criminology*," that when prisoners are dealt with by the courts and prison officials on the basis of their mental condition as determined by competent examiners, rather than in accordance with the kind and degree of their unlawful acts; then a more rapid diminution of criminality may be expected. In other words the administration of remedial measures for offenders should consider the offender rather than the offence. The next question logically is: Why are not prisoners classified earlier? Because the physical equipment for so doing has not been called into existence by public demand.

The immediate advantage of classification to prisoners at the Reformatory consists largely in the broadened basis for judgment afforded the Board of Parole and Pardons and the administration officers, in the increased provision for

the proper training of those of limited responsibility and the adaptation of discipline to defective individuals, some of whom cannot understand the rules they are expected to observe. It should be noted moreover that classification on paper must always precede the practical application of any system of penal administration such as we should seek to realize. Without an architectural plan there is no hope of completeness of structure.

Current classifications of prisoners and of other public institution groups take cognizance very properly of such gross and obviously differentiating characters as sex, age, length of sentence and kind of offence, factors the recognition of which is essential to a working organization within the institution to satisfy the immediate demands of industrial, social and educational adjustment. But what is sought by sociological students, institution officials, philanthropic agencies and legislators, is a classification into essential groups such that the individual prisoner's needs may be effectively and economically met. Classifications then should be such as will distinguish clearly the kind of individual, his degree and kind of mental aberration or peculiarity, if any there be and enable the adaptation of teaching methods, of custodial care and of educational uplift to the individual and to the definite group which he represents.

A classification should be: (1) easily understood, i.e. workable, (2) informing, and (3) definitive.

CROSS-REFERENCE TABULATION OF PSYCHOPATHIC DIAGNOSES.

MASSACHUSETTS REFORMATORY, 1914-15.

		GRADES OF MENTAL EFFICIENCY.			
		Normal.	Subnormal.	Segregable.	
Intramural Descriptive Designations.					
Competent	Accidental offender..	33	1		
	Responsible offender	168			
	Alcoholic	14			216
Deviate	Recidivist	48	20	68	
	Alcoholic degenerate	55	6	61	
	Congenital syphilitic	10	6	16	
	Epileptic	3	2	5	
	Insane	4	4	107	
Deficient	Moron	93		93	
	Feeble-minded	42		42	
	Imbecile	1		1	136
	Psychopath	19	56	13	88
	Drug habitué	5	2	1	8
	Unclassified	34	8		42
Total		273	285	90	657
		42%	43%	15%	

* Read before the annual meeting of the Massachusetts Conference of Charities at Pittsfield, Oct. 21, 1915, and as deleted before the semi-annual conference of the Massachusetts State Board of Insanity at the State House, Nov. 16, 1915.

To be sufficiently informing and yet workable there should be revealed at least the kind of

mentality and the degree of efficiency. In a simple classification the degree of efficiency may be uniformly expressed for each prisoner by classifying him in any one of two, three, four or more categories, *e.g.* as normal and subnormal or normal, subnormal and segregable, terms which represent definite degrees of mental efficiency separated by definite lines of demarcation. Besides this quantitative classification there should be a qualitative designation for each case as a cross-reference. The numbers of these descriptive designations must be much larger, depending on the number of recognizable varieties of mentality encountered. And there is also danger of so multiplying the designations of "kind" or variety of mental departure as to render the classification cumbersome. Some essential classes are: epileptic, insane, congenital syphilitic, recidivist, alcoholic, constitutional psychopath, moron, drug habitué, etc.

By whatever titles these entities be designated the province of each is distinct and definite, *e.g.* to the medical examiner the limit of the group "epileptic" is nowhere coextensive with that called "insane," and the term "moron" is applied only to the purely intellectual defective. The recidivist is the habitual offender, often with antisocial tendencies and character defects, who repeats his errors of conduct, possibly because of an inherited tendency or an acquired twist of purview, or some mental conflict which may defeat his ability to profit by experience. He may talk glibly in street-corner slang and sophistries and show good ability in some lines but his moral obliquity seems to be beyond his control. Many of these are incorrigible and prompt and persistent liars. The moron is the high-grade feeble-minded individual with or without antisocial tendencies. The accidental offender has no intelligence defect. He may lack stability of character, is often indolent and disregardful of the consequences of his acts and of the rights of others. His reason or ambition or pride may be appealed to, however, and his self-control regained. The constitutional psychopath may show good ability along some lines but he is unstable, unreliable, erratic, emotionally labile and in crises uncontrolled. A man's mental faculties taken singly may not be subnormal; but his life history may be one of failure nevertheless because of his inability to coördinate those faculties. Such a man is a failure as a social unit and it is seldom indeed that one can be credited with a normal degree of efficiency.

Surveys of simple classifications with cross-references like those cited, show, *e.g.* the number of alcoholics whose mental efficiency may be graded as normal and the number of alcoholics whose mentality has retrograded to the extent of their becoming subnormal or the number of feeble-minded of so low a grade of mentality that they require special training. Such classifications based on recognized mental conditions and revealing actual individual needs constitute the

best available criteria for legislators and institution builders and administrators. Knowing the content of groups of prisoners in size, degree of mental efficiency and kind of mental departure, one may plan the size and kind of school rooms, the kind of school teachers, the height of brick walls and may intelligently adjust the social, disciplinary and educational requirements of each group.

