

ABNORMAL MENTAL STATES ENCOUNTERED IN A DETENTION PRISON *

MOSES KESCHNER, M.D., LL.B

Adjunct Attending Neurologist, Mount Sinai Hospital and Montefiore
Home and Hospital

NEW YORK

In New York, when a person has been apprehended, or has given himself up, after the commission of a crime, he is lodged in a cell in a police station, for a period of time varying from a half hour to two days. From there he is taken before a police magistrate for a preliminary hearing. If prior to, or during, his arraignment in the magistrate's court, the person shows gross evidence of mental disease or grave physical injury, he is sent to a city hospital (prison ward), where he may be detained for examination, observation and treatment. Otherwise he is committed to the city prison to be held for a further hearing, for the grand jury, for sentence or for trial. Each borough has at least one such prison, known as the detention prison. Here the accused may stay from ten minutes to a year or more (18 months), depending on various circumstances, such as the nature of the offense charged, whether bailable or not, and if bailable, whether bail can be obtained or not. Suspicious persons are detained for investigation as to their reputation, previous criminal record, or to give the police department opportunity to obtain further evidence against them. In cases of felonious assault, abortions; etc., the accused may have to stay for months to await the final outcome of the injuries inflicted on the victims. Persons convicted of less serious offenses are sometimes sentenced to a detention prison for terms varying from a day to a year.

The population of one of these institutions is, therefore, made up of sentenced persons, of those convicted but not sentenced, and of those accused but not convicted. No one under 16 years of age can be committed to a detention prison. In the Brooklyn City Prison, where I have been the medical officer for the last fourteen years, we have annually a transient population of from 15,000 to 20,000, the daily census being about 320 males and 40 females. The ages of the inmates vary from 16 to 85 years, with the greatest number between 20 and 30 years. All races, creeds, colors and nationalities, as well as every occupation and profession, are represented.

* Read before the New York Academy of Medicine, Section on Neurology and Psychiatry, Jan. 20, 1920.

The offenses include every crime against the state, nature, person and property; they include *mala in se* (crimes involving moral turpitude) as well as *mala prohibita* (misdemeanors), violations of corporation ordinances such as the disobedience of the "8 foot" motor vehicle law, or peddling without license, and also violation of federal laws. This, roughly speaking, is the nature of the clinical material with which the prison physician has to deal.

On entering one of these institutions, an observer can at once conclude that there is no such thing as a physical criminal type. According to Lombroso and his followers, an anthropologic examination alone should in most cases be sufficient to detect a criminal, and to determine the particular crime which such an individual is most likely to commit. While it is true that a physical examination of the inmates of one of these institutions will disclose that a great many of them bear stigmas of degeneration, such as sharply pointed skulls, flaring foreheads, low and narrow foreheads, deformed ears, prognathism, notched and widely separated teeth, high arched palates, hare lips, saddle-shaped noses, spinal deformities, clubbed feet, nystagmus, albinism, stammering, polydactylism, syndactylism and hypothyroidism, the number of persons presenting these defects is not greater than one would ordinarily find among the free population.

Dr. C. P. Goring, physician to the Pankhurst Prison in England, undertook a most exhaustive study of 4,000 male convicts. He compared the physical characters of different kinds of criminals with one another, and criminals as a class with the law abiding public engaged in similar occupations. He concluded that there is no physical criminal type. From his measurements, it appears that physically there is a wider divergence between the average Oxford University graduate and the average Cambridge University graduate, than between the criminal and either of them.

Some early criminologists asserted that all criminals are insane. Lombroso succinctly states that "criminality is insanity." Modern penologists oppose this view. T. Mott Osborne, in discussing this subject in a series of lectures delivered at Yale, says:

Most convicts so far from being naturally stupid or showing retarded mental development, are possessed of a keenness of wit that outsiders may well envy. There is, of course, no uniformity of mental attainment or ability; and a one-sided development is often plainly noticeable, some senses like that of hearing becoming abnormally acute. But the talk of any large proportion of convicts being mentally deficient is sheerest nonsense. Another cause of misunderstanding is found in the marks of stupidity, hypocrisy and falsehoods which are adopted by convicts as a means of protection, just as Nature supplied to many animals and birds certain marks and coloring for the purpose of escaping their enemies.