No one examination will give an adequate basis for a judgment on the kind and degree of a prisoner's mental efficiency. Something more than a cross-section view is needed, even though that cross-section view include a glance at all of the very many mental factors essential to be studied. It would not be enough to see the complicated mental mechanism at work for an hour, even if that were possible. A knowledge of the patient's anamnesis is essential and this may be obtained by well-trained conscientious field workers. Without a full knowledge of the life history, however, no true or adequate conception worthy of serving as a guide to the alienist's judgment is possible. The basis of the medical psychologist's findings must be his full clear clinical case records.

Tests of intelligence are essential but their value has probably been over emphasized by students, perhaps because they are so obvious and easily available. They have their place in the examiner's armamentarium but can never give essential information outside their province, which is very definite and by no means inclusive. Tests adapted to the intelligence of school children are not adapted to differentiate reformatory inmates in kind or degree of intelligence. The advance in intellectual development from one year to the next in mental age diminishes as the age increases and 15 years is regarded as that of the normal adult mental level. The intelligence of most prisoners is above that of the intellectual level of nine and the difference between the intellectual level of 13 and 14 or 14 and 15 is very small. Tests used to differentiate children of different degrees of intelligence are not adapted to reveal these small differences and furthermore, tests chosen for school children are not well adapted to apply to adults in years, even though they be of a low order of intelligence.

In spite of every effort to be exact and definite in forming concepts of mental groups, the fact will constantly force itself on the examiner's attention that there are borderline cases which present characteristics of more than one group. These require intensive study and repeated observations. For instance, a recidivist may have a grave judgment defect and in crises act foolishly or not at all, or an alcoholic degenerate may be a repeated offender with the character defects of the recidivist, and he may be, moreover, an epileptic; but the fact that certain observed cases are confusing is no reason why mental group entities should not be clear and distinct.

A brief outline of the machinery of a system of inmate classification may be of interest. This might consist of the laboratory case records, the essential features of which are for each case: (1) the anamnesis, (2) the clinical notes and (3) the diagnosis sheets or cards to which are added surveys, card indices and other laboratory accessories. The anamnesis may be a large sheet or calendar on which are systematically assembled the vital statistics of the case and of his ascendants and siblings, the childhood history, family life and training, school history, religious training, manner of leaving school, attitude toward family, friends, employers, teachers, special tendencies early and late, habits of diligence or shiftlessness, recreations, escapades, excesses, offences, later failures, successes, arrests, incarcerations and his reactions thereto. To these are added the institution records of industrial training, school progress and conduct marks. The clinical notes bear the record of the laboratory test scores and the content of the examiner's interviews. All opinions and findings are reserved, however, for the diagnosis sheets which may be filed on cards of various significant colors and employing for identification a code intelligible only to the elect.

The collection of the above-indicated material from the prisoner, from his home, employer and friends and from the court and police and institution records must be entrusted to skilled officers and field investigators. There is a real advantage in enlisting the service of those specially skilled in this kind of interviewing. The interpretation of the assembled material can hardly be delegated, however. The examiner should be specially fitted by training, experience and temperament for the delicate task of interpreting the assembled results from all the available sources of information.

The progress and future development of penology is directly dependent upon the evolution of classification of offenders. With only the definite knowledge of the needs of certain mental groups now available, it is clear that the penal institutions of the future will show radical departures in arrangement and adaptation from those we now have. Now that classification on the basis of mentality opens another avenue of advancement, certain features of our present procedure seem very crude and very illogical, e.g. it is very illogical to impose a definite sentence upon anyone incompetent mentally to support himself honestly. What such a one needs is treatment, not punishment. And it is illogical to limit his incarceration when he needs a long course of specially adapted training similar to that of the feeble-minded, the limit of which can be determined only by the slow progress he makes. He should be committed, not sentenced. To quote from our pamphlet published in 1912:* "The responsibility of defective delinquents is limited. Therefore they should

be committed to a suitable institution instead of being sentenced for punishment with fully equipped misdemeanants." The Justices of our courts deplore the necessity of sending these defectives to a penal institution; but since there is no other place, inadequately equipped offenders must be sent there or soon be turned loose again on the community. It is not that the producers of the community have not been willing to care for the parasites in a better way, but rather that no better way was available. But now, as the members of the mental groups are pointed out, and the essential groups themselves become definitely limited, the means of supplying the needs of those groups may be safely left to those handling administrative problems.

CONCLUSIONS.

1. The classifications of public institution inmates should be extended beyond the obvious divisions according to age, sex, reason of incarceration, etc., to include designations of variety and degree of mental departure since the individual, not his offence is to be treated.

2. The advantages of such a classification are: (1) better intramural adjustment and teaching, and (2) a broader basis of judgment in the study of imminent administrative problems by boards of control, by legislators and institution builders.

3. There are certain classes of mental deviates and deficients of limited responsibility who should not be sentenced with fully responsible offenders; but who should be committed to a specially adapted institution as are the insane and feeble-minded.

4. A medical examiner's survey of the full clinical case records containing the assembled significant factors of the life history, supplemented by repeated examinations of the mentality covering the whole field of mental activity is essential to a fair classification.

VENESECTION AS A THERAPEUTIC MEASURE.

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ALTHOUGH venesection is one of the oldest therapeutic measures known, medical literature contains little accurate information concerning its effect on the human circulation. Since the development of precise methods of measurement in medicine it has been but rarely employed, and though it is mentioned in many systems of medicine as a manoeuvre to be considered under desperate circumstances, the impression is conveyed that the circumstances

* The Defective Delinquent Class: Differentiating Tests. Amer. Jour. of Insanity, Vol. lxxviii, No. 4, April, 1912.