The medical inspector's report in the British Blue Book (1894-1895), states that among the prison population the rate of insanity is not less than three times as great as among the *general* population of the same ages. This higher percentage he believes to be due to the sources from which the average prison population is drawn. He calls attention to the fact that there are many lunatics wandering about the country, who will not be recognized as lunatics until they commit some crime which brings them within prison walls. Glueck says, "In a prison, mental disturbances, not necessarily committable psychotic conditions, exist in a ratio of about 10 to 1, as compared with the incidence of mental disease among the free population." Of 1,000 offenders studied by Spaulding and Healy, 65 per cent. had no discoverable mental defects or aberration.

In studying problems of this kind, statistics are of little or no value. In these institutions, a man charged with homicide for killing another human being by accident is, for statistical purposes, grouped in the same category as a man charged with killing for purposes of robbery. The average person considers as a criminal one who has committed a crime involving moral turpitude. Prison records, in general, however, speak of all inmates of prisons as criminals. Prof. Mayo Smith is correct when he says, "Statistics as to crime and its incidence present the most complicated and difficult problem within the scope of science." I agree with Osborne when he says, "Prison is as full of diverse personalities as the outside world; it is populated by the weak, the gay, the talented and the ignorant. Many prisoners have unusual personalities." Taking all the facts into consideration the conclusion is inevitable that the number of mentally abnormal persons in prisons is unusually large; but whether the percentage is 3, 10 or 35 is purely a matter of speculation.

For the purposes of studying mentality as a factor in crime, the prison population may be divided roughly into four large groups: (1) the accidental criminal; (2) the occasional criminal; (3) the insane criminal, and (4) the habitual criminal.

I realize fully that this grouping is crude and lacks most of the requisites of a scientific classification. None of these groups possesses sharp boundary lines, and as the discussion advances it will be noticed that they overlap. This classification, however, will best serve the present purpose, which is that of an orderly discussion of the subject matter at hand.

I. THE ACCIDENTAL CRIMINAL

The accidental criminal shows, as a rule, no defect of intellect or character, except that emotionally he is somewhat unstable. Therefore, he is called by some the criminal by passion. He is easily excited and

under the influence of alcohol or some temporary mental stress may commit assault or even murder. In reality he is not a criminal. His previous reputation generally is good. He never commits a crime against property, and never for gain or revenge. Numerically, he plays a comparatively minor rôle in forensic psychiatry. The only problem he presents to the prison physician is that after he is committed, it becomes very difficult for him to adjust himself to his surroundings, and he frequently develops a psychosis described in the literature as a prison psychosis or Ganser's syndrome. This is characterized at first by great anxiety and later by clouding of consciousness and amnesia with "islands of memory." Kraepelin interprets the clouding of consciousness as a manifestation of repression. The prisoner is overawed by the impending danger and overcome by the humiliation attending his arrest, and the clouding of consciousness is an attempt to exclude the painful impressions and reminiscences from consciousness.

II. THE OCCASIONAL CRIMINAL

These show no gross defect of intellect, but are possessed of little will power. Their power of discrimination is also below par. On account of their great suggestibility, they yield most easily to temptation. Their instability of character is pronounced. They begin their criminal careers when quite young. They are subject to emotional outbreaks, which are temporary in nature, and it is during these outbreaks that their antisocial activities are greatest. Their reactions are excessive and out of proportion to the nature and extent of the stimulus. They commit crimes against nature, person and property. These criminals constitute approximately three fourths of the "detention" prison population. Long sentences to penal institutions develop the criminal instinct in them and make habitual criminals of many of them.

Under this heading is included also the criminal by "adventure." He begins his criminal career in early youth, having gained inspiration from reading some startling dime novels or seeing a bold "hold up" in a motion picture. Usually he begins by stealing some money or jewelry from home and starts out to seek adventure and to satisfy his curiosity. After he is stranded, he steals from strangers in order to work his way home. On his way, he is arrested for petty larceny or vagrancy and usually lodged in prison, where he comes in contact with hardened criminals. On his discharge from prison, he reestablishes their acquaintance and thus the way is paved to habitual criminality. They are all unstable, changeable and unreliable. They cannot adapt themselves to life. When not in prison, they change their residence and occupation frequently for no apparent reason. Some of them are dull, listless, lazy, shiftless, always following the line of least

resistance. When they do not steal they beg. They are the hobos, vagabonds and tramps, so frequently encountered in county jails and lock-ups. In the higher classes of society they are the dilettantes. Rarely committing crimes requiring violence, they are petty larceny thieves, sneak thieves, pickpockets and forgers. Many of them have dementia praecox personalities, and differ from the psychopathic type (to be noted later) in that they have no defect of intellect.

III. THE INSANE CRIMINAL

This group constitutes a small fraction of the prison population. By an insane criminal I mean a person who, as a result of a psychosis, commits a crime. This group may be separated into two subdivisions: (a) the committable, and (b) the noncommittable.

Among the committable cases are the deteriorated paranoiacs, who commit murder or arson and who justify their misdeeds on the grounds of their delusions. The manic-depressives commit murder, assault or arson during an episode of excitement, or, while depressed, they commit murder or attempt suicide, or both.

Abnormal mental states, due to acute toxic or infectious conditions (except those of alcoholics and drug addicts), are rarely encountered in detention prisons.

The most difficult problems in forensic psychiatry are presented by the periodic insane and the epileptic who commit antisocial acts during an episode of insanity or during a preparoxysmal or postparoxysmal state.

Among the noncommittable cases I include persons with paranoid states without deterioration, the querulous and the militant women. This subgroup is much more common than the one just described. At any time during incarceration any one of these cases may deteriorate and become committable.

Many prisoners with paranoid states have delusions which appear while awaiting trial, especially if they are without relatives or friends interested in them. Having been deprived of liberty and having no one to whom to open their hearts, they become subject to marked depression with delusions and auditory and visual hallucinations. These cases are similar to the induced paranoid states and prison psychosis described by Ganser, Petery and others. Some prisoners develop religious delusions and spend hours and days kneeling and praying. In other cases, the content of the delusions is sexual. The chronic delusional insane are similar, their delusions are more systematized and develop gradually. The accused believes himself to be a great composer, painter, poet or inventor; his neighbors are jealous of him and therefore are his enemies; they are about to rob him of the fruits of his labors;

they are attempting to patent his invention; this leads to a quarrel, which results in an assault, which finally leads to his arrest.

Another is a prophet. He hears the voice of God and sees angels in heaven. Some of these prisoners are hypochondriacs. They feel the brain softening and the head empty or filled with decomposing insects; the skin has turned to parchment, it is cracking, and the joints are dismembered. Like the neurasthenics they attach the greatest significance to the slightest physical disease or injury. Their ideas are being influenced and drawn out by electricity. The devil is within them, and compels them to say words and commit acts, which they know are wrong. They have no power of criticism.

The greater number of querulants are such on admission. Others, after they have been in prison for some time, laboring under great strain and suspense, begin to doubt the justice and righteousness of the whole world and thus develop into typical querulants. The exciting cause, in most cases, is some unsuccessful litigation. As a rule they are irritable and moody and cannot interpret facts correctly. They fight continuously for their alleged rights, act as their own counsel, examine opposing witnesses and sum up the case, or, if counsel is employed, continuously advise him how to conduct the case. They are very dramatic. Often they draw their own briefs, write lengthy communications to the judges, governor, and even the President. They complain bitterly of the partiality of the presiding justice, and accuse the district attorney and the police department of "framing them up." While fighting their own cases, they hope to improve the laws for general mankind. They sacrifice all their possessions to gain the slightest legal technicality. They are busybodies, continuously advising other prisoners to change lawyers and how to conduct their cases. Very troublesome prisoners they are, always finding fault with the discipline, the food and the medical officers and continuously complaining to the higher prison authorities and making numerous foolish suggestions for the improvement of prison management.

Among the women, a similar type is observed, the so-called militant woman. She insists that nobody appreciates or understands her, and asserts that every one abuses her for no cause whatever. She is fearless, very aggressive and quarrelsome. Any one who disagrees with her is her enemy. She loves power and stops at nothing to obtain it. Apparently there is no defect of intellect. Although these patients lack insight, it is very difficult early in the disease to show the presence of delusions. They are impulsive in thought and action and Southard believes that their tendencies have some relation to sadism. They are usually arrested for disorderly conduct, malicious mischief or assault. Many of the women sent to prison as common scolds are of this type.

They are obstinate, selfish and disobedient. Discipline seems not to have the slightest effect on their conduct.

The acute prison neurosis of the anxiety type, described by Yawger of Philadelphia, we see very frequently among sentenced prisoners, just prior to their parole or discharge, and among prisoners awaiting trial or the result of an appeal. It has been found by Yawger in one third of the convicts coming up for discharge. He believes that a true psychosis does not develop because the mental strain does not last sufficiently long. Our experience bears out that of Yawger, in that the neurosis occurs mostly in persons of constitutional inferiority and in prisoners who have been charged with sexual crimes. The latter, as a rule, are masturbators, and just prior to their discharge they begin to fear that by excessive masturbation in prison, they may have lost their manhood. In most cases, particularly in those who are not habitual criminals, the anxiety is due to worry as to how they will be received by their old associates and how they will be able to make a living. The subjects of this neurosis become very restless, suffer from insomnia, loss of appetite, constipation or diarrhea; their superficial and deep reflexes are exaggerated, and the pulse is very rapid. They smoke excessively, develop tremors and are talkative, irritable and anxious. Many of them have vasomotor disturbances and may lose considerable weight.

IV. THE HABITUAL CRIMINAL

This group may be subdivided into: (A) the instinctive criminal, (B) the professional or incorrigible criminal, and (C) the feeble-minded criminal.

A. The Instinctive Criminal: This class is composed of those commonly called "the prison rounders." They are moral monsters, selfish, brutal, crafty and never show remorse for their misdeeds. Although very obstinate along certain lines, they never display this obstinacy towards those whom they consider their masters. They recognize no moral responsibility, but show no evidence of defect of intellect. They are the thugs, the gunmen and the gangsters who infest the slums of the city. They resort to criminality as a sole means of obtaining a livelihood, commit crimes against the state, person and property, and derive an additional income from the proceeds of prostitution into which they force their feeble-minded female companions.

B. The Professional Criminal: His character and personality are not unlike those of the instinctive criminal, but he is more conceited and more resourceful. He represents the aristocracy of the criminal world. He is intelligent, skilful, ingenious, an accomplished liar and he is very treacherous. He recognizes no obligations to law, society,

parents or friends. He commits murder, burglary, robbery and larceny, engages in counterfeiting and receives stolen goods. Only "big jobs" appeal to him and he plans them with painstaking care. When he meets resistance, he does not hesitate to maim or even murder. His defect is not one of intellect but of character and morals. His bravado is beyond description or belief. In prison he is quite at home, and even there he is busy planning new crimes.

Recently I had an opportunity to study a renowned member of this group:

G. F. H., aged 27 years, an American by birth, a high school graduate, of good family, whose previous and personal history was uncorroborated, was convicted of murder in the first degree and is awaiting execution in Sing Sing prison. He killed two employees of a savings bank in Brooklyn, while engaged with a companion in a daring bank robbery in broad daylight. The robbery netted the pair \$13,000, which they stole while the bank was full of depositors and every employee at his post. G. F. H. was apprehended some months afterward in the far West, where he had been arrested for having killed a pal of his after a quarrel. This bandit had been plying his nefarious vocation for ten years with absolute disregard for human life or property. He admitted killing three men and shooting six others before he committed the last crime and he confessed to having robbed thirteen banks. He appeared refined and intelligent. He never expressed the slightest regret for his cold-blooded murders. Physical, mental and neurologic examinations were negative. He had read quite extensively and was well informed.

Instinctive and professional criminals are sometimes discussed in criminologic literature under the heading "incurable." They have neither desire nor intention to forsake their vicious course. Reformation of habitual criminals of this type is a hopeless task.

C. The Feeble-minded Criminal: He really belongs in the psychopathic group. Southard would say that most of the members of this group are suffering from some form of "psychopathosis." He insists that an attempt should always be made to place these defective delinquents among the hypophrenics, the epileptics, the schizophrenics, the psychopathic monomaniacs, etc., and he warns "not to prejudge the situation in criminology by terming all defective delinquents psychopathic personalities." He wants to "leave room for criminals that are not psychopaths" (professional criminals).

In this group are included all persons who come in contact with the law on account of defect of intellect as well as of character, the latter being the result of the former. This is the most heterogeneous group in our classification. I have no doubt that many will find fault with my inclusion in this group of such cases as are obviously psychotic, cases of hyperthyroidism and other cases of endocrine disturbance and the alcoholics and drug addicts. This criticism is just, but these cases

are included in this group for want of a better one. The psychotic cases in this group are borderline cases, and the delinquent drug addict and delinquent alcoholic are included because, in our opinion, they are such on account of defective mental make-up and personality.

In this group of defective delinquents, we include the cases of so-called constitutional inferiority—"the misfits of society." They have been defined as "individuals who are possessed of innate mental abnormality, more or less permanent, which has affected their character and mental make-up in such a manner as to have interfered with their proper development, which does not enable them to exist in the community in which they may be placed and to observe sufficiently well the moral and social laws by which we all are governed." Such a constitution need not necessarily be congenital; it may be acquired from accidents of birth, from severe trauma, infectious disease or intoxications. The acquired cases may or may not show physical evidence of disorder of the mind or disease of the nervous system. Scholtz's classification of constitutionally inferior children has been adopted in grouping the defective delinquents found in prison:

(a) *The Indolent Type*.—These are dull and apathetic, lacking interest and enthusiasm, are lazy and shiftless, not unlike the hebephrenic cases of dementia praecox. They tramp through the country and beg, or steal as the opportunity occurs; but usually steal only enough to satisfy hunger.

(b) *The Depressed Type*.—Some one has properly said, "These are never happy except when they are unhappy." They are pessimists and believe themselves "good for nothing." To get along in the world at all, they need some artificial stimulation, so they resort to drugs or alcohol or both. It is then that they become antisocial. They are most pitiable subjects when deprived of their artificial stimulation. Many of the suicides in prison occur in this class.

(c) *The Maniacal Type*.—They display increased psychomotor activity; they are either inattentive or attention wanders rapidly from one thing to another. They have no defect of orientation or consciousness, no delusions and they are always very busy, but, as White says, "There is no orderly consecutiveness in their acts." They are usually in prison because of disorderly conduct, malicious mischief or minor degrees of assault.

Cases of pure depression or pure mania are rarely seen in detention prisons. The mixed forms, cases of so-called circular insanity and cyclothymia and hypomania are quite common. During the stage of depression, they present no evidence of mental retardation, delusions or hallucinations and have a definite, but not always correct, insight. The depressed state may be preceded or followed by a mild form of

excitement during which the subjects appear to feel unusually well; they are very bright and unusually loquacious. When ordered to do some work, they do it better and more quickly than any one else. This type of person, when free, engages in all sorts of projects quite foreign to his natural activities. Hecker (cited by Jelliffe) relates an instance of multiple marriage engagements made in the euphoric stage and broken in the depressed stage. Many persons charged with polygamy and seen in detention prisons are cyclothymics.

Gregory describes cases with transient attacks of manic-depressive insanity, which are characterized by short attacks ranging from a few hours to several days but which are difficult to recognize unless they are accentuated by some exogenous factor, such as alcohol. These fleeting attacks when mild in type and unaccompanied by alcoholism are often mistaken for hysteria, psychic epilepsy or migraine, and when they are accompanied by alcoholism are often wrongly interpreted as mental states due to alcohol. During these attacks the patients may commit sexual crimes, assaults, suicide or homicide.

Circular or periodic insanity is of medicolegal importance because many criminal lawyers, when they have no better defense, plead that the accused committed the crime charged during a temporary psychosis and therefore cannot be held responsible.

(d) *The Impulsives*.—These are prototypes of the criminal by adventure. As children they have the impulse to run away from home; in later life they become vagabonds, tramps, prostitutes, kleptomaniacs, pyromaniacs, dipsomaniacs, etc. All of them exhibit a perversion of feeling which has a peculiar effect on their habits, temper and conduct in general. The impulses appear without cause and their accomplishment is followed by a feeling of relief. As children, they exhibit great cruelty toward animals, and as adults, when they commit crimes, they do so with fiendish brutality. They are found in prison charged with every crime on the statute books, particularly with those against sex. They may be capable of considerable training and are therefore always a menace to society.

(e) *The Imperatives*.—In the imperative, the feeling of compulsion is coupled with doubt or fear, or both. This type, therefore, is not common among criminals.

(f) *The Pathologic Liar*.—Healy says, "Pathologic lying is a falsification entirely disproportionate to any discernible end in view, engaged in by a person who at the time of observation cannot definitely be declared insane, feeble-minded or epileptic." Pathologic liars give a history of bad heredity, poor environment and poor memories. They are emotionally unstable and have no idea of exactness or precision. Their attention can easily be attracted, but cannot be held for a rea-

sonable length of time. They are very superficial, take no precautions to prevent their lies from being detected and most of them have no motive for lying, perhaps believing in the truth of their own lies. They are high grade mental defectives and never wilfully resort to criminality. Owing to their auto-erotism, their crimes are frequently sexual.

(g) *The Epileptic*.—The epileptic who has not sufficiently deteriorated to be considered insane is frequently the subject of medicolegal inquiry. Many epileptics are arrested for intoxication, when, after recovering from a convulsion, they cannot give a coherent account of themselves. In some of these cases, it may be impossible to determine whether the convulsion is due to epilepsy or to alcohol, especially when the previous history is unobtainable. Epileptics are often brought into prison charged with disorderly conduct or endangering the morals of minors, when during a state of temporary confusion, after a convulsion, they perform automatic acts, such as undressing in public or exposing their genitals. In prison one often meets persons charged with crimes of violence and brutality, committed during an epileptic equivalent. This state is followed by total or partial amnesia, and may or may not be associated with or followed by typical seizures.

(h) *The Perverts*.—Sexual perverts are found in large numbers in all prisons. The masturbator with his typical neurasthenia and hypochondriasis is the most common. Exhibitionists and *voyeurs*—the former charged with endangering the morals, the latter with having in his possession obscene pictures—are quite common.

(i) *The Prostitute*.—Although not invariably feeble-minded, she is almost never a normal individual. She is devoid of self respect and possessed of mental and moral inertia. Indulgence in alcohol and narcotics follows rather than precedes prostitution. (The same may be said of criminality.) About 60 per cent. of those we see have a mental age of 10 or under.

There is a type of prostitute known as the "degenerate woman of the higher classes," or as Lombroso calls them "prostitutes of society." The historic cases of Mmes. Steinheil, Tarnowska and von Schoenheck are examples of this type. These women are highly emotional, inconsistent in thought and action and markedly inclined to lying and intriguing. They are abnormally suggestible, have very poor judgment and are utterly devoid of morals and ethics. Their innocent childlike playfulness, attractiveness, fine manners and superficial culture have a fascinating influence on men high in social, financial and professional circles, who are easily ensnared by them. They are in their ways very shrewd and cunning and thus manage to keep out of prison. They

resort to various forms of blackmail, to which their victims readily submit rather than to go to law and gain unpleasant notoriety.

(j) *Kleptomaniacs*.—Kleptomania is classed by White among the psychasthenias, but he adds that both kleptomania and pyromania may form part of a psychosis. Kleptomania is not to be confused with the automatic stealing of the epileptic or the habitual stealing of the feeble-minded. Kleptomaniacs have impulses to steal; they do not need what they steal and can well afford to buy what they steal. Most of them are women, and often they steal objects which cannot be interpreted, even by one with a wild imagination, as sex symbols. They usually commit these crimes near, during or immediately after a menstrual period. The behavior of girls and women charged with crimes which are committed before or during the menstrual period is so peculiar and so different from others, that we are led to believe that this fact must have some etiologic significance and is more than a mere incident.

Abnormal mental states due to dysthyroidism are most commonly seen in women suffering from hyperthyroidism. They usually are committed, charged with quarreling, disorderly conduct, assault, malicious mischief and homicide. They present the clinical features of ordinary hyperthyroidism. Owing to their irritability and quarrelsomeness, they are very difficult prisoners to manage.

(k) *The Alcoholics*.—Since prohibition has gone into effect, alcohol is beginning to be a negligible factor in crime. Prior to this period, the occasional drinker came in conflict with the law while acutely intoxicated. He was usually arrested because, during the second stage of drunkenness, i. e., the stage of excitation, he committed some breach of the peace.

The chronic alcoholics were of far greater medicolegal importance. Many of them were brought in with typical delirium tremens. Some of them developed the delirium from one to eight days after admission. When arrested during the delirium, the most common charges against them were, malicious mischief, assault, attempted suicide, murder or arson. Some of our chronic alcoholics seemed to have survived several attacks of delirium tremens without showing any signs of mental deterioration. Most of them, however, and this applies also to those who never had delirium tremens, were found to have progressive weakness in the intellectual and ethical spheres. Their sense of morals was on the decline. Memory and orientation were poor, and inhibition was almost nil. The power of apperception was dull and they were subject to delusions, the most characteristic being of jealousy and marital infidelity. It may be said that those having delusions of jealousy or marital infidelity are most likely to commit murder or suicide, or both, at the same time. Those whose moral sense is on the decline

commit forgery, embezzlement, larceny, or write threatening letters for purposes of extortion and commit sexual crimes.

Dipsomaniacs, during their drink periods, commit forgery, steal and write threatening letters, which, after they have ceased drinking, they do not remember at all. The subjects of this disease all gave a history of neuropathic antecedents. Kraepelin, Gaupp, Aschaffenberg and others consider dipsomania a larval form of epilepsy. It is characterized by a premonitory period of depression, retrograde amnesia and amnesia for the attack itself. True dipsomania must be differentiated from so-called periodic drinking, which may be a phase of some psychosis or an expression of some form of disordered personality, such as the mildly paranoid or jealous type or the hysterical personality. The prognosis and treatment of these cases depend on the underlying cause.

(1) *Drug Addicts*.—Most delinquent drug addicts are burdened with a degenerate heredity. About 90 per cent. of them are feeble-minded. If not arrested for violating the law governing the use and possession of narcotic drugs, they come in conflict with the authorities during the period of forced withdrawal of the drug. It is then that they commit petty larceny or burglary, usually in the second degree, i. e., in the daytime and without force. Sexual crimes, owing to their early impotence, are not very common among them. In our earlier experience, it was rare to find a drug addict charged with a crime of violence except in recidivists who had already been in a state prison, penitentiary or reformatory, and while there, had acquired the drug habit. Recently, however, it seems that drug addicts commit crimes involving violence, but they require unusually large doses of their necessary drug prior to the actual commission of the crime. Crimes of violence among the colored addicts are comparatively rare. This is probably due to their innate cowardice.

To use morphin, opium or cocain seems now to be out of fashion. Heroin "sniffing" is the latest style. Morphinists are characterized by their pathologic secretiveness, cowardice due to lack of selfconfidence, lying and seclusion. Any of these drugs, when taken in considerable quantities over a long period, produces a distinct change of personality. The addict becomes morally dull, and although memory and orientation may be preserved, he has a tendency to confabulate. We have seen more cases of Korsakoff's syndrome in heroin and morphin fiends than in alcoholics. Many an unjust criticism of institutional management owes its origin to the lies circulated by this class of prisoner.

The number of cocain users today as compared with five or six years ago, is almost a negligible quantity. Excessive users of cocain suffer from acute hallucinatory confusion and mania, and the withdrawal period is likewise often marked by most violent mania, with

delirium, which may persist after craving for the drug has ceased. In rare instances instead of excitement, there may be depression with hallucinations, usually visual in nature.

The Chinese never use cocain or heroin and rarely morphin. They resort chiefly to "opium smoking." They do not develop psychoses as frequently, nor do they seem to suffer as much during the period of withdrawal, as the white and colored races. Dr. Ellis, who observed the same clinical variations in the prison at Singapore, believes that this is because the Chinese addicts are very destitute, and the drugs which they can afford to buy are impure and adulterated. This reason cannot apply to the Chinese observed here, because they use the same quality of narcotic that the whites do. We are inclined to believe that the difference in symptomatology is due to racial differences.

Most drug users eventually become markedly deteriorated. The degree and type of deterioration depend on the mental make-up and personality of the user, the kind of drug used, its amount and the duration of the habit.

(*m*) *The Hysterical Type*.—These persons exhibit an unstable mental equilibrium, and are easily influenced by suggestion. They are subject to phobias and obsessions, states of automatism and dream states with confusion and clouding of consciousness. It is during these abnormal states that their antisocial activities most commonly come to light. An hysterical person is likely to commit any crime, especially those involving violence, when subject to any of these states. A purely hysterical person, unless he is in addition burdened with the criminal instinct, rarely commits a crime against property. The diagnosis of hysteria is as uncertain in the prison population as in the free population. In the absence of hysterical convulsions, sensory changes, constricted visual fields, paralyses and contractures, amnesia and episodic phenomena, a positive diagnosis may be impossible. Amnesia with "gaps" of memory, which are not the same on going over the same ground, may be of some aid in the diagnosis of hysterical amnesia. The course of all mental disorders associated with hysteria is extremely variable. The unusually large number of defective personalities and characters found among criminals must always be borne in mind when one attempts to ascribe the cause of an antisocial act to hysteria.

The freudians assert that they have achieved most brilliant results in the treatment of criminals with hysterical personalities. Indeed, they assert that they have solved some of the most difficult problems in criminality quite easily and satisfactorily, at least from their point of view. By psychanalysis, they have found that owing to numerous unconquerable obstacles to the gratification of overwhelming sexual impulses the person is put to the difficult task of sublimating his wishes

and instincts or suppressing and repressing them. In the unconscious, then, the repressed incest complex, inversion and perversion of complexes, become charged with newly repressed energies, in consequence of which the person is compelled to satisfy his perverse wishes, and to do something that society and morality have forbidden, i. e., he commits a crime. Psychanalysts admit that environment, education, physiologic and economic factors share some responsibility in the evolution of the criminal, but these, they assert, are of only minor significance. From their point of view criminality is the expression of a neurosis, of an impulse to do wrong. Criminality to them is repressed sexuality or an equivalent thereof. This, in brief, is their explanation of kleptomania, pyromania, dipsomania and allied disorders. Any one who comes in daily contact with criminals, and knows what liars and phantasists they are and how easily they lend themselves to all sorts of suggestion, is inclined to be very cautious and rather skeptical in the evaluation of symptoms and in the drawing of conclusions from uncorroborated statements which one obtains from them.

The subject of simulation in criminals is a very important one to the prison physician. According to White and others, the attempt at simulation is in itself a type of reaction which is an indication of defective personality. In many instances, the clinical picture of the "alleged" or "genuine" psychosis will not be decisive, and the social as well as the legal aspect of the case has to be taken into consideration. The more intelligent the prisoner the more difficult is the problem. As a general proposition, it may be said that one who is charged with murder, rape or arson is more likely to "play insane" than one who is charged with larceny, the lesser degrees of assault or injury to property. Although intentional deception may easily be recognized, it is more difficult to exclude a genuine coexisting mental disorder. Some of the most common mistakes simulators make are: (1) exaggeration of individual symptoms, (2) absurd and entirely wrong answers to ordinary questions, (3) wrong combinations of symptoms of different psychoses such as epilepsy and manic-depressive insanity, and (4) a too sudden onset or recession of symptoms.

In mild genuine mania, as a rule, there is some connection of thought with the surroundings; in simulated mania usually there is none. Too much incoherence in a delusion should always arouse suspicion. Simulators invariably attempt to impress on the examiner that they feel "queer" in the head, that they "hear voices" and "see things." This is particularly the case if the prisoner has had some prison or asylum experience. The onset of psychic disturbance immediately after arrest, during trial or after conviction but before sentence is strongly suspicious of simulation.

The prisoner's conduct during the examination is of great aid in the diagnosis. The malingerer avoids looking the examiner in the face, and it is quite evident that he is able to follow the conversation because he soon manifests a symptom, which the examiner tells those near him is missing. The symptoms are exaggerated while the examination is in progress. The prisoners threaten to commit suicide, but never attempt it. The physical concomitants of mental disease such as changes in the circulation, digestion, vasomotor disturbances, loss of weight, changes in the reflexes, pupillary changes and insomnia, are lacking. The subjoined case is typical of the numerous cases of simulation which have come under my notice.

M. D., an Italian shoemaker, aged 31 years, totally illiterate, with good family and personal history, was committed to the Brooklyn City Prison, charged with murder. He shot and killed his mother and his sister, the latter with her baby in her arms, for the purpose of appropriating \$35 which he knew his mother had saved and hidden in a cupboard. After he had been in prison several weeks, and the seriousness of the case began to dawn on him, he began to "play crazy." At first, he refused to eat and was depressed, but after twenty-four hours apparently he became hungry, ate and became maniacal. During one of the numerous examinations, he did not recognize a button, a button-hook, a knife, a match nor a watch, when these articles were shown to him. Three and 4 he said were 8; 2 minus 2 he said was 3; he could not repeat two figures; he did not know how many fingers he had, what a spoon was used for nor his name. To all questions as to the present or past, he answered, "I don't remember, I don't know." The examination was interrupted by the prisoner several times because he said he had headaches, was "all mixed up" and "blood was rushing to his head." When tested for the Romberg sign, it was found to be absent. After the examiner had assured the attendant that something was wrong because the prisoner did not sway his body, he found on retesting him that he could not stand at all, but fell in all directions, with his eyes open as well as closed, and with the feet separated. On one occasion while the prisoners were exercising in the corridor, he had a convulsion during which he was extremely careful how he fell; and the administration of 30 drops of rhubarb and soda by mouth, which he opened voluntarily after the first request, was followed by disappearance of the convulsion. In the prisoner's presence, we instructed his keeper that should he have another convulsion, he was to be put into an ice cold tub bath and later into a padded cell. He never had another convulsion, although he stayed with us about three months afterward.

There was never any doubt in our mind that this man was simulating insanity, in order to cheat the death chair. The nature of his crime, the puerile way in which he simulated insanity, and his general mental make-up, with the absence of signs of organic, mental or nervous disease led us to believe that he was a moral imbecile. and from the fact that he knew enough to sham insanity we thought we were justified in our conclusion that as the law now is, he had sufficient knowledge to know what he did, and that what he did was wrong. He was in due time tried, convicted and sentenced to die in the electric chair. The conviction and sentence were both upheld by the highest court of the state